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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 24-0025

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

August 28, 2025

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

Re: District of Columbia State Plan Amendment (SPA) 24-0025

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of the proposed amendment submitted under transmittal number (TN) 24-0025. This State Plan Amendment (SPA) has a requested effective date of October 1, 2024. In this amendment, the District of Columbia has proposed to include coverage of FDA-approved over-the-counter COVID-19 tests under the State Plan. The initial SPA submission has been revised to incorporate the required language in the Preventive Services benefit instead of the Pharmacy benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 455.502. This letter informs you that District of Columbia's Medicaid SPA TN 24-0025 was approved on August 28, 2025, effective October 1, 2024.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the District of Columbia State Plan.

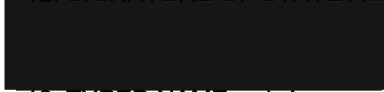
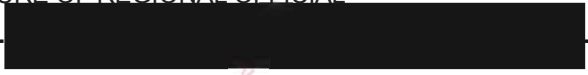
If you have any questions, please contact Taneka Rivera at (410) 786-9502.

Sincerely,

A solid black rectangular box redacting the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: DC-24-0025	2. STATE: District of Columbia
		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human 9817Services		4. PROPOSED EFFECTIVE DATE: October 1, 2024	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.130		7. FEDERAL BUDGET IMPACT: FFY24: \$ 0.00 FFY25: \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Page 3c Attachment 4.19B, Page 39a (New) Attachment 3.1B Page 20A – 20B and 20C (New) Attachment 3.1 A Page 21A – 21B and 21C (New)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Page 3c Attachment 3.1B Page 20A through 20B Attachment 3.1 A Page 21A through 21B	
10. SUBJECT OF AMENDMENT: OTC Tests			
11. 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: 22-434			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. 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	
13. TYPED NAME Melisa Byrd			
14. TITLE Senior Deputy Director/Medicaid Director			
15. DATE SUBMITTED			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED December 20, 2024		18. DATE APPROVED August 28, 2025	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2024		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Shantrina Roberts		22. TITLE Acting Director, Division of Program Operations	
23. REMARKS *DC authorized pen and ink change for boxes 8 and 9 on July 23, 2025			

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

- I. **Doula services** are provided throughout the perinatal period and the postpartum period. 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. Limitations may be exceeded with prior authorization if medically necessary.

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.

- II. **Attachment and Biobehavioral Catchup (ABC)** is an evidence-based service that targets key issues among young children who have experienced early maltreatment and/or disruptions in care. Pursuant to 42 C.F.R. Section 440.130(c), ABC is provided as a preventive service and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.

ABC is a home visiting program for infants, toddlers, and parents provided by Parent Coaches. Consistent

with EPSDT requirements, comparable services will be made available to Medicaid-eligible individuals under age twenty-one (21), as necessary. Services are provided for the medical benefit of the child and include counseling and education to help parents: behave in nurturing ways when children are distressed; be able to target and understand children's self-regulatory issues; create secure attachment with the child; and improve child behavioral and biological regulation.

Limitations: eligible beneficiaries are limited to one (1) standard course of ABC sessions per child that would benefit from ABC. The standard length of ABC services are one-hour sessions once a week for ten (10) weeks. Limitations may be exceeded with prior authorization if medically necessary.

Qualified Provider Specifications:

Parent Coaches must be at least 18 years of age, possess a high school diploma or equivalent, and possess an active certification from an ABC training program approved by the Department of Health Care Finance.

- III. **Over the Counter (OTC) COVID-19 Tests** are tests or test kits purchased directly by a Medicaid beneficiary from a pharmacy or other retailer authorized to sell FDA-authorized COVID-19 tests in the District. FDA-authorized OTC COVID-19 tests are provided to early detect and confirm the presence of the COVID-19 virus. Pursuant to 42 C.F.R. Section 440.130(c), OTC COVID-19 tests are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.

Limitations: eligible beneficiaries are limited to eight (8) COVID-19 test kits in a one (1) month period. All OTC COVID-19 test and test kits under this benefit must be purchased prior to September 30, 2025.

Qualified Provider Specifications:

Qualified providers of COVID-19 Tests are pharmacies and other retailers authorized to sell COVID-19 tests, consistent with state law.

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 Quality Improvement Organization.

- b. Skilled nursing facility services are limited to services certified as medically necessary by the Quality Improvement Organization.
- c. Intermediate care facility services are limited to services certified as medically necessary by the Quality Improvement 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 persons with an Intellectual Disability or related conditions in need of such services 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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Over the Counter (OTC) COVID-19 Tests: Reimbursement

OTC COVID-19 Test Kits will be reimbursed at the lesser of the wholesale unit price or the maximum allowable cost of \$12 for a single test and \$24 for a kit. OTC COVID-19 tests are limited to a maximum of 8 home test kits per month and are only authorized for tests and kits purchased between October 1, 2024 and September 30, 2025.