

Table of Contents

State/Territory Name: DC

State Plan Amendment (SPA) #: 20-0009

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 17, 2021

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

RE: DC-20-0009


Dear Ms. Byrd:

We have reviewed the District's State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 20-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 22, 2020. This amendment provides an inflation increase to 1915(i) payment rates.

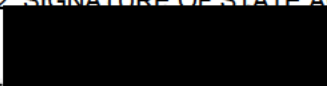

Based upon the information provided by the District, CMS is approving the amendment with an effective date of January 4, 2021. We are enclosing the approved CMS-179 and a copy of the approved plan page.

If you have any additional questions or need further assistance, please contact Gary Knight at (304) 347-5723 or Gary.Knight@cms.hhs.gov.

Sincerely,


Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20-009	2. STATE: District of Columbia
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE: January 4, 2021	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1915(i) of the Social Security Act		7. FEDERAL BUDGET IMPACT: FFY21: \$ <u>209,000</u> FFY22: \$ <u>311,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Part I: Page 29		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Part I: Page 29	
10. SUBJECT OF AMENDMENT: Adult Day Health Program Reimbursement			
11. GOVERNOR'S REVIEW (<i>Check One</i>) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: D.C. Act: <u>23-408</u>	
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		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	
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 March 17, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL January 4, 2021		20.  OFFICIAL	
21. TYPED NAME Todd McMillion		22. TITLE Director, Division of Reimbursement Review	
23. REMARKS			

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input checked="" type="checkbox"/>	HCBS Adult Day Health
	<p>Reimbursement for adult day health services associated with the 1915(i) HCBS State Plan Option shall be paid based upon uniform per-diem rates at two acuity levels.</p> <p>Acuity level 1 and Acuity level 2 services shall be reimbursed in accordance with the District of Columbia Medicaid Fee Schedule.</p> <p>The agency's fee schedule rate will be set as of 1/4/2021 and will be effective for services provided on or after that date. All rates are published on the agency's website at https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the DHCF Provider Web Portal available at www.dc-medicaid.com/dcwebportal/home.</p> <p>ADHPs will be reimbursed at two different acuity levels. To be eligible for reimbursement at acuity level 1 ADHP services, an individual shall obtain a total score of four (4) or five (5). To be eligible for reimbursement at acuity level 2 ADHP services, an individual shall obtain a total score of six (6) or higher. The specific acuity level does not affect the benefit package received by an individual. ADHP consists of one set of services that are available to all participants, regardless of acuity level. Each participant will receive services based upon their strength, preferences and health care needs as reflected by their level of need and person-centered service plan. Recognizing that some participants may have more complex needs (such as a greater need for supervision or support), DHCF has developed two reimbursement rates – one for those who meet the threshold eligibility criteria based upon their assessed needs and the other, for those whose assessed needs are higher. The enhanced rates recognize that staffing levels must increase when participants have higher acuity levels.</p>