

Table of Contents

State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 23-0005

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 14, 2023

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

Re: District of Columbia State Plan Amendment (SPA) 23-0005

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0005. This amendment proposes temporary extensions of increases to the personal needs allowance for certain beneficiaries, a delay in rebasing rates for federally qualified health centers and specialty hospitals, reimbursement rate increases for certain facilities and services, and modifications to the District's health home program. These changes were originally approved in Disaster Relief SPAs 20-0001, 21-0020, 22-0010, and 23-0001.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that the District of Columbia's Medicaid SPA Transmittal Number 23-0005 is approved effective May 12, 2023.

If you have any questions, please contact Dan Belnap at 215-861-4273 or via email at Dan.Belnap@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.14
08:32:15 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: DC-23-0005	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: May 12, 2023	
5. FEDERAL STATUTE/REGULATION CITATION: Title XIX of the Social Security Act	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: 7.5.B, p1-8	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New	

9. SUBJECT OF AMENDMENT:

Temporary extension of approved disaster flexibilities on: personal needs allowance; delay in rebasing rates for federal qualified health centers and specialty hospitals; increases in reimbursement rates for nursing facilities, intermediate care facilities for individuals with intellectual disabilities, personal care aides, and certain nursing service; and modifications to the My Health GPS program.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
D.C. Act: 22-434

<p>11. AGENCY OFFICIAL</p> <div style="background-color: black; width: 150px; height: 30px; margin-bottom: 5px;"></div>	<p>15. RETURN TO</p> <p>Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4th Street, NW, 9th Floor, South Washington, DC 20001</p>
12. TYPED NAME Melisa Byrd	
13. TITLE Senior Deputy Director/Medicaid Director	
14. DATE SUBMITTED May 26, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED May 26, 2023	17. DATE APPROVED June 14, 2023
-----------------------------------	------------------------------------

PLAN APPROVED – ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy -S Date: 2023.06.14 08:32:35 -04'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy, on Behalf of Anne Marie Costello	21. TITLE OF APPROVING OFFICIAL Deputy Director, Center for Medicaid and CHIP Services
22. REMARKS	

State: District of Columbia

Section 7 – General Provisions

7.5.B Temporary Extension to the Medicaid Disaster Relief for the COVID-19 National Emergency

Effective May 12, 2023, until July 11, 2023, the agency temporarily extends the following elections (approved on 6.5.20 in SPA DC-20-0001) of the state plan.

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:

a. Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

b. Other:

Describe methodology here.

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

Nursing Facility Services

Intermediate Care Facility Services for Individuals with Intellectual Disabilities Laboratory and X-Ray Services

a. Payment increases are targeted based on the following criteria:

b. Payments are increased through:

i. A supplemental payment or add-on within applicable upper payment limits

State: District of Columbia

Please describe.

ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: 20% for Nursing Facilities; 15% for ICF/IIDs

Nursing Facility Services -

Temporarily increase reimbursement to Nursing Facilities by 20% to all facility rate components (i.e., Nursing Care Price, Routine and Support Care Price, and Capital Rate)

Rates are increased to support increased staff cost, as well as ongoing or increased fixed cost related to the public health emergency.

Intermediate Care Facility Services for Individuals with Intellectual Disabilities

Temporarily increase the reimbursement rates to ICF/IIDs by a 15% increase to the Direct Service cost center; which is comprised of the direct support professional (DSP), certified nursing assistant (CNA), licensed professional nurse (LPN), registered nurse (RN), qualified intellectual disabilities professional (QIDP), and the house managers' costs. In line with the ICF/IID rate methodology, enhancements in the Direct service cost center also result in increases in other components of the per-diem rate including all other healthcare services, administration, active treatment, and Stevie Sellows cost centers.

The overall increase in the per-diem rate will apply across all acuity levels (i.e., Base through Acuity Level: C12).

Rates are increased to support increased staff cost, as well as other increased cost related to the public health emergency.

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

Laboratory and X-Ray Services

Temporarily increase Medicaid reimbursement of laboratory services related to the diagnostic testing of COVID-19 from 80% of the Medicare reimbursement rate to 100% of the Medicare rate.

Effective May 12, 2023, until November 11, 2023, the agency temporarily extends the following elections (approved on 6.5.20 in SPA DC-20-0001) of the state plan.

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:

a. Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

b. Other:

Describe methodology here.

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

Home Health: Personal Care Aide Services

**Home Health: Skilled Nursing and
Private Duty Nursing Services**

a. Payment increases are targeted based on the following criteria:

Rates are increased to support increased staff cost, as well as ongoing or increased fixed cost related to the continued

provision of services to vulnerable Medicaid beneficiaries during the public health emergency. To ensure support for Medicaid providers across the benefit, changes to reimbursement for Home Health services align with similar emergency changes to services provided under the District’s 1915(c) Home and Community Based Waivers.

b. Payments are increased through:

i. ___ A supplemental payment or add-on within applicable upper payment

limits:

Please describe.

ii. X An increase to rates as described below.

Rates are increased:

___ Uniformly by the following percentage:

Home Health: Personal Care Aide Services

Temporarily increase reimbursement rates to home health agencies (HHAs) to support increased costs associated with services provided by personal care aides (PCAs) because HHAs, due to a reduction in total available workforce, utilize staffing agencies charging a rate higher than that reimbursed by DHCF. Reimbursement for services provided by such staff may vary, but shall reflect the reasonable, additional costs to the HHA provider. To receive the increased rate, an HHA will be required to: 1) identify the NPI of the staffing agency in the original claim; and 2) submit an invoice for reimbursement that includes the invoice from the staffing agency showing the amount charged. Maximum reimbursement for services provided by PCAs hired through a staffing agency shall not exceed the standard PCA rate by more than 50%. Maximum overtime reimbursement for services provided by PCAs hired through a staffing agency shall not exceed the standard PCA rate by more than 100%.

Temporarily increase reimbursement rates to HHAs for PCA services to accommodate additional costs associated with the need to pay overtime compensation to individual staff who, due to a reduction in total available workforce, will work over 40 hours per hours a week.

Maximum overtime reimbursement for services provided by PCAs shall not exceed \$32 per hour (\$8/per 15min).

Temporarily increase reimbursement rates to HHAs to support costs associated with PCAs working with persons who have been medically quarantined. The District will reimburse for a quarantine period not to exceed to 14 consecutive days. PCAs will be paid an increased rate for the first 40 hours worked; and will then be paid an overtime rate for any hours worked over 40 hours. For the first 40 hours worked, maximum reimbursement for services provided by PCAs working with persons who have been medically quarantined shall not exceed \$32 per hour (\$8/per 15min). For any work over 40 hours, the overtime rate for PCAs working with persons who have been medically quarantined shall not exceed \$48 per hour (\$12/per 15min).

Home Health: Skilled Nursing and Private Duty Nursing Services

Temporarily increase reimbursement rates to home health agencies (HHAs) to support increased costs associated with services provided by skilled nursing (SN) and private duty nursing (PDN) staff because HHAs, due to a reduction in total available workforce, utilize staffing agencies charging a rate higher than that reimbursed by DHCF. Reimbursement for services provided by such staff may vary, but shall reflect the reasonable, additional costs to the HHA provider. To receive the increased rate, an HHA will be required to: 1) identify the NPI of the staffing agency in the original claim; and 2) submit an invoice for reimbursement that includes the invoice from the staffing agency showing the amount charged. Maximum reimbursement for services provided by SN and PDN staff hired through a staffing agency shall not exceed the standard rate by more than 50%. Maximum overtime reimbursement for services provided by SN and PDN staff hired through a staffing agency shall not exceed the standard SN and PDN rate by more than 100%.

Temporarily increase reimbursement rates to HHAs for SN and PDN services to accommodate additional costs associated with the need to pay overtime compensation to individual staff who, due to a reduction in total available workforce, will work over 40 hours per hours a week. Maximum overtime reimbursement for services provided by RNs shall not exceed \$90 per hour (\$22.5/per 15min). Maximum overtime reimbursement for services provided by LPNs shall not exceed \$75 per hour (\$18.75/per 15min).

Temporarily increase reimbursement rates to HHAs to support costs associated with SN and PDN staff working with persons who have been medically quarantined. The District will reimburse for a quarantine

period not to exceed to 14 consecutive days. HHAs will be reimbursed an increased rate for the first 40 hours worked; and will then be reimbursed an overtime rate for any hours worked over 40 hours. For the first 40 hours worked per week, maximum reimbursement to HHA for services provided by RNs working with persons who have been medically quarantined shall not exceed \$90 per hour (\$22.5/per 15min). Maximum reimbursement to HHA for services provided by LPNs working with persons who have been medically quarantined shall not exceed \$75 per hour (\$18.75/per 15min). For any work over 40 hours a week, the overtime reimbursement rate to HHA for services provided by RNs working with persons who have been medically quarantined shall not exceed \$120 per hour (\$30/per 15min). Maximum reimbursement to HHA for services provided by LPNs working with persons who have been medically quarantined shall not exceed \$100 per hour (\$25/per 15min).

The reimbursement rate for supervisory nursing visits will remain unchanged.

Effective May 12, 2023, until May 11, 2024, the agency temporarily extends the following elections (approved on 6.5.20 in SPA DC-20-0001, 3.18.22 in SPA DC-21-0020, 11.30.22 in SPA DC-22-0010, and on 5.5.23 in SPA DC-23-0001) of the state plan.

Section E – Payments

Other:

1. Other payment changes:

DHCF will delay rebasing of FQHC rates to May 11, 2024, For the January 1, 2022 rebasing, DHCF shall use cost and financial data from 2019 and cost data from 2020 to ensure inclusion of ongoing cost related to impacts of COVID-19. For subsequent rebasing, the cost and financial data used to determine the APM rate shall be updated based upon audited cost reports that reflect costs two (2) years from the base year.

Other payment changes: DHCF will delay the rebasing of per diem specialty hospital rates until the May 11, 2024.

Section F – Post-Eligibility Treatment of Income

1. The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
- a. The individual’s total income

- b. _____ 300 percent of the SSI federal benefit rate
- c. X Other reasonable amount: _____

The personal needs allowance (PNA) for an individual in a nursing facility not receiving a pension from the Department of Veterans Affairs (VA) will be increased from \$70 per month to \$100 per month. The PNA for a couple institutionalized in a facility is increasing from \$140 to \$200. The PNA for an individual in a nursing facility who is receiving a pension from the VA is increasing from \$90 per month to \$100 per month.

The personal needs allowance for individuals in nursing facilities who receive SSI and individuals in an intermediate care facility for individuals with intellectual disabilities who receive SSI will be increased from \$70 per month to \$100 per month.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

My Health GPS Health Home Program and Services

Modify the *My Health GPS* health home program to eliminate acuity tiers, face-to-face requirements, and update care team staffing requirements during the public health emergency.

Proposed changes include:

- Temporary enrollment of My Health GPS beneficiaries into a single acuity tier, replacing the current Acuity Levels 1 and 2.
- Changing the My Health GPS acuity-based staffing model set forth under the State Plan to instead allow for the following staff participation ratios per 400 enrolled beneficiaries: Health Home Director (0.5 FTE), Nurse Care Manager (2 FTE), Social Worker (1 FTE), and Community Health Worker (1 FTE)
- Removing the in-person requirements for the initial and annual a biopsychosocial assessment to allow *My Health GPS* providers to complete the required initial and annual biopsychosocial assessments via video conferencing or other electronic modality or telephone, in accordance with HIPAA requirements.

DHCF is also proposing reimbursement changes described below corresponding to the programmatic changes set forth above.

My Health GPS Reimbursement and Pay-for-Performance Program

To align with the programmatic changes set forth above, DHCF is proposing establishment of a new reimbursement methodology for *My Health GPS* providers during the public health emergency, including:

- A new PMPM rate and frequency. In place of the currently approved two PMPM rates based on different acuity levels, DHCF is proposing a single combined rate, that will be reimbursable quarterly to providers who provide at least one authorized My Health GPS activity per quarter. The quarterly reimbursement rate to *My Health GPS* providers will be increased to \$304.98.
- Temporarily delayed implementation of *My Health GPS* pay-for-performance and quality reporting requirements set forth in the State Plan until May 11, 2024, in order to decrease the administrative burden on *My Health GPS* providers due to the public health emergency.