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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 25-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) Form CMS-179
- 4) 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

May 22, 2026

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) - 25-0003

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of the proposed amendment submitted under transmittal number 25-0003. This state plan amendment (SPA) amends the Medicaid State Plan to provide mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act for eligible juveniles who are incarcerated in a public institution post-adjudication of charges.

We conducted our review of your submittal according to statutory requirements in section 1902(a)(84)(D) of the Act. This letter informs you that the District of Columbia SPA TN 25-0003 was approved on May 21, 2026, with an effective date of April 1, 2025, and will sunset on December 31, 2026.

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

Please note that accompanying this approval of DC-25-0003, there is an enclosed companion letter regarding the need for the District of Columbia to address identified actions that must be completed by December 31, 2026, to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing the companion letter to document these actions and establish a timeframe for their completion.

If you have any questions, please contact Taneka Rivera at (410) 786-9502 or via email at Taneka.Rivera@cms.hhs.gov.

Sincerely,

Falecia M. Smith
Acting Director, Division of Program Operations

Enclosures

cc: Mario Ramsey
Shanetha Sices

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Centers for Medicare & Medicaid Services
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Department of Health Care Finance
441 4th Street, NW, 9th Floor, South
Washington, DC, 20001

Re: District of Columbia State Plan Amendment (SPA) – 25-0003

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to DC-25-0003, approved on May 21, 2026. This State Plan Amendment (SPA) amends the Medicaid State Plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles who are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and State Plan, this SPA is effective April 1, 2025, and will be sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the State Plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid State Plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress made, as well as the complexities associated with full implementation. However, during the review of DC-25-0003, CMS identified actions that must be completed to fully implement mandatory coverage in accordance

with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the State Plan.

1. **Enhancing data sharing, suspension, and reinstatement processes.** The District will implement a 30-day pre-release notification for eligible juveniles, building on an existing robust infrastructure for suspension and reinstatement upon entrance and release. This requires internal technical system changes, communication procedure changes, and updating data sharing agreements.
2. **Provider enrollment and billing.** The District will make the necessary internal and external systems changes to assist providers with Medicaid enrollment and billing. This includes training on MMIS systems to allow for billing and tracking of these new services. The District is helping and supporting capacity building for our carceral providers to ensure that providers may bill for their services.
3. **Supporting workflow updates.** The District has compared the existing screening and diagnostic protocols at the adult and youth facilities to ensure alignment with the Department of Health Care Finance’s (DHCF) 5121 screening and diagnostic services. The District will train carceral providers on appropriately documenting screening and diagnostic services to meet Medicaid documentation requirements. Additionally, the District is assisting carceral providers with updating policy and procedure documentation to ensure alignment with Medicaid requirements.
4. **Coordination of care post-release.** The District will formalize existing avenues for coordination of care with post-release providers, leverage health IT infrastructure, such as the District’s Designated Health Information Exchange (HIE), and enhance post-release managed care plan (MCP) enrollment to support smooth case management transitions.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, please contact Taneka Rivera at (410) 786-9502 or via email at Taneka.Rivera@cms.hhs.gov.

Sincerely,



Falecia M. Smith
Acting Director, Division of Program Operations

Enclosures

cc: Mario Ramsey
Shenetha Sices

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	1. TRANSMITTAL NUMBER: DC 25-0003	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: April 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(84), 1905(a)(19), and 42 CFR 440.169	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY 2025: \$320,976 b. FFY 2026: \$641,952	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1 M, pages 1-2, Supplemental 2 Attachment 3.1A, pages 5-10, Supplement 2 Attachment 3.1B, pages 5-10, and Supplement 3 4.19B pages 1-2.	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A	

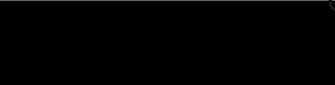
9. SUBJECT OF AMENDMENT: To provide Targeted Case Management and EPSDT benefits to justice-involved youth as described in section 5121 of the CAA, 2023.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: D.C. Act: 22-434

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

1. 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	

FOR CMS USE ONLY

16. DATE RECEIVED 03/31/2025	17. DATE APPROVED 05/21/2026
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PLAN APPROVED – ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2025	19. 
20. TYPED NAME OF APPROVING OFFICIAL Falecia M. Smith	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations
22. REMARKS	

State Plan under Title XIX of the Social Security Act
State/Territory: District of Columbia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 21 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30-day post release minimum requirement:

State will provide TCM beyond the 30-day post release requirement. The District will provide these services to eligible youth for **60** days post release.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0003
Supersedes TN: NEW

Approval Date: 05/21/26
Effective Date: 04/01/25

State Plan under Title XIX of the Social Security Act

State/Territory: District of Columbia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

1 month

3 months

6 months

12 months

Other: A prior assessment may have occurred before the 30-day pre-release period, and if so, a reassessment will be conducted if the initial assessment occurred more than six (6) months prior. The District may provide additional assessments based on an individual's needs.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;

- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

- ❖ Monitoring and follow-up activities are:

activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring,

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State Plan under Title XIX of the Social Security Act**State/Territory:** District of Columbia**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

to determine whether the following conditions are met:

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring: At least once during the TCM coverage period or more frequently as necessary and appropriate based on the individual's needs.

Specify the type and frequency of monitoring (check all that apply)

Telehealth. Frequency: At least once during the TCM coverage period and more frequently as needed, based on medical necessity.

In-person. Frequency: At least once during the TCM coverage period and more frequently as needed, based on medical necessity.

Other [explain]:

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case

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State Plan under Title XIX of the Social Security Act
State/Territory: District of Columbia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES
 manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

All providers who deliver TCM re-entry services shall register under the relevant carceral provider, either the Department of Corrections or the Department of Youth Rehabilitation Services and enroll as individual Medicaid providers.

Case managers must possess a minimum of a bachelor's degree in social work, psychology, or related field; or have a minimum of four (4) years of experience in a human services profession; or have lived experience in a carceral setting.

Case managers shall be supervised by licensed clinical social workers, clinical psychologists, registered nurses, physicians, or other appropriate clinical employees who meet the same minimum requirements as the case manager, plus at least two (2) years of supervisory experience.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

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State Plan under Title XIX of the Social Security Act
State/Territory: District of Columbia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State has additional limitations: **The District does not have any additional limitations.**

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

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- ❖ Monitoring and follow-up activities are:

activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring,

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES
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Specify the type and frequency of monitoring (check all that apply)

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In-person. Frequency: At least once during the TCM coverage period and more frequently as needed, based on medical necessity.

Other [explain]:

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case

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State Plan under Title XIX of the Social Security Act
State/Territory: District of Columbia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES
manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

All providers who deliver TCM re-entry services shall register under the relevant carceral provider, either the Department of Corrections or the Department of Youth Rehabilitation Services and enroll as individual Medicaid providers.

Case managers must possess a minimum of a bachelor's degree in social work, psychology, or related field; or have a minimum of four (4) years of experience in a human services profession; or have lived experience in a carceral setting.

Case managers shall be supervised by licensed clinical social workers, clinical psychologists, registered nurses, physicians, or other appropriate clinical employees who meet the same minimum requirements as the case manager, plus at least two (2) years of supervisory experience.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

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Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State has additional limitations: **The District does not have any additional limitations.**

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**Mandatory Coverage for
Eligible Juveniles who are
Inmates of a Public Institution
Post Adjudication of Charges**

State/Territory: District of Columbia

General assurances. State must indicate compliance with all four items below with a check.

In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

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Additional information provided (optional):

- No
- Yes: The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.

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Payment Methodology for Targeted Case Management Services for Youth in the Custody of Carceral Facilities, Including State Prisons, Local County Jails, Prisons, and Juvenile Detention and Youth Correctional Facilities, thirty (30) Days Prior and at least 30 days Post Release, as determined to be medically necessary.

Eligibility for Reimbursement

1. Targeted case management services for eligible youth thirty (30) days prior to and sixty (60) days post release, as determined to be medically necessary, from a carceral setting, shall be provided to individuals who:
 - a. Are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication, and for at least 30 days following

Service Providers

During the pre-release period, targeted case management services will be provided by the Department of Corrections, Department of Youth Rehabilitation Services, or a community provider. A community provider will perform these services in the post-release period. All providers must be enrolled as Medicaid provider in the District to provide re-entry services.

Provider Reimbursement

1. Payment for targeted case management (TCM) services will not duplicate payment made to public agencies or private entities under other programs authorized for the same purpose.
2. TCM services for individuals meeting the criteria for the specified target group will be based on a fee schedule developed by the District of Columbia (“the District”).
3. Unless otherwise noted in the State Plan, the District-developed fee schedule rates are the same for both governmental and private providers. Payments shall be based on the District’s Medicaid fee schedule.
4. Eligible providers must maintain, in auditable form, all records of cost of services.
5. Rates were determined based on salary and fringe benefit costs of a Bachelors-level practitioner, consistent with the minimum case manager qualifications for this service and

adjusted for overhead costs. Assumptions regarding case load and hour per visit were applied to derive a monthly rate per visit which was adjusted for inflation. These rates are effective as of January 1, 2025.

6. The District's fee schedule was set as of January 1, 2025, and is effective for services provided on or after that date. The reimbursement rate for providers is based on the District's Medicaid fee-schedule, which can be found at [*Department of Health Care Finance - Fee Schedule Download*](#). The fee schedule TCM will be established based on the CMS Annual Medicaid Basket Index for the year.
7. Medicaid will be the payor of last resort.

Unit of Service

1. A unit of service in the pre-release period will:
 - a. Occur in a period up to thirty (30) days prior to release; and
 - b. Consist of a minimum of four (4) service contacts and may be either by telephone or face-to-face with, or on behalf of, the individual.
2. Payment will be limited to one (1) unit of service during the pre-release period.
3. A unit of service in the post-release period will:
 - a. Be at least thirty (30) days, as determined to be medically necessary; and
 - b. Consist of a minimum of four (4) service contacts and may be either by telephone, virtual, or face-to-face with, or on behalf of, the individual.