

## **Table of Contents**

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

**State Plan Amendment (SPA) #:**      **21-0018**

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

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March 3, 2022

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

Re: District of Columbia State Plan Amendment (SPA) 21-0018

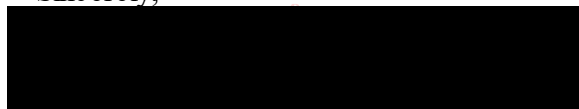
Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) DC-21-0018. This amendment provides assurances to comply with federal non-emergency medical transportation requirements, as directed by CMS in the July 12, 2021, CMCS Informational Bulletin, *Medicaid Coverage of Certain Medical Transportation under the Consolidated Appropriations Act, 2021 (Public Law 116-260)*.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1902(a)(4) of the Act and 42 CFR § 431.53. This letter is to inform you that DC Medicaid SPA 21-0018 was approved on March 2, 2022, with an effective date of December 27, 2021.


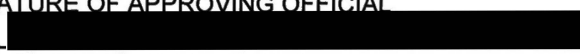
If you have any questions, please contact LCDR Frankeena McGuire at (215) 861-4754 or via email at [Frankeena.McGuire@cms.hhs.gov](mailto:Frankeena.McGuire@cms.hhs.gov)

Sincerely,



James G. Scott, Director  
Division of Program Operations

cc: Mario Ramsey, DHCF

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>21-0018</b>	2. STATE: <b>District of Columbia</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>December 27, 2021</b>	
5. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR § 440.170, et seq. and Title XIX of the Social Security Act</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A: page 9; Attachment 3.1-B: page 8a; and Attachment 3.1-D: pages 1-2</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 3.1-A: page 9; Attachment 3.1-B: page 8a; and Attachment 3.1-D: pages 1-2</b>	
9. SUBJECT OF AMENDMENT: <b>Non-Emergency Medical Transportation</b>			
10. GOVERNOR'S REVIEW (Check One) <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 <span style="float: right;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>D.C. Act: <u>22-434</u></b></span>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South Washington, DC 20001	
12. TYPED NAME <b>Melisa Byrd</b>			
13. TITLE <b>Senior Deputy Director/Medicaid Director</b>			
14. DATE SUBMITTED <b>12/14/2021</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <b>12/14/2021</b>		17. DATE APPROVED <b>March 2, 2022</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>December 27, 2021</b>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>		21. TITLE OF APPROVING OFFICIAL <b>Director</b>	
22. REMARKS			

State/Territory: District of Columbia

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a.1. Transportation.

X Provided:      No limitations                      X With limitations\*  
     Not provided.

a.2. Brokered Transportation.

X Provided under section 1902 (a) (70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 75.326 through 75.340.

*A brief description of the District's transportation brokerage is included at the end of this section.*

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902 (a);

- statewideness (indicate areas of State that are covered)
- (10) (B) comparability (indicate participating beneficiary groups)
- (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

- wheelchair van
- taxi
- stretcher car
- bus passes
- tickets
- secured transportation
- other transportation - Public transportation including the use of rail, bus system, and paratransit services; transportation network companies; ambulatory van; and gas mileage reimbursement

NEMT services meet the following descriptions:

- a. Taxicab and other vehicles-for-hire regulated by the D.C. Department of For-Hire Vehicles are provided for beneficiaries unable to use public transportation.

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- b. Transportation network companies are available for beneficiaries unable to use public transportation.
- c. Van transportation is subject to prior approval based on medical necessity for beneficiaries whose medical condition is such that other modes of transportation are inappropriate.
- d. Non-emergency ambulance service is subject to prior approval based on medical necessity for beneficiaries requiring a stretcher for transport.
- e. Gas mileage reimbursement is subject to prior approval and trip verification, using the beneficiary's own vehicle or transportation provided by a friend or relative.

The population to be served includes all Medicaid eligible beneficiaries in the District, except beneficiaries enrolled in a Managed Care Organization or Dual Eligible Special Needs Plan where the cost of transportation of a beneficiary is already included in the rate reimbursed to the service provider. Transportation services already included in the rate reimbursed to the service provider include those services provided to: residents in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), and children in public schools who are transported by D.C. Public Schools to receive school-based services.

NEMT services shall be provided to enable full-benefit dual eligible beneficiaries to obtain necessary, non-covered Medicare Part D prescription drugs.

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- (23) freedom of choice (indicate mandatory population groups)

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NEMT services meet the following descriptions:

- a. Taxicab and other vehicles-for-hire regulated by the D.C. Department of For-Hire Vehicles are provided for beneficiaries unable to use public transportation.
- b. Transportation network companies are available for beneficiaries unable to use public transportation.
- c. Van transportation is subject to prior approval based on medical necessity for beneficiaries whose medical condition is such that other modes of transportation are inappropriate.
- d. Non-emergency ambulance service is subject to prior approval based on medical necessity for beneficiaries requiring a stretcher for transport.
- e. Gas mileage reimbursement is subject to prior approval and trip verification, using the beneficiary's own vehicle or transportation provided by a friend or relative.

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## TRANSPORTATION SERVICES

The State Agency assures that Medicaid beneficiaries are provided the means of transportation, to and from providers of Medicaid covered services.

- A. Medically necessary emergency ambulance services are a covered service.
- B. Non-emergency medical transportation (NEMT) is provided to beneficiaries in accordance with the requirements of 42 C.F.R. § 440.170 through a Districtwide, contracted transportation broker, and will be claimed as optional medical services.
  1. The State Agency assures that beneficiaries are provided the means of transportation, to and from providers of Medicaid covered services using the following methods:
    - a. Fare cards or reimbursement for Washington Metropolitan Area Transit Authority (WMATA), or other public transportation systems integrated with WMATA, bus, rail, or paratransit services;
    - b. Taxicab and other vehicles-for-hire regulated by the D.C. Department of For-Hire Vehicles );
    - c. Transportation network companies
    - d. Van transportation);
    - e. Non-emergency ambulance services ); or
    - f. Gas mileage reimbursement.
  2. The State Agency ensures that any provider, excluding the WMATA and other public transit authorities, of NEMT under the D.C. State Plan meets and attests the following minimum requirements:
    - a. Each provider and individual driver are not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Social Security Act) and is not listed on the exclusion list of the U.S. Department of Health and Human Services Inspector General;
    - b. Each individual driver has a valid driver's license;



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- c. Each provider has in place a process to address any violation of a District drug law; and
  - d. Each provider has in place a process to disclose to DHCF the driving history, including any traffic violations, of each individual driver employed by such provider, including any traffic violations.