

## SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation  
42 CFR 431.15  
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

TN. No. 87-5  
Supersedes  
TN No. 75-11

Approval Date 5-2-88

Effective Date 7-1-87  
HCFA ID:1010P/0012P

State: District of Columbia

Citation  
42 CFR 431.202  
AT-79-29  
AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

TN. No. 75-11  
Supersedes  
TN No.

Approval Date 6-7-76

Effective Date 10-1-75

State/Territory: District of Columbia

Citation  
42 CFR 431.301  
AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

TN. No. 87-7  
Supersedes  
TN No. 75-11

Approval Date 1988

Effective Date 2-19-88  
HCFA ID:1010P/0012P

State/Territory: District of ColumbiaCitation4.4 Medicaid Quality Control42 CFR 431.800(c)  
50 FR 21839  
§1903(u) (1) (D) of  
the Act,  
P.L. 99-509  
(Section 9407)(a) A system of quality control is implemented in  
accordance with 42 CFR Part 431, Subpart P.(b) The State operates a claims processing assessment  
system that meets the requirements of 42 CFR  
431.800(e), (g), (h), (j) and (k).     Yes.  X   Not applicable. The State has an approved  
Medicaid Management Information system  
(MMIS).

Revision: HCFA-PM-88-10 (BERC)  
September 1988

OMB No. 0938-0193

State/Territory: District of Columbia

Citation

42 CFR 455.12  
AT-78-90  
48 FR 3742  
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 42 CFR 455.23 for prevention and control of program fraud and abuse.

TN. No. 02-06  
Supersedes  
TN No. 84-13

Approval Date

**NOV 27 2002**

Effective Date

**JAN 01 2002**

HCFA ID:1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
MAY 22, 1980

OMB No.

State: District of Columbia

Citation  
42 CFR 431.16  
AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

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TN. No. MA 78-4  
Supersedes  
TN No.

Approval Date 4-28-78

Effective Date 10-1-77

Revision: HCFA-AT-80-38 (BPP)  
MAY 22, 1980

OMB No.

State: District of Columbia

Citation  
42 CFR 431.17  
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

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TN. No. MA 78-4  
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TN No.

Approval Date 4-28-78

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Revision: HCFA-AT-80-38 (BPP)  
MAY 22, 1980

OMB No.

State: District of Columbia

Citation  
42 CFR 431.18(b)  
AT-79-29

4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

State: District of Columbia

TN. No. MA 75-6  
Supersedes  
TN No.

Approval Date 1-12-76

Effective Date 10-1-75

Revision: HCFA-AT-80-38 (BPP)  
MAY 22, 1980

OMB No.

Citation  
42 CFR 433.37  
AT-78-90

4.9 Reporting Provider Payments to Internal  
Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for service under the Plan.

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TN. No. MA 75-6  
Supersedes  
TN No.

Approval Date 1-12-76

Effective Date 10-1-75

New: HCFA-PM-99-3  
JUNE 1999

State: District of Columbia

Citation

4.10 Free Choice of Providers

42 CFR 431.51  
AT 78-90  
46 FR 48524  
48 FR 23212  
1902(a)(23)  
P.L. 100-93  
(section 8(f))  
P.L. 100-203  
(Section 4113)

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.

(b) Paragraph (a) does not apply to services furnished to an individual –

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,

Section 1902(a)(23)  
of the Social  
Security Act  
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

Section 1932(a)(1)  
Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

TN No. 05-01  
Supersedes  
TN No. 02-06

Approval Date FEB 24 2005

Effective Date OCT 1 2004

State: District of Columbia

Citation  
42 CFR 431.610  
AT-78-90  
AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is:

THE DEPARTMENT OF HEALTH

- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are):

THE DEPARTMENT OF HEALTH

- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

Revision: HCFA-AT-80-38 (BPP)  
MAY 22, 1980

OMB No.

State: District of Columbia

Citation  
42 CFR 431.610  
AT-78-90  
AT-89-34

4.11(d)

The Department of Health

\_\_\_\_\_ (agency)

which is the State agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f), and (g) are met.

TN. No. 02-06  
Supersedes  
TN No. 87-1

Approval Date

**NOV 27 2002**

Effective Date

**JAN 01 2002**

Revision: HCFA-AT-80-38 (BPP)  
MAY 22, 1980

OMB No.

State: District of Columbia

Citation  
42 CFR 431.105(b)  
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, health agencies, clinics and laboratories in accordance with 42 CFR 431.105(b).
- (b) Similar services are provided to other type of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105(b).

Yes, as listed below:

Not applicable. Similar services are not provided to other types of medical facilities.

TN. No. 74-3  
Supersedes  
TN No.

Approval Date 11-22-74

Effective Date 12-21-73  
\_\_\_\_\_  
HCFA ID: 7982E

State/Territory: District of ColumbiaCitation4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- 42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
- 42 CFR Part 483 §1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
- 42 CFR Part 483, Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
- §1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

— Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

State/Territory: District of Columbia

Citation

1902 (a)(58)  
1902(w)

4.13 (e)

For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
  - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
  - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
  - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
  - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
  - (e) Ensure compliance with requirements of State Law (whether

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Revision: HCFA-PM-91-9  
October 1991

(MB)

OMB No.:

State/Territory: District of Columbia

statutory or recognized by the courts) concerning advance directives; and

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
- (a) Hospitals at the time an individual is admitted as an inpatient.
- (b) Nursing facilities when the individual is admitted as a resident.
- (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
- (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
- (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.

Not applicable. No State law or court decision exists regarding advance directives.

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Supersedes  
TN No. New

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46

State/Territory: District of Columbia

Citation  
42 CFR 431.60  
42 CFR 456.2  
50 FR 15312  
1902(a)(30)(C) and  
1902(d) of the  
Act, P.L. 99-509  
(Section 9431)

4.14 Utilization/Quality Control

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

Directly

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —

- (1) Meets the requirements of §434.6(a):
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

1932(c)(2)  
and 1902(d) of the  
ACT, P.L. 99-509  
(section 9431)

A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation

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Supersedes  
TN No. 87-7

State: District of Columbia

Citation  
42 CFR 456.2  
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

All hospitals (other than mental hospitals).

Those specified in the waiver.

No waivers have been granted.

State: District of Columbia

Citation  
42 CFR 456.2  
50 FR 15312

4.14 c. The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

All mental hospitals.

Those specified in the waiver.

No waivers have been granted.

Not applicable. Inpatient services in mental hospitals are not provided under this plan.

State: District of Columbia

Citation  
42 CFR 456.2  
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

All skilled nursing facilities.

Those specified in the waiver.

No waivers have been granted.

State: District of Columbia

Citation  
42 CFR 456.2  
50 FR 15312

4.14 X (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

- Facility-based review.
- Direct review by personnel of the medical assistance unit of the State agency.
- Personnel under contract to the medical assistance unit of the State agency.
- Utilization and Quality Control Peer Review Organizations.
- Another method as described in ATTACHMENT 4.14-A.
- Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

Not applicable. Intermediate care facility services are not provided under this plan.

50(a)

State/Territory: District of Columbia

Citation 4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e)

For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354

42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

Not applicable.

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TN No. 87-5