

State: District of ColumbiaCitation42 CFR 447.25(b)
AT-78-904.20 Direct Payments to Certain Recipients for
Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

Yes, for physicians' services
 dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made to recipients.

Not applicable. No direct payments are made to recipients.

State: District of ColumbiaCitation42 CFR 447.10(c)
AT-78-90
46 FR 426994.21 Prohibition Against Reassignment of
Provider ClaimsPayment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

State/Territory: District of Columbia

Citation

- 42 CFR 433.139 (b) (3) — (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (d) ATTACHMENT 4.22-B specifies the following:
- 42 CFR 433.139 (b) (3) (ii) (C) (1) The method used in determining a provider's compliance with the third party billing requirements at 42 CFR 433.139(b) (3) (ii) (C) .
- 42 CFR 433.139 (f) (2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
- 42 CFR 433.139 (f) (3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

TN. No. 02-06
Supersedes
TN No. MA 87-7

Approval Date
Nov 27 2002

Effective Date
Jan 01 2002

State/Territory: District of Columbia

Citation

4.22 (continued)

42 CFR 433.151(a)

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(s)--

Other appropriate agency(s) of another State--

Courts and law enforcement officials.

§1902(a) (60)
of the Act

(g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

§1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

The Secretary's method as provided in the State Medicaid Manual, Section 3910.

The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

State/Territory: District of ColumbiaCitation4.23 Use of Contracts42 CFR 434.4
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.

Not applicable.

* Non-risk Contract - Health Services for Children with Special Needs (HSCSN)

TN No. 05-01
Supersedes
TN No. 84-4

Approval Date FEB 24 2005

Effective Date OCT 1 2004

Revision: HCFA-PM-94-2 (BPD)
APRIL 1994

OMB No.

State/Territory: District of Columbia

<p><u>Citation</u> 42 CFR 442.10 and 442.100 AT-78-90 AT-79-18 AT-80-25 AT-80-34 52 FR 32544 P.L. 100-203 (Sec. 4211) 54 FR 5316 56 FR 48826</p>	<p>4.24 <u>Standards for Payments for Nursing Facility and Intermediate Care Facility for the Mentally Retarded Services</u></p> <p>With respect to nursing facilities and intermediate care facilities for the mentally retarded, all applicable requirements of 42 CFR Part 442, Subparts B and C are met.</p> <p>___ Not applicable to intermediate care facilities for the mentally retarded; such services are not provided under this plan.</p>
--	---

TN. No. 02-06
Supersedes
TN No. 94-16

Approval Date

NOV 27 2002

Effective Date

JAN 01 2002

State: District of ColumbiaCitation
42 CFR 431.702
AT-78-904.25 Program for Licensing Administrators of
Nursing Homes

The state has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

State/Territory: District of ColumbiaCitation§1927(g)
42 CFR 456.7004.26 Drug Utilization Review Program

§1927(g) (1) (A)

A.1. The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

§1927(g) (1) (A)
42 CFR 456.705(b) and
456.709(b)

2. The DUR program assures that prescriptions for outpatient drugs are:
-Appropriate
-Medically necessary
-Are not likely to result in adverse medical results

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as:

- Potential and actual adverse drug reactions
- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

§1927(g) (1) (B)
42 CFR 456.703
(d) and (f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:
-American Hospital Formulary Service Drug Information
-United States Pharmacopeia-Drug Information
-American Medical Association Drug Evaluations

State/Territory: District of Columbia

Citation

§1927(g) (1) (D)
42 CFR 456.703(b)

D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has nevertheless chosen to include nursing home drugs in:

___ Prospective DUR

___ Retrospective DUR.

§1927(g) (2) (A)
42 CFR 456.705(b)

E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

§1927(g) (2) (A) (i)
42 CFR 456.705(b),
(1) - (7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:
-Therapeutic duplication
-Drug-disease contraindications
-Drug-drug interactions
-Drug-interactions with non-prescription or over-the-counter drugs
-Incorrect drug dosage or duration of drug treatment
-Drug allergy interactions
-Clinical abuse/misuse

§1927(g) (2) (A) (ii)
42 CFR 456.705 (c)
and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

§1927(g) (2) (B)
42 CFR 456.709(a)

F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing information retrieval system or otherwise which undertakes ongoing periodic examination of data and other records to identify:
-Patterns of fraud and abuse
-Gross overuse
-Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

and

claims

State/Territory: District of Columbia

Citation

§1927(g)(2)(C)
42 CFR 456.709(b)

- F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:
- Therapeutic appropriateness
 - Overutilization and underutilization
 - Appropriate use of generic products
 - Therapeutic duplication
 - Drug-disease contraindications
 - Drug-drug interactions
 - Incorrect drug dosage/duration of drug treatment
 - Clinical abuse/misuse

§1927(g)(2)(D)
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

§1927(g)(3)(A)
42 CFR 456.716(a)

- G.1. The DUR program has established a State DUR Board either:
- Directly, or
 - Under contract with a private organization

§1927(g)(3)(B)
42 CFR 456.716
(a) and (b)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed physicians) with knowledge and experience in one or more of the following:
- Clinically appropriate prescribing of covered outpatient drugs.
 - Clinically appropriate dispensing and monitoring of covered outpatient drugs.
 - Drug use review, evaluation and intervention.
 - Medical quality assurance.

§1927(g)(3)(C)
42 CFR 456.716((i)

3. The activities of the DUR Board include:
- Retrospective DUR,
 - Application of Standards as defined in section 1927(g)(2)(C), and
 - Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

State/Territory: District of ColumbiaCitation

§1927(g) (3) (C)
42 CFR 456.711
(a)-(d)

- G.4 The interventions include in appropriate instances:
- Information dissemination
 - Written, oral, and electronic reminders
 - Face-to-Face discussions
 - Intensified monitoring/review of prescribers/dispensers

§1927(g) (3) (D)
42 CFR 456.712
(a) and (b)

- H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, and procedures as described in the report.

§1927(h) (1)
42 CFR 456.722

- ___ I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:
- real time eligibility verification
 - claims data capture
 - adjudication of claims
 - assistance to pharmacists, etc. applying for and receiving payment.

§1927(g) (2) (A) (i)
42 CFR 456.705 (b)

- ___ 2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

§1927(j) (2)
42 CFR 456.703 (c)

- J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this Section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

State: District of Columbia

Citation
Provider
42 CFR 431.115(c)
AT-78-90
AT-79-74

4.27 Disclosure of Survey Information and
or Contractor Evaluation

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

State/Territory District of ColumbiaCitation4.28 Appeals Process

42 CFR 431.152
AT-79-18
52 FR 22444

§1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act, P.L.
100-203 (Sec. 4211(c)).

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

New: HCFA-PM-99-3
JUNE 1999

State: District of Columbia

Citation

1902(a)(4)(C) of the
Social Security Act
P.L. 105-33

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that are prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the
Social Security Act
P.L. 105-33
1932(d)(3)
42 CFR 438.58

The Medicaid agency meets the requirements of 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

TN No. 05-01
Supersedes
TN No. 79-10

Approval Date FEB 24 2005

Effective Date OCT 1 2004

State/Territory: District of Columbia

Citation
42 CFR 1002.203
AT-79-54
48 FR 3742
B
51 FR 34772

4.30 Exclusion of Providers and Suspension of
Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart
are met.

— The agency, under the authority of State
law imposes broader sanctions.

State/Territory: District of Columbia4.30 Exclusion of Providers and Suspension of Practitioners and Other Individuals
(Continued)

<u>Citation</u>	(b) The Medicaid agency meets the requirements of –
1902(p) of the Act	(1) Section 1902(p) of the Act by excluding from participation— (A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).
42 CFR 438.808	(B) Any MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that – (i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.
1932(d)(1) 42 CFR 438.610	(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438,610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c)

TN No. 05-01
Supersedes
TN No. 88-1

Approval Date FEB 24 2005 Effective Date OCT 1 2004

State/Territory: District of Columbia

Citation

4.30 Exclusion of Providers and Suspension of Practitioners and Other Individuals
(Continued)

§1902(a)(39) of the Act
P.L. 100-93
(sec. 8(f))

(2) Section 1902(a)(39) of the Act by--
(A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and

(B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of---

§1902(a)(41)
of the Act
P.L. 96-272,
(sec. 308(c))

(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

§1902(a)(49) of the Act
P.L. 100-93
(sec. 5(a)(4))

(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

State/Territory: District of Columbia

Citation

455.103
44 FR 41644
1902(a)(38)
of the Act
P.L.100-93
(sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940
through 435.960
52 FR 5967

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

State/Territory: District of Columbia

Citation

§1902(a)(48)
of the Act,
P.L. 99-570
(section 11005)
P.L 100-93
(section 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4-33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

State/Territory: District of Columbia

Citation
42 CFR
488.402(f)

4.35 Enforcement of Compliance for Nursing Facilities

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

- (1) nature of noncompliance,
- (2) which remedy is imposed,
- (3) effective date of the remedy, and
- (4) right to appeal the determination leading to the remedy.

42 CFR
488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

42 CFR
488.402(f) (2)

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR
488.456(c) (d)

(iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in 42 CFR parts 431 and 442.

(b) Factors to be Considered in Selecting Remedies

42 CFR
488.404(b) (1)

(i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b) (1) & (2).

_____ The State considers additional factors. Attachment 4.35-A describes the State's other factors.

State/Territory: District of Columbia

Citation(c) Application of Remedies

- 42 CFR
488.410 (i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.
- 42 CFR
488.417(b)
§1919(h)(2)(C)
of the Act (ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.
- 42 CFR
488.414 (iii) The State imposes the denial of payment for new admissions remedy as specified in 42 CFR 488.417 (or its approved alternative) and a State monitor as specified at 42 CFR 488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.
- §1919 (h)(2)(D)
of the Act (iv) The State follows the criteria specified at 42 CFR 488.408(c)(2), When it imposes remedies in place of or in addition to termination.
- 42 CFR
488.408 (v) When immediate jeopardy does not exist, the State terminate an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.

(d) Available Remedies

- 42 CFR
488.406(b)
§1919(h)(2)(A)
of the Act (i) The State has established the remedies defined in 42 CFR 488.406(b).
- | | |
|----------|---|
| <u>X</u> | (1) Termination |
| <u>X</u> | (2) Temporary Management |
| <u>X</u> | (3) Denial of Payment for New Admissions |
| <u>X</u> | (4) Civil Money Penalties |
| <u>X</u> | (5) Transfer of Residents;
Transfer of Residents with Closure
of Facility |
| <u>X</u> | (6) State Monitoring |

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

State/Territory: District of Columbia

Citation

42 CFR
488.406(b)
§1919(h)(2)(B)(ii)
of the Act.

(ii) The State uses alternative remedies.
The State has established alternative
remedies that the State will impose in
place of a remedy Specified in 42 CFR
488.406(b).

- (1) Temporary Management
- (2) Denial of Payment for New Admissions
- (3) Civil Money Penalties
- (4) Transfer of Residents;
Transfer of Residents with
Closure of Facility
- (5) State monitoring.

Attachments 4.35-B through 4.35-G describe the
alternative remedies and the criteria for applying
them.

42 CFR
488.303(b)
§1910(h)(2)(F)
of the Act.

(e) X State Incentive Programs
 X (1) Public Recognition
 (2) Incentive Payments

State/Territory: District of ColumbiaCitation

4.36	<u>Required Coordination Between the Medicaid and WIC Programs</u>
§1902(a)(11)(C) and 1902(a)(53) of the Act	The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: District of Columbia

Citation 4.42 Employee Education About False Claims Recoveries.

1902(a)(68) of
The Act, P.L.109-171
(Section 6032)

(a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

(1) Definitions.

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental health facility or school district providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part

TN No. 07-05
Supercedes
TN No. New

Approval Date: _____ Effective Date: 1/1/07

NOV 16 2007

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

(e.g., managing the claims processing system or determining beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in Federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding Federal fiscal year.

- (B) An "employee" includes any officer or employee of the entity.
- (C) A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.
- (2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.
- (3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee

TN No. 07-05

Supercedes

TN No. New

Approval Date: _____

Effective Date: 1/1/07

NOV 16 2007 .

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.

- (4) The requirements of this law should be incorporated into each State's provider enrollment agreements.
- (5) The State will implement this State Plan amendment on January 1, 2007.
- (b) ATTACHMENT 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

TN No. 07-05

Supercedes

TN No. New

Approval Date: _____

Effective Date: 1/1/07

NOV 16 2007