Table of Contents

State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 25-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DC - Submission Package - DC2025MS00010 - (DC-25-0002) - Administration

Summary

Reviewable Units

Versions

Analyst Notes

Approval Letter

Transaction Logs

News

Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Medicaid & CHIP Operations Group 601 E. 12th St. Room 355 Kansas City, MO 20001



Center for Medicaid & CHIP Services

March 14, 2025

Melisa Byrd Director Department of Health Care Finance 441 4th Street, NW Washington, DC 20001

Re: Approval of State Plan Amendment DC-25-0002

Dear Melisa Byrd,

On February 25, 2025, the Centers for Medicare and Medicaid Services (CMS) received District of Columbia State Plan Amendment (SPA) DC-25-0002, to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve District of Columbia State Plan Amendment (SPA) DC-25-0002 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Taneka Rivera at Taneka.Rivera@cms.hhs.gov.

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

DC - Submission Package - DC2025MS0001O - (DC-25-0002) -**Administration**

Summary

Reviewable Units

Versions

Analyst Notes

Approval Letter

Transaction Logs

News

Related Actions

SPA ID DC-25-0002

Initial Submission Date 2/25/2025

Effective Date N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | DC2025MS00010 | DC-25-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID DC2025MS0001O

Submission Type Official

Approval Date 03/14/2025

Superseded SPA ID N/A

State Information

State/Territory Name: District of Columbia

Medicaid Agency Name: Department of Health Care Finance

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | DC2025MS00010 | DC-25-0002

Package Header

Package ID DC2025MS0001O

Submission Type Official

Approval Date 03/14/2025

Superseded SPA ID N/A

SPAID DC-25-0002

Initial Submission Date 2/25/2025

Effective Date N/A

SPA ID and Effective Date

SPA ID DC-25-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | DC2025MS00010 | DC-25-0002

Package Header

Package ID DC2025MS0001O

SPAID DC-25-0002

Submission Type Official

Initial Submission Date 2/25/2025

Approval Date 03/14/2025

Effective Date N/A

Superseded SPA ID N/A **Executive Summary**

Summary Description Including This proposed SPA would allow the District to provide assurance to CMS of compliance with the requirements below, Goals and Objectives effective December 31, 2024.

> • All requirements in 42 CFR §§ 437.10 and 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024.

• In subsequent years, the District must report annually, by December 31st, on all measures on the Child Core Set and the behavioral health measures in the Adult Core Set that are identified by the Secretary.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act

CFR § 431.16 and §§ 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created		
No items available			

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | DC2025MS00010 | DC-25-0002

Package Header

Package ID DC2025MS0001O

Submission Type Official

Approval Date 03/14/2025

Superseded SPA ID N/A

SPAID DC-25-0002

Initial Submission Date 2/25/2025

Effective Date N/A

Governor's Office Review

No comment
Describe
D.C. Act 22-434

Comments received

No response within 45 days

Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/21/2025 4:19 PM EDT

Records / Submission Packages - View All

DC - Submission Package - DC2025MS0001O - (DC-25-0002) -Administration

Summary

Reviewable Units

Versions

Analyst Notes

Approval Letter

Transaction Logs

News

Related Actions

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | DC2025MS00010 | DC-25-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID DC2025MS0001O

SPA ID DC-25-0002

Submission Type Official

Initial Submission Date 2/25/2025

Approval Date 03/14/2025

Effective Date 12/31/2024

Superseded SPA ID NEW

User-Entered

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

✓ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- ✓ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ✓ 2. The agency reports annually, by December 31, on:
 - a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
 - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12): which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/21/2025 4:20 PM EDT