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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 19-009

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

February 25, 2020

Melisa Byrd
Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th floor, South
Washington, D.C. 20001

Dear Ms. Byrd:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 19-009, entitled Pharmacist Administration Services. This SPA will permit the District of Columbia Medicaid program to reimburse pharmacist practicing within the scope of their licensure, for the administration of Medicaid-covered immunizations, vaccines, and emergency anaphylaxis agents, except for immunizations and vaccines covered under the Vaccines for Children program.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is February 15, 2020. A copy of the approved SPA pages and signed CMS-179 form are included under this cover.

If you have any further questions regarding this SPA, please contact LCDR Frankeena McGuire at 215-861-4754 or by email at Frankeena.McGuire@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc:

Alice Weiss, DHCF
Eugene Simms, DHCF
Nicole McKnight, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 19-009	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: February 1, 2020
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5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)


6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.60	7. FEDERAL BUDGET IMPACT: FFY20: \$0.00 FFY21: \$0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A: page 3 Attachment 3.1-B: pp 3 – 3a Supplement 1 to 3.1A: pp. 8.1 and 9 Supplement 1 to 3.1B: pp. 7.1 and 8 Attachment 4.19B: page 3c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A: page 3 Attachment 3.1-B: page 3 Supplement 1 to 3.1A: page 9 Supplement 1 to 3.1B: page 8 Attachment 4.19B: page 3c
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10. SUBJECT OF AMENDMENT:
Pharmacist Administration Services

11. GOVERNOR'S REVIEW (*Check One*)

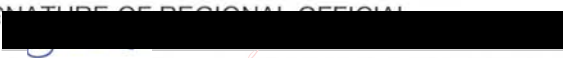
GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 D.C. Act: 22-434
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 DEC 31 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 31, 2019	18. DATE APPROVED February 19, 2020
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL February 15, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

State/Territory: District of Columbia

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

X Provided: ___ No limitations X With limitations*
___ Not provided.

c. Chiropractors' services.

___ Provided: ___ No limitations ___ With limitations*
X Not provided.

d. Other practitioners' services.

X Provided: 1. Emergency Medical Providers is detailed
in Supp. 1 to Attachment 3.1-A
2. Pharmacist criteria is detailed in
Supplement 1 to Attachment 3.1-A.
___ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in
the area.

X Provided: ___ No limitations X With limitations*

b. Home health aide services provided by a home health agency.

X Provided: ___ No limitations X With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

X Provided: ___ No limitations X With limitations*

State/Territory: District of Columbia

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE MEDICALLY NEEDED GROUP(S):

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
X Provided: ___ No limitations X With limitations*
- b. Optometrists' services.
X Provided: ___ No limitations X With limitations*
- c. Chiropractors' services.
___ Provided: ___ No limitations ___ With limitations*
X Not provided.
- d. Other practitioners' services.
X Provided: 1. Emergency Medical Providers is detailed in Supp. 1 to Attachment 3.1-B.
2. Pharmacist criteria described in Supplement 1 Attachment 3.1-B.
___ Not provided.
7. Home health services.
- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
X Provided: ___ No limitations X With limitations*
- b. Home health aide services provided by a home health agency.
X Provided: ___ No limitations X With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
X Provided: ___ No limitations X With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical

rehabilitation facility.

 X Provided: No limitations X With limitations*

 Not provided

C. Chiropractors' Services

Chiropractors' services are not covered by the District of Columbia Medicaid Program.

D. Other Practitioners' Services

1. Emergency Medical Providers

- a. Paramedics are licensed providers in the District of Columbia. Licensed paramedics are covered within their scope of practice defined by state law.
- b. Emergency medical responders are licensed providers in the District of Columbia. Licensed emergency medical responders are covered within their scope of practice defined by state law.
- c. Emergency medical technicians (EMTs), as well as advanced EMTs and EMT-Intermediate, are licensed providers in the District of Columbia. Licensed EMTs, advanced EMTs, and EMT-Intermediate are covered within their scope of practice defined by state law.

2. Pharmacist

- a. Licensed pharmacists are covered within their scope of practice in accordance with state law.

7. Home Health Services

General Provisions

In accordance with 42 CFR § 440.70, Home Health Services are physician-ordered services provided to a beneficiary in any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board, as part of a written plan of care that the physician reviews every sixty (60) days.

An order for Home Health Services must be signed and dated by the beneficiary's physician and shall state the amount, frequency, scope, and duration of each Home Health service ordered. The physician's signature on the order constitutes a certification

by the physician that the services ordered reflect the health status and needs of the beneficiary.

The Home Care Agency is responsible for developing and updated the plan of care and ensuring that services provided are in accordance with the physician's order and health status and needs of the beneficiary.

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by the physician that the services ordered reflect the health status and needs of the beneficiary.

The Home Care Agency is responsible for developing and updated the plan of care and ensuring that services provided are in accordance with the physician's order and health status and needs of the beneficiary.

- i. Effective May 1, 2016, physician-administered drugs shall be reimbursed at eighty percent (80%) of the Medicare fee schedule, with the exception of physician-administered chemotherapy drugs which shall be reimbursed at one hundred percent (100%) of the Medicare fee schedule. Rates will be updated annually pursuant to the Medicare fee schedule, and will be published on DHCF's website at www.dc-medicaid.com.
- j. For physician administered drugs purchased through the Federal Public Health Service's 340B Drug Pricing Program, reimbursement shall be the 340B actual acquisition cost, but no more than the 340B ceiling price.
- k. Investigational drugs shall not be Medicaid-reimbursable.
- l. Drug Administration Fee

A pharmacy that employs or contracts a pharmacist who administers immunizations, vaccines, and emergency anaphylaxis agents in accordance with Supplement 1 to Attachment 3.1-A, page 8.1 and Supplement 1 to Attachment 3.1-B, page 8 shall be eligible to receive payment for administering these drugs. Except for flu vaccines, Medicaid reimbursement shall not be available if an immunization or vaccine that is covered under the VFC Program is administered to a child. The pharmacist must ensure all written protocols in support of the administration of immunizations, vaccines, and emergency anaphylaxis agents are current and reviewed with the delegating physicians annually in accordance with District laws and rules or the applicable professional practices act within the jurisdiction where services are provided. There shall be one administration fee for injectable products, and there shall be separate administration fee for nasal products. The administration fees are payable for immunizations, vaccines, and emergency anaphylaxis agents administered to Medicaid beneficiaries of all ages. The agency's fees are set as of September 1, 2019 and are effective for services provided on or after that date. Fees may be updated annually and shall be published on the Medicaid website at www.dc-medicaid.com. Except as otherwise noted in the plan, state-developed fees are the same for both governmental and private providers. Reimbursement for the administration of immunizations, vaccines, and anaphylaxis agents shall not include a professional dispensing fee.

DEFINITIONS

For the purposes of Section 3 in this State Plan Amendment, the following terms and phrases shall have the meanings ascribed:

Administration fee – a fee reimbursed to a pharmacy that employs or contracts a pharmacist that directly applies an immunization, vaccine, or emergency anaphylaxis agent by injection or inhalation to the body of a Medicaid beneficiary.

Brand – any registered trade name commonly used to identify a drug.

Container – A light resistant receptacle designed to hold a specific dosage form which is or maybe in direct contact with the item and does not interact physically or chemically with the item or adversely affect the strength, quality, or purity of the item.

Department of Health Care Finance (DHCF) – The executive department responsible for administering the Medicaid program within the District of Columbia.

Federal Supply Schedule – a multiple award, multi-year federal contract for medical equipment, supplies, pharmaceutical, or service programs that is available for use by federal government agencies that complies with all federal contract laws and regulations. Pricing is negotiated based on how vendors do business with their commercial customers.