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State/Territory Name: **District of Columbia**

State Plan Amendment (SPA) #: **20-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 2, 2021

Melisa Byrd
Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th floor, South
Washington, D.C. 20001

Re: District of Columbia State Plan Amendment (SPA) 20-008

Dear Ms. Byrd:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number DC-20-008. This amendment proposes to permit the District of Columbia Medicaid Program to cover transplantation of a kidney or liver from a living donor and related care provided to that living donor, effective April 1, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that DC's Medicaid SPA Transmittal Number 20-008 was approved on May 27, 2021 effective April 1, 2021.

If you have any further questions regarding this SPA, please contact LCDR Frankeena McGuire at 215-861-4754 or by email at Frankeena.McGuire@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Division Director
Division of Program Operations

cc: Alice Weiss, DHCF
Mario Ramsey, DHCF
Nicole McKnight, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 20-008	2. STATE: District of Columbia
3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act		

TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE: April 1, 2021
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 441.35	7. FEDERAL BUDGET IMPACT: FFY21: \$ <u>68,000</u> FFY22: \$ <u>117,000</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-E: page 1 and 2 Attachment 4.19B: page 13a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-E: page 1 and 2 Attachment 4.19B: page 13a
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10. SUBJECT OF AMENDMENT:
Living Donor Transplant Services

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 D.C. Act: 23-408
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20001
13. TYPED NAME Melisa Byrd	
14. TITLE Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED December 22, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 22, 2020	18. DATE APPROVED May 27, 2021
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

Pen & Ink Auth - Block #4 - ADD - April 1, 2021

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

1. The D.C. Medicaid program will provide coverage for physician and hospital services limited to the following transplantation procedures (children under 21 will receive all medically necessary transplantations):
 - (a) Liver transplantation;
 - (b) Heart transplantation;
 - (c) Lung transplantation;
 - (d) Kidney transplantation;
 - (e) Allogeneic stem cell transplantation; and
 - (f) Autologous hematopoietic stem cell transplantation.

2. The D.C. Medicaid program will provide reimbursement for covered transplantation services only if the recipient has been deemed eligible for benefits under the District of Columbia Medicaid program prior to performance of the transplantation procedure, and continues to be eligible throughout the period of hospitalization and follow-up treatment.

3. Medicaid reimbursable transplantation services must be performed by a transplant program/center that is:
 - (a) Located in a Medicare-enrolled hospital;
 - (b) Certified and is a member in good standing by the Organ Procurement and Transplantation Network (OPTN) for the specific organ/organs being transplanted;
 - (c) If located in the District, maintain the applicable Certificate of Need (CON) demonstrating a public need for transplantation services as issued by the D.C. Department of Health's, State Health Planning and Development Agency;
 - (d) If located outside of the District of Columbia, maintain any requirements of that particular state or jurisdiction for transplant program/centers; and
 - (e) Be enrolled in the D.C. Medicaid program.

TRANSPLANTATION STANDARDS: GENERAL

1. The D.C. Medicaid Program shall apply the following general criteria for approval of all transplantation procedures:

- (a) The recipient shall be diagnosed and recommended by his/her physician(s) for an organ transplantation as the medically reasonable and necessary treatment for the patient's survival;
 - (b) There is reasonable expectation that the recipient possesses sufficient mental capacity and awareness to undergo the mental and physical rigors of post-transplantation rehabilitation, with adherence to the long-term medical regimen that may be required;
 - (c) There is reasonable expectation that the recipient shall recover sufficiently to resume physical and social activities of daily living;
 - (d) Alternative medical and surgical therapies that might be expected to yield both short and long term survival must have been tried or considered and will not prevent progressive deterioration and death; and
 - (e) The recipient shall be diagnosed as having no other system disease, major organ disease, or condition considered likely to complicate, limit, or precluded expected recuperation and rehabilitation after transplantation

2. All transplantation procedures shall be prior authorized by the Department of Health Care Finance, or its designee, and performed in accordance with the clinical standards established under the State Plan for Medical Assistance consistent with 42 C.F.R § 441.35.

3. The transplantation benefit includes coverage of the procedures and medical care required to retrieve an organ from a living donor, regardless of the living donor's eligibility for Medicaid, if the following conditions are met:
 - a. The transplantation is for kidney or liver;
 - b. The organ recipient is an eligible Medicaid beneficiary. Children under age 21 will receive all medically necessary transplantations; and
 - c. The procedure and/or medical care is a necessary part of the organ transplantation process, or is necessary as a result of the organ transplantation process.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medicaid services set forth below. DHCF's fee schedule rate was set as of April 1, 2021 and is effective for services provided on or after that date. All rates are published on DHCF's website at <https://www.dcmedicaid.com/dcwebportal/home>.

- I. The DHCF fee schedule for dentist and orthodontist services, referenced at subparagraph iii.b. of paragraph 21. Fee-for-Service Providers, was set as of June 1, 2018 and is effective for services provided on or after that date.
- II. The DHCF fee schedule for transportation services, referenced at subparagraph iii.l. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2018 and is effective for services provided on or after that date.
- III. The DHCF fee schedule for home health services, referenced at subparagraph iii.h. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2019 and is effective for services provided on or after that date.
- IV. The DHCF fee schedule for medical supplies and equipment services, referenced at subparagraph iii.i. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2020 and is effective for services provided on or after that date.
- V. The DHCF fee schedule for physician services, referenced at subparagraph iii.a. of paragraph 21. Fee-for-Service Providers, was set as of April 1, 2020 and is effective for services provided on or after that date.