

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

Transmittal 22-11

**TO:** All Interested Parties

**FROM:** Melisa Byrd  
Senior Deputy Director and Medicaid Director

**DATE:** March 15, 2022

**SUBJECT: Public Notice of Intent to Submit State Plan Amendment on the Alternative Benefit Plan – Clinical Trials, Postpartum Coverage, Living Donor Services, and Medication-Assisted Treatment.**

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The Department of Health Care Finance (DHCF) hereby gives notice of the intent to submit an amendment to the District of Columbia State Plan for Medical Assistance (State Plan) to the Centers for Medicare and Medicaid Services (CMS) for review and approval. To assure that the Alternative Benefit Plan (ABP) is aligned with the State Plan as required under section 1937 of the Social Security Act, DHCF is submitting an ABP State Plan Amendment (SPA) to reflect recent changes made to the State Plan.

On December 31, 2021, DHCF provided notice in the *D.C. Register* at 68 DCR 14246, of its intent to submit a SPA, and corresponding amendments to the ABP, to clarify that routine patient costs, associated with participation in a qualifying clinical trial, are covered Medicaid services. Routine patient costs associated with participation in a qualifying clinical trial are currently covered by the District Medicaid program but per CMS guidance issued in State Medicaid Director Letter #21-005, DHCF must submit SPAs to create new State Plan pages describing routine patient costs associated with participation in a qualifying clinical trial as a required benefit for Medicaid beneficiaries, including Medicaid beneficiaries enrolled in ABPs, in compliance with Division CC, Title II, Section 210 of the Consolidated Appropriation Act, 2021, effective January 1, 2022 (Pub. L. 116-260; 134 Stat. 1182).

This notice informs all interested parties of DHCF's intent to also make changes to the ABP to incorporate the District's adoption of the state option to extend postpartum Medicaid coverage from sixty (60) days to three hundred and sixty-five days (365) after the end of a pregnancy, under Part 8, Subtitle J, Section 9812 of the American Rescue Plan Act of 2021 (Pub. L. 117-2). DHCF will submit a SPA to CMS for review to extend this coverage under the State Plan as well.

Additionally, DHCF intends to further amend the ABP to assure it is aligned with earlier changes approved under the District's State Plan. DHCF intends to incorporate changes to cover the transplantation of a kidney or liver from a living donor and related care provided to that living donor, as allowed under 42 CFR Section 441.35, and approved on May 27, 2021. DHCF also intends to update the ABP to include medication-assisted treatment for opioids use disorder, as required by Section 1006(b) of the SUPPORT for Patients and Communities Act of 2018 (Pub. L. 115-271) and approved by under the State Plan on June 7, 2021.

This notice informs all interested parties of DHCF's intent to submit these amendments to the District's ABP to CMS on or about March 31, 2022. The effective dates and expected costs associated with the ABP changes are as follows:

- Routine patient costs associated with participation in a qualifying clinical trial will have an effective date of January 1, 2022, and the District expects no financial increase from continuing to provide these services,
- Extending postpartum coverage from sixty (60) days to three hundred and sixty-five (365) days will have an effective date of April 1, 2022, and a federal budget impact of \$305,849.24 for federal fiscal year (FFY) 2022 and \$404,348.90 for FFY 2023, for all Medicaid beneficiaries.
- Living donor transplant services will have an effective date of April 1, 2021. The federal budget impact for this service, for all Medicaid beneficiaries, is \$68,000 for FFY 2021 and \$117,000 for FFY 2022.
- Medication-Assisted Treatment for Opioid Use Disorder will have an effective date of October 1, 2020. The District expects no financial increase from continuing to provide these services.

If you have any questions, please contact Mario Ramsey, Associate Director, Health Care Research and Policy Administration, Department of Health Care Finance at [mario.ramsey@dc.gov](mailto:mario.ramsey@dc.gov).

**Cc:** DC Medical Care Advisory Committee Stakeholders  
DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Health Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers  
Medical Society of DC