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

State Plan Amendment (SPA) #: **22-0013**

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

December 5, 2022

Melisa Byrd
Medicaid Director
Department of Health Care Finance
441 4th Street N.W. Suite 900S
Washington, D.C. 20001

Re: District of Columbia State Plan Amendment (SPA) 22-0013

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) DC-22-0013. This amendment proposes to allow nurse practitioners and physician assistants to complete the face-to-face encounter before durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) are supplied to the beneficiary, without requiring the supervision of a physician.

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 22-0013 was approved on December 5, 2022, with an effective date of November 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.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

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: DC-22-0013	2. STATE: District of Columbia
		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: November 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.70		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY <u>2022</u> \$0 b. FFY <u>2023</u> \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1A Page 9b Supplement 1 to Attachment 3.1B Page 8b		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 3.1A Page 9b Supplement 1 to Attachment 3.1B Page 8b	
9. SUBJECT OF AMENDMENT: Providers that may complete face-to-face encounters for medical supplies, equipment and appliances.			
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		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: D.C. Act: <u>22-434</u>	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. 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	
12. TYPED NAME Melisa Byrd			
13. TITLE Senior Deputy Director/Medicaid Director			
14. DATE SUBMITTED November 17, 2022			
FOR CMS USE ONLY			
16. DATE RECEIVED November 17, 2022		17. DATE APPROVED 12/05/2022	
PLAN APPROVED – ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2022		19. SIGNATURE 	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS			

For all Home Health services, excluding medical supplies, equipment and appliances, which are subject to the requirements on page 9b, and in accordance with 42 CFR § 440.70(f)(1) and (5)(i-ii), the ordering physician must:

- (1) Document that a face-to-face encounter, related to the primary reason the beneficiary requires Home Health services, occurred between the beneficiary and the health care practitioner within the ninety (90) days before or within the thirty (30) days after the start of services; and
- (2) Indicate on the order the name of the health care practitioner who conducted the face-to-face encounter, and the date of the encounter.

In accordance with 42 CFR § 440.70(f)(3), the face-to-face encounter may be conducted by one of the following providers:

- (1) The ordering physician;
- (2) A nurse practitioner, in accordance with District law;
- (3) A certified nurse midwife as authorized under District law;
- (4) A physician assistant, in accordance with District law; and
- (5) For beneficiaries receiving Home Health services immediately after an acute or post-acute stay, the attending acute or post-acute physician.

In accordance with 42 CFR § 440.70(f)(3)(vi), the following requirements are applicable to medical supplies, equipment, and appliances provided under the Home Health Services benefit.

- (1) For the initiation of medical supplies, equipment, and appliances, the face-to-face encounter may be conducted must be related to the primary reason the beneficiary requires medical equipment, and must occur no more than six (6) months prior to the start of services.
- (2) The initial order for services must be conducted by a physician and the face-to-face encounter may be conducted by any of the non-physician practitioners allowed to conduct face-to-face encounters referenced above, with the exception of nurse midwives; and

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