Department of Health Care Finance
Medical Care Advisory Committee (MCAC)
State Plan Amendment (SPA), Waiver, Rulemaking Report

July 24, 2025

STATE PLAN AMENDMENTS/WAIVERS/PUBLISHED RULES

Table 1. State Plan Amendments and Waiver Approvals with Approval Dates between May 30, 2025 and July 24, 2025						
SPA Transmittal Number	**DESCRIPTION**	**STATUS**			**Target/ Actual Effective Date**	**Notes**
		Approval Date	**Date Submitted for CMS Review**	**In Development**		
DC-25-0004	Provides an extension of the exception to the requirement of having a Recovery Audit Contractor (RAC) for an additional two (2) years, through May 31, 2027	4.10.25	5.5.25		6.1.25	

Table 2. State Plan Amendments Currently Under Review with the Centers for Medicare and Medicaid Services or Under Development with Anticipated Submission date before August 31, 2025						
SPA Transmittal Number	**Description**	**Status**			**Target/Actual Effective Date**	**Notes**
		Approval Date	**Date Submitted for CMS Review**	**In Development**		
DC Behavioral Health Transformation renewal	Renews the DC Behavioral Health Transformation 1115 and adds new health related social needs services.		6.6.24		TBD	
DC-25 -0003	Implements the required coverage described in section 5121 of the Consolidated Appropriations Act, 2023.		3.31.25		1.1.25	4.1.26 anticipated implementation date.
DC-25-0006	Updates reimbursement rates for physical therapy/occupational therapy/ and speech-language therapy.		7.14.25		7.1.25	
1766.R01.00	Renews the D C Individual and Family Support (IFS) Waiver. See details at HCBS IFS Waiver 2025 Renewal | dds.		7.18.25		10.1.25	
DC-25-0007	Carves out cell and gene therapy from managed care.			X	TBD	
DC-25-0010	Establishes Medicaid coverage for stabilization center services.			X	TBD	

D.C. Register Issue	**Description**	**Date of Publication**
Vol 72/29	Final Rulemaking – Provides twelve (12) month continuous eligibility period to children under age nineteen (19) regardless of changes in circumstances, with certain exceptions, consistent with federal requirements set forth under Section 1902(e)(12)of title XIX of the Social Security Act, approved July 30, 1965 (79 Stat. 344; 42 U.S.C. § 1396a(e)(12)), as amended by the Consolidated Appropriations Act of 2023, approved December 23, 2022 (Pub. L. 117-328; 136 Stat. 4459), and 42 C.F.R.§ 435.926.	7.18.25
Vol 72/26	Emergency and Proposed Rulemaking – Update the *My Health GPS* reimbursement rate methodology and frequency. In place of the current two (2) per-member-per-month rates based on different acuity levels, DHCF is implementing a single rate for all acuity levels that will be reimbursable quarterly to providers who provide at least one (1) authorized *My Health GPS* activity that quarter. While reimbursement will not differ based on acuity level, under the new per-member-per-quarter rate methodology, there are two (2) rates based on the scope of services provided during the visit. One rate claim is for the quarter when the *My Health GPS* entity either develops the initial care plan or completes the required annual update of the care plan, which requires additional time and resources. The second rate supports the remaining three (3) quarters when *My Health GPS* services are provided to support the care plan.	6.27.25
Vol 72/26	Proposed Rulemaking - Updates the personal needs allowance for individuals in certain institutional settings.	6.27.25