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

State Plan Amendment (SPA) #: **23-0010**

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 11, 2023

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

Re: DC State Plan Amendment (SPA) #23-0010

Dear Melisa Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #23-0010. This amendment proposes to expand the scope of covered transplant procedures to include small bowel and pancreas transplant procedures.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at section 1903(i)(1) and 42 CFR §441.35. This letter is to inform you that DC Medicaid SPA #23-0010 was approved on December 8, 2023 with an effective date of October 1, 2023.

If you have any questions, please contact Terri Fraser at 410-786-5573 or via email at Terri.Fraser@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Eugene Simms
Mario Ramsey

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: DC 23-0010	2. STATE: District of Columbia
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 441.35 Section 1903(i)(1) of the Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY 2024 \$ 219,100 b. FFY 2025 \$ 227,426	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-E: pages 1 and 2 Attachment 4.19-B, Part 1: page 13a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-E: pages 1 and 2 Attachment 4.19-B, Part 1: page 13a	

9. SUBJECT OF AMENDMENT:
Organ Transplant Services

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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Melisa Byrd

13. TITLE

Senior Deputy Director / Medicaid Director

14. DATE SUBMITTED

11/20/2023

15. 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 CMS USE ONLY

16. DATE RECEIVED **11/20/2023**

17. DATE APPROVED **12/08/2023**

PLAN APPROVED – ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2023

19. SIGNATURE OF

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

1. The D.C. Medicaid program will provide coverage for physician and hospital services limited to the following transplantation procedures (children under 21 will receive all medically necessary transplantations):
 - (a) Liver transplantation;
 - (b) Heart transplantation;
 - (c) Lung transplantation;
 - (d) Kidney transplantation;
 - (e) Allogeneic stem cell transplantation;
 - (f) Autologous hematopoietic stem cell transplantation;
 - (g) Small bowel transplantation; and
 - (h) Pancreas transplantation.

2. The D.C. Medicaid program will provide reimbursement for covered transplantation services only if the recipient has been deemed eligible for benefits under the District of Columbia Medicaid program prior to performance of the transplantation procedure and continues to be eligible throughout the period of hospitalization and follow-up treatment.

3. Medicaid reimbursable transplantation services must be performed by a transplant program/center that:
 - (a) Is located in a Medicare-enrolled hospital;
 - (b) Is certified by and a member in good standing of the Organ Procurement and Transplantation Network (OPTN) for the specific organ/organs being transplanted;
 - (c) If located in the District, maintains the applicable Certificate of Need (CON) demonstrating a public need for transplantation services as issued by D.C. Health's, State Health Planning and Development Agency;
 - (d) If located outside of the District of Columbia, maintains any requirements of that particular state or jurisdiction for transplant program/centers; and
 - (e) Is enrolled in the D.C. Medicaid program.

TRANSPLANTATION STANDARDS: GENERAL

1. The D.C. Medicaid Program shall apply the following general criteria for approval of all transplantation procedures:
 - (a) The recipient shall be diagnosed and recommended by his/her physician(s) for an organ transplantation as the medically reasonable and necessary treatment for the recipient's survival;

- (b) There is reasonable expectation that the recipient possesses sufficient mental capacity and awareness to undergo the mental and physical rigors of post-transplantation rehabilitation, with adherence to the long-term medical regimen that may be required;
 - (c) There is reasonable expectation that the recipient shall recover sufficiently to resume physical and social activities of daily living;
 - (d) Alternative medical and surgical therapies that might be expected to yield both short- and long-term survival must have been tried or considered and will not prevent progressive deterioration and death; and
 - (e) The recipient shall be diagnosed as having no other system disease, major organ disease, or condition considered likely to complicate, limit, or preclude expected recuperation and rehabilitation after transplantation.
2. All transplantation procedures shall be prior authorized by the Department of Health Care Finance, or its designee, and performed in accordance with the clinical standards established under the State Plan for Medical Assistance consistent with 42 CFR § 441.35.
3. The transplantation benefit includes coverage of the procedures and medical care required to retrieve an organ from a living donor, regardless of the living donor's eligibility for Medicaid, if the following conditions are met:
- (a) The transplantation is for kidney or liver;
 - (b) The organ recipient is an eligible Medicaid beneficiary. Children under age 21 will receive all medically necessary transplantations; and
 - (c) The procedure and/or medical care is a necessary part of the organ transplantation process, or is necessary as a result of the organ transplantation process.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medicaid services set forth below. DHCF's fee schedule rate was set as of October 1, 2023, and is effective for services provided on or after that date. All rates are published on DHCF's website at <https://www.dcmcaid.com/dcwebportal/home>.

- I. The DHCF fee schedule for dentist and orthodontist services, referenced at subparagraph iii.b. of paragraph 21. Fee-for-Service Providers, was set as of June 1, 2018 and is effective for services provided on or after that date.
- II. The DHCF fee schedule for transportation services, referenced at subparagraph iii.l. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2018 and is effective for services provided on or after that date.
- III. The DHCF fee schedule for home health services, referenced at subparagraph iii.h. of paragraph 21. Fee-for-Service Providers, was set as of July 1, 2021 and is effective for services provided on or after that date.
- IV. The DHCF fee schedule for medical supplies and equipment services, referenced at subparagraph iii.i. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2020 and is effective for services provided on or after that date.
- V. The DHCF fee schedule for physician services, referenced at subparagraph iii.a. of paragraph 21. Fee-for-Service Providers, was set as of December 1, 2020 and is effective for services provided on or after that date.
- VI. The DHCF fee schedule for Independently Licensed Behavioral Health Practitioners, referenced at 3.1-A Independently Licensed Behavioral Health Practitioners, was set as of January 1, 2022 and is effective for services provided on or after that date.