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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 25-0015

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 20, 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) – 25-0015

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) DC-25-0015. This amendment clarifies coverage requirements for Private Duty Nursing ordered by and provided under the direction of a physician by registered nurses (RNs) and licensed practical nurses (LPNs).

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 440.80. This letter informs you that District of Columbia's Medicaid SPA TN 25-0015 was approved on November 18, 2025, effective October 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.

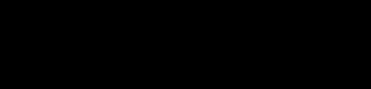


Sincerely,



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-25-0015	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 Services	4. PROPOSED EFFECTIVE DATE: October 1, 2025	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.80 Social Security Act §1905	7. FEDERAL BUDGET IMPACT: FFY26: \$0.00 FFY27: \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1A pg. 10 Supplement 1 to Attachment 3.1B pg. 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to Attachment 3.1A pgs. 10-10e Supplement 1 to Attachment 3.1B pgs. 9-9e	
10. SUBJECT OF AMENDMENT: Private Duty Nursing		
11. GOVERNOR'S REVIEW (<i>Check One</i>) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED D.C. Act: 22-434 <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
1.  CY 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	
1.  Melisa Byrd		
14. TITLE Senior Deputy Director/Medicaid Director		
15. DATE SUBMITTED		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED August 21, 2025	18. DATE APPROVED November 18, 2025	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2025		
21. TYPED NAME Wendy E. Hill Petras	22. TITLE Acting Director, Division of Program Operations	
23. REMARKS		

8. Private Duty Nursing Services are services provided by a registered nurse (R.N.) or a licensed practical nurse (L.P.N.) for beneficiaries who require more individualized and continuous care than is available from a visiting nurse under the Skilled Nursing Home Health Services benefit or routinely provided by nursing staff of a hospital or skilled nursing facility.
- A. Private Duty Nursing Services must be provided to a beneficiary in his or her own home or anywhere normal life activities take place.
 - B. Private Duty Nursing services must be ordered by and provided under the direction of a physician upon verification that the services are medically necessary.
 - C. Private Duty Nursing services must be provided by RNs or LPNs employed by an agency qualified to provide skilled nursing services and must enroll as Medicaid Home Care Agency providers in the District, meeting the Medicare Conditions of Participation, and the District's licensure requirement.
 - D. Limitations: Private Duty Nursing services may be provided up to twelve (12) hours per day with a prior authorization issued by DHCF. The twelve (12) hour per day limit on Private Duty Nursing Services may be exceeded based on medical necessity. All requests for Private Duty Nursing services must be prior authorized for medical necessity.

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