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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 25-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

November 24, 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) – 25-0012

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) DC-25-0012. This amendment will comply with the mandatory exception of the Medicaid clinic services benefit “four walls” requirement for Indian Health Services (IHS) and Tribal clinics and elects the optional exceptions for behavioral health clinics and clinics located in rural areas.

We conducted our review of your submittal according to statutory requirements in Section 1905 of 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 25-0012 was approved on November 21, 2025, effective June 1, 2025.

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

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



Sincerely,

A black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Mario Ramsey

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: DC-25-0012	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: June 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.90; Section 1905(a)(9)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY <u>2025</u> \$0 b. FFY <u>2026</u> \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Supplement 1, p11, 11(a)-11(e)(c) Attachment 3.1-B, Supplement 1, p10, 10(a)-10(e)(c)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 3.1-A, Supplement 1, 11 Attachment 3.1-B, Supplement 1, p10	
9. SUBJECT OF AMENDMENT: Clinic Services: Four Walls Assurances			
10. GOVERNOR'S REVIEW <i>(Check One)</i> <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: <u>22-434</u>			
11. SIGNATURE OF STATE AGENCY OFFICIAL  Melisa Byrd		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	
13. TITLE Senior Deputy Director/Medicaid Director			
14. DATE SUBMITTED			
FOR CMS USE ONLY			
16. DATE RECEIVED August 26, 2025		17. DATE APPROVED November 21, 2025	
PLAN APPROVED – ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL June 1, 2025			
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS			

11/20/25: pen & ink change approved

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

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

- ☒ Limitations apply to all services within the benefit category.

Clinic services are limited to the covered procedures in the District's published fee schedule and may require prior authorization for medical necessity.

Types of Clinics and Services:

- ☒ Behavioral Health Clinics

Freestanding mental health clinics; Adult substance abuse clinics; Youth substance abuse clinics

- ☒ Limitations apply only to this clinic type within the benefit category.

Clinic services are limited to the covered procedures in the District's published fee schedule and may require prior authorization for medical necessity.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section § 1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: DC-25-012
Supersedes TN: DC-09-06

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Effective Date: 6/1/2025

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

Section 1905(a)(9) Clinic Services

☐ IHS and Tribal Clinics

☐ Limitations apply only to this clinic type within the benefit category.
Click or tap here to enter text.

☐ Renal Dialysis Clinics

☐ Limitations apply only to this clinic type within the benefit category.
Click or tap here to enter text.

☒ Other Clinics

Family planning clinics; Dental clinics; General clinics whose services include preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients.

☒ Limitations apply only to this clinic type within the benefit category.

Clinic services are limited to the covered procedures in the District's published fee schedule and may require prior authorization for medical necessity.

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

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☐ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic:

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d):
Click or tap here to enter text.

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e):

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State Plan under Title XIX of the Social Security Act
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Section 1905(a)(9) Clinic Services

Four Walls Exceptions (continued)

☐ A definition adopted and used by a federal governmental agency for programmatic purposes
Click or tap here to enter text.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy:
Click or tap here to enter text.

The state attests that:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**
Click or tap here to enter text.

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