State/Territory: District of Columbia

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

1. Inpatient hospital services other than those provided in an institution for mental diseases

   Provided: ☐ No limitations ☒ With limitations*

2a. Outpatient hospital services.

   Provided: ☐ No limitations ☒ With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

   ☐ Provided: ☐ No limitations ☐ With limitations*

   ☒ Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4)

   ☒ Provided: ☒ No limitations ☐ With limitations*

d. Ambulatory services offered by a health center receiving funds under section 329, 300, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

   ☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

   Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

State/Territory: District of Columbia

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

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: X No limitations ____ With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

Provided: X No limitations ____ With limitations

c. Family planning services and supplies for individuals of child bearing age.

Provided: X No limitations ____ With limitations*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: ____ No limitations X With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ____ No limitations X With limitations*

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*

____ Not Provided

*Description provided on attachment.

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.

___ Provided: Identified on attached sheet with description of limitations, if any.

X 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.

Provided: ___ No limitations X With limitations*

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

Provided: ___ No limitations X With limitations*

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

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 CATEGORICALLY NEEDY

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.

8. Private duty nursing services.

_X_ Provided: ___ No limitations _X_ With limitations*

___ Not provided.

STATE/TERRITORY: District of Columbia

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

9. Clinic services.

X Provided: ___ No limitations X With limitations*

___ Not provided.

10. Dental services.

X Provided: ___ No limitations X With limitations*

___ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

X Provided: ___ No limitations X With limitations*

___ Not provided.

b. Occupational therapy.

X Provided: ___ No limitations X With limitations*

___ Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

X Provided: ___ No limitations X With limitations*

___ Not provided.

*Description provided on attachment.

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

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

b. Dentures.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

c. Prosthetic devices.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

d. Eyeglasses.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

[X] Provided: [X] No limitations [ ] With limitations*

[ ] Not provided.

*Description provided on attachment.

STATE/TERRITORY: District of Columbia

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

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

b. Screening services.

X Provided: ___ No limitations X With limitations*

___ Not provided.

c. Preventive services.

X Provided: ___ No limitations X With limitations*

___ Not provided.

d. Rehabilitative services.

X Provided: ___ No limitations X With limitations*/ +

___ Not provided. + **See Supplement 6 to Attachment 3.1 A

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

X Provided: ___ No limitations X With limitations*

___ Not provided.

b. Skilled nursing facility services.

X Provided: ___ No limitations X With limitations*

___ Not provided.

c. Intermediate care facility services.

X Provided: ___ No limitations X With limitations*

___ Not provided.

Supplement 1 to

*Description provided on Attachment 3.1A

State/Territory: DISTRICT OF COLUMBIA

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

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15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

[X] Provided [X] No limitations

[ ] With limitations* [ ] Not Provided:

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

[X] Provided [X] No limitations

[ ] With limitations* [ ] Not Provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

[X] Provided [X] No limitations

[ ] With limitations* [ ] Not Provided:

17. Nurse-midwife services

[X] Provided [X] No limitations

[ ] With limitations* [ ] Not Provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

[X] Provided [ ] No limitations [X] Provided in accordance with section 2302 of the Affordable Care Act

[X] With limitations* [ ] Not Provided:

*Description provided on attachment

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

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

19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations*

___ Not provided.

b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

X Provided: X With limitations*

___ Not provided.

20. Extended services for pregnant women

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Provided:

___ Additional coverage ++

b. Services for any other medical conditions that may complicate pregnancy.

X Provided:

___ Additional coverage ++

c. **Face-to-Face Tobacco Cessation Counseling Services and Pharmacotherapy for Pregnant Women**

X Provided: ___ With limitations*

___ Not provided.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

State/Territory: District of Columbia

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

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

_X_ Provided: _X_ No limitations ___ With limitations*

___ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

___ Provided: ___ No limitations ___ With limitations*

_X_ Not provided.

23. Nurse practitioner services.

_X_ Provided: ___ No limitations _X_ With limitations*

Change 6/15/97 7/15/97

*Description provided on attachment.

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a.1. Transportation.

_X_ Provided: ___ No limitations _X_ With limitations*

___ Not provided.

a.2. Brokered Transportation.

_X_ Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

A brief description of the District's transportation brokerage is included at the end of this section.

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

☐ statewideness (indicate areas of State that are covered)

☐ (10)(B) comparability (indicate participating beneficiary groups)

☑ (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

☑ wheelchair van

☑ taxi

☑ stretcher car

☑ bus passes

☐ tickets

☐ secured transportation

☑ other transportation - Public transportation including the use of the METRO rail and bus system

☑ other transportation - ambulatory van transportation subject to prior approval based on medical necessity for recipients whose medical condition, behavioral condition, or age is such that other forms of transportation are inappropriate

As part of non-emergency transportation coverage, the state includes costs for lodging and meals where necessary for the recipient to have access to a covered medical service. Where necessary, the costs for an attendant which may include transportation, lodging and meals are also included. MAA has the final decision as to coverage for lodging, meals and attendants and the reimbursement for these.

(3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;

(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;

(iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;

(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate);

(v) does not provide transportation services and is not a governmental entity.

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- ☑ Low-income families with children (section 1931)
- ☑ Low-income pregnant women
- ☑ Low-income infants
- ☑ Low-income children 1 through 5
- ☑ Low-income children 6 - 19
- ☑ Qualified pregnant women
- ☑ Qualified children
- ☑ IV-E Federal foster care and adoption assistance children
- ☑ TMA recipients (due to employment)
- ☑ TMA recipients (due to child support)
- ☑ SSI recipients

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- ☐ Optional low-income pregnant women
- ☐ Optional low-income infants
- ☑ Optional targeted low-income children
- ☑ Individuals under 21 who are under State adoption assistance agreements
- ☑ Individuals under age 21 who were in foster care on their 18th birthday
- ☑ Individuals who meet income and resource requirements of AFDC or SSI
- ☐ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- ☑ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- ☑ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- ☑ Individuals infected with TB
- ☑ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits
- ☑ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- ☑ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- ☑ Individuals terminally ill if in a medical institution and will receive hospice care
- ☑ Individuals aged or disabled with income not above 100% FPL
- ☑ Individuals receiving only an optional State supplement in a 209(b) State
- ☐ Individuals working disabled who buy into Medicaid (BBA working disabled group)
- ☑ Individuals working disabled who buy into Medicaid (TWWIIA working disabled group)
- ☐ Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
- ☐ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

(6) The State will pay the contracted broker by the following method:

- ☑ risk capitation
- ☐ non-risk capitation
- ☐ other (e.g., brokerage fee and direct payment to providers)

The broker is paid on a monthly capitation basis. Payment is on a per-member-per-month basis. Actuarial analysis was conducted on Medicaid fee-for-service transportation data to establish the rates paid to the broker. The broker in-turn makes payments to the transportation provider on a fee-for-service basis.

Description of the District of Columbia's Transportation Brokerage:

The Medical Assistance Administration (MAA) initiated a non-emergency transportation broker contract in July 2007. The non-emergency broker provides services to Medicaid and SCHIP enrollees that are not enrolled in managed care. Thus, all Medicaid and SCHIP enrollees that are in the fee-for-service program receive transportation services through the non-emergency transportation broker.

Recipients contact the broker when in need of transportation to a Medicaid covered service. The broker verifies enrollment in Medicaid or SCHIP, that the trip is to a covered service, arranges for the transportation, and reimburses the transportation provider. The broker has contracts with numerous transportation providers and assures that transportation is available throughout the Metro DC area.

The broker ensures that a Transportation Provider Service Agreement (TPSA) is executed with each transportation provider selected by the broker as a member of the broker's transportation network prior to the delivery of services. The broker may not establish or maintain transportation provider service agreements with transportation providers that have committed fraud against the District, Medicaid Assistance Administration, or any Federal agency or has been terminated from the District Medicaid program.

The Broker provides oversight and monitoring of the day-to-day operations necessary for the delivery of NET services, the maintenance of appropriate records, systems, and support services for reporting to MAA's Chief of Program Operations and maintaining compliance with the terms of the contract. Monitor the overall delivery of transportation services including vehicle, driver, and attendant requirements and performance to ensure the consistent delivery of quality NET services allowing recipients timely access to health care services.

The current contract with the broker was awarded in July 2007, with the option of 4 one-year extensions. Future year increases will be based on the transportation portion of the Washington-Baltimore Consumer Price Index.

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (continued)

b. Services of Christian Science nurses.

___ Provided: ___ No limitations ___ With limitations*

_X_ Not provided.

c. Care and services provided in Christian Science sanitoria.

___ Provided: ___ No limitations ___ With limitations*

_X_ Not provided.

d. Nursing facility services for patients under 21 years of age.

_X_ Provided: _X_ No limitations ___ With limitations*

___ Not provided.

e. Emergency hospital services.

_X_ Provided: ___ No limitations _X_ With limitations*

___ Not provided.

*Description provided on Supplement 1 to Attachment 3.1-A.

State/Territory: District of Columbia

25. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

X Provided: No limitations X With limitations* None licensed or approved

Please describe any limitations:

*Limitations described on the attached Supplement pages.

(ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

X Provided: No limitations X With limitations *

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

*Limitations described on the attached Supplement pages.