

## **Table of Contents**

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

**State Plan Amendment (SPA) #:**      **22-0006**

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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September 28, 2022

Melisa Byrd  
Senior Deputy Director | Medicaid Director  
Department of Health Care Finance  
441 4<sup>th</sup> Street N.W. | Suite 900S  
Washington, D.C. 20001

Re: District of Columbia State Plan Amendment (SPA) 22-0006

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) DC-22-0006. This amendment proposes to permit the District of Columbia Medicaid program to effectuate the coverage of doula services, effective October 1, 2022.

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 Medicaid SPA 22-0006 was approved on September 28, 2022, with an effective date of October 1, 2022.

If you have any questions, please contact LCDR Frankeena McGuire at (212) 616-2257 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

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**22-0006**

2. STATE  
**District of Columbia**

3. PROGRAM IDENTIFICATION:  
**TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**October 1, 2022**

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 C.F.R. Section 440.130(c)**

7. FEDERAL BUDGET IMPACT

- a. FFY 23 \$ **578,585.63**  
b. FFY 24 \$ **548,918.38**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Supplement 1 to Attachment 3.1-A, page 21A, 21B  
Supplement 1 to Attachment 3.1B, page 20A, 20B  
Supplement to Attachment 4.19-B, page 39**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

**Supplement 1 to Attachment 3.1-A: page 21A  
Supplement 1 to Attachment 3.1B: page 20A**

10. SUBJECT OF AMENDMENT

**Coverage of doula 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: 22-434**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

13. TYPED NAME  
**Melisa Byrd**

14. TITLE  
**Senior Deputy Director/Medicaid Director**

15. DATE SUBMITTED  
**July 22, 2022**

16. RETURN TO

**Melisa Byrd  
Senior Deputy Director/Medicaid Director  
Department of Health Care Finance  
441 4th Street, NW, 9th Floor, South  
Washington, DC 20001**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
**July 22, 2022**

18. DATE APPROVED **09/28/2022**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**October 1, 2022**

20. SIG [Redacted Signature]

21. TYPED NAME  
**James G. Scott**

22. TITLE  
**Director, Division of Program Operations**

23. REMARKS

Pen and Ink Changes:  
Box 8 Addition:  
Supplement 1 to Attachment 3.1-A, page 21B  
Supplement 1 to Attachment 3.1B, page 20B

c. **Preventive services**: Preventive Services must be prior approved.

I. **Doula services** are provided throughout the perinatal period (before, during, and up to six (6) weeks after delivery) and the postpartum period (beginning the last day of pregnancy). Doulas provide support to the birthing parent throughout the pregnancy and postpartum periods to improve maternal health outcomes. Pursuant to 42 C.F.R. Section 440.130(c), doula services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary.

Doula services provided to the birthing parent during the perinatal and postpartum period, include:

1. Perinatal counseling and education, including infant care, to prevent adverse outcomes;
2. Labor support and attendance at delivery, including the development of a birth plan;
3. Coordination with community-based services, to improve beneficiary outcomes;
4. Visits to provide basic infant care;
5. Accompanying the beneficiary to a clinician visit;
6. Lactation support; and
7. Emotional and physical support.

Limits: Doula services are limited to a total of twelve (12) visits across the perinatal and the postpartum period.

**Qualified Provider Specifications:**

Qualified doula providers must be at least 18 years of age, possess a high school diploma or equivalent, and possess a current certification by a doula training program or organization, approved by the District of Columbia Department of Health Care Finance.

14. Services for Individuals Age 65 or Older in Institutions for Mental Diseases

- a. Inpatient hospital services are limited to services certified as medically necessary by the Peer Review Organization.
- b. Skilled nursing facility services are limited to services certified as medically necessary by the Peer Review Organization.

- c. Intermediate care facility services are limited to services certified as medically necessary by the Peer Review Organization.

15. Intermediate Care Facility Services

- a. Intermediate Care Facility Services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care are provided with no limitations.
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions are provided with no limitations.

16. Inpatient Psychiatric Facility Services for individuals under 22 years of age are provided with no limitations.

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Doula Services: Reimbursement

Doula services may be reimbursed from the date of confirmed pregnancy through one hundred and eighty (180) days (six months) after the end of a pregnancy, contingent on the client maintaining Medicaid eligibility, and if medically necessary. The District will reimburse up to twelve (12) perinatal and postpartum visits, including attendance at delivery. The twelve (12) visits include a maximum of one (1) doula consultation and can be allocated across the perinatal and postpartum period.

Each perinatal service visit (before, during, and up to six (6) weeks after delivery) shall be billed and reimbursed per visit, regardless of the length of time. Postpartum service visits shall be billed and reimbursed separately as a unit of service and shall be billed in fifteen (15) minute increments and reimbursed at a per-unit rate. A postpartum service visit shall not exceed twenty-four (24) units or six (6) hours per visit.

During the postpartum period, there will be an additional value-based incentive payment made to the Doula if the Doula performs at least one (1) postpartum service visit and the client is seen by an obstetric clinician for one (1) postpartum visit after a labor and delivery claim.

The Agency's fee schedule rates for doula services are set as of October 1, 2022 and are effective for services on or after that date. The rates are the same for both governmental and private providers. All applicable rates are published on the District's website at <https://dhcf.dc.gov/page/rates-and-reimbursements>. Reimbursement rates shall be adjusted annually based on the Centers for Medicare & Medicaid Services (CMS), Medicare Economic Index (MEI).