

**Department of Health Care Finance
 Medical Care Advisory Committee (MCAC)
 State Plan Amendment (SPA) and Rulemaking Report
 April 28, 2021
 STATE PLAN AMENDMENTS/WAIVERS**

TITLE	DESCRIPTION	STATUS			TARGET/ ACTUAL IMPLEMENTATION DATE	NOTES/ CITATION
		Recently Approved (Date)	Pending CMS Review (Date Submitted)	In Development		
Recovery Audit Contractor (RAC) Waiver	Suspends recovery and audit contractor requirements through approval of a waiver from CMS		4/5/21		June 1, 2021	Amends Attachment 4.5
Outpatient Supplemental Payments	Sunsets Outpatient Hospital supplemental payment effective 9/31/2020 in accordance with amendments made via the Budget Support Act		3/31/21		FY21	Amends 4.19
Medication Assisted Treatment (MAT) for Opioid Use Disorders (OUD)	Requires coverage of MAT for OUD services covered by the District Medicaid Program to provide CMS assurances that the District is in compliance with the requirements of section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.		3/26/21		October 1, 2020	Amends Attachment 3.1-A, Supplements 1 and 6 to Attachment 3.1-A, Attachment 3.1-B, Supplements 1 and 3 to Attachment 3.1-B and Attachment 4.19-B Part I
Adult Day Health Program Reimbursement	SPA amendment provides an inflation increase to 1915(i) payment rates.	3/17/2021				Amends Attachment 4.19B, Part 1

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Direct Support Professional Supplemental Payment for ICF/IDDs (Permanent SPA)	Provides a supplemental payment to direct support professionals that provide services to ICF/IDDs		3/4/21		April 1, 2021	Amends Attachment 4.19D
Disaster Relief SPA: Direct Support Professional Supplemental Payment for ICF/IDDs	Provides immediate authority to allow for supplemental payment to direct support professionals that provide services to ICF/IDDs		3/4/21		January 1, 2021	Amends Section 7.5 (Medicaid Disaster Relief for the COVID-19 National Emergency)
Outpatient Physician Supplemental Payments	Provides a supplemental payment in FY21 to eligible physician group(s)		1/15/21		January 1, 2021	Amends Attachment 4.19
Living Organ Donor/Transplant	Adds Medicaid coverage of surgery, inpatient hospital, and other costs associated with transplant of liver and kidneys to Medicaid beneficiaries from living donors.		12/22/20		FY21	Amends Attachments 3.1-E and 4.19B
Emergency SPA: COVID Vaccine Administration Rate Increase (During PHE)	Raises the vaccine administration rates from 80% of the Medicare rate to 100% of the Medicare rate			X	FY21	Amends Section 7.5 (Medicaid Disaster Relief for the COVID-19 National Emergency)
Emergency Appendix K HCBS Waiver Amendment:	Emergency authority to temporarily amend the IDD waiver to allow the District to make supplemental payments to ICF/IIDs and IDD waiver providers to provide for			X	FY21	Amends Attachment 4.19-D Part II, and temporarily amends the IDD 1915(c) waiver via an

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Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) & Individuals with Intellectual and Developmental Disabilities (IDD) Waiver Supplemental Payment	increased wages to support retention of Direct Support Professionals using Stevie Sellows provider tax funds as the District match.					Appendix K waiver amendment
Certified Professional Midwives	Provides for the enrollment and reimbursement of licensed certified professional midwives.			X	TBD	Amends Attachment 3.1-A, Supplement 1 to Attachment 3.1-A, Attachment 3.1-B, Supplement 1 to Attachment 3.1-B and Attachment 4.19-B Part I
Housing Supportive Services (HSS)	Establishes authority under section 1915(i) of the Social Security Act to reimburse for HSS services for beneficiaries who are or are at risk of homelessness.			X	FY22	Amends the Medicaid State Plan via a 1915(i) SPA
Unborn Child/ Children's Health Insurance Program (CHIP)	Provides CHIP eligibility to unborn children during the prenatal period of undocumented immigrant mothers who are not eligible or enrolled in other health coverage.			X	FY22	Creates a new CHIP State Plan

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Burial Funds/ Excess Resources Financial Eligibility	Establishes limitations on the amount of burial funds that would be excluded from countable resources for individuals that are subject to a resource test.			X	FY21	Amends Supplement 8b to Attachment 2.6A
Managed Care Enrollment- Children and Adolescents for Supplemental Security Income Program (CASSIP) Eligibility	Proposes changes to CASSIP eligibility requirements to allow individuals between ages 21-26 and already enrolled in CASSIP to stay in CASSIP until age 26, effective October 1, 2021.			X	FY22	Amends 1932a State Plan
COVID Vaccine Administration Rate Increase (Permanent Authority)	Raises the vaccine administration rates from 80% of the Medicare rate to 100% of the Medicare rate			X	FY21	Amends Attachment 4.19B
Adult Substance Abuse Rehabilitative Service (ASARS)/Mental Health Rehabilitation Services (MHRS)	Changes ASARS and MHRS provisions to clarify requirements for utilization management and eligible providers. Adds two new BH services: Behavioral Health Stabilization and Transition Services.			X	June 1, 2021 for qualified provider changes; January 1, 2022 for other changes	Amends Supplement 6 to 3.1A and Supplement 3 to 3.1B
Behavioral Health Services/Other Licensed Providers	Provides authority for Waiver-authorized licensed behavioral health providers to bill Medicaid for reimbursements, including: Psychologists (individual or group) Licensed clinical social workers (LCSWs)			X	January 1, 2022	Amends Supplement 1 to 3.1A and Supplement 3 to 3.1B

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	Licensed professional counselors, and Licensed marriage and family therapists (LMFTs)					
Supported Employment Services	Creates new 1915(i) State Plan authority for supported employment for adults with SMI and SUD Will waive income eligibility restriction to disregard all income between statutory limit (150% FPL) and District income eligibility levels for Medicaid			X	January 1, 2022	Amends the Medicaid State Plan via a 1915(i) SPA

RULES

TITLE	DESCRIPTION	STATUS			NOTES/ CITATION
		Recently Published (Date)	Pending External Review	In Development	
Living Organ Donor/Transplant (Emergency and Proposed)	Adds Medicaid coverage of surgery, inpatient hospital, and other costs associated with transplant of liver or kidneys to Medicaid Beneficiaries from living donors.	3/19/2021			Amends Chapter 9 of Title 29 of the DCMR
Medicaid Reimbursement for Personal Care Aide Services (Final)	Adding Licensed Independent Clinical Social Worker as a provider type allowed to conduct the Long-Term Care services and Supports face-to-face assessment.	1/29/2021			Chapter 50 of Title 29
Home and Community Based Services Waiver for Individual and Family Support (IFS Waiver) (Emergency and Proposed)	Establishes a program that will allow District residents with intellectual and developmental disabilities who live in an independent environment, either in their own home or with family or friends, to receive HCBS services.	1/8/2021			Chapter 90 of Title 29 of the DCMR
Home and Community Based Services Waiver for Individuals with Intellectual and Developmental Disabilities (IDD Waiver) (Emergency and Proposed)	Aligns requirement in regulation with those changes in the corresponding IDD Waiver Amendment approved by CMS.	12/4/2020			Chapter 19 of Title 29 of the DCMR
Physician Supplemental Payments (Emergency and Proposed)	Provides a supplemental payment in FY 21 to eligible physician group(s)		X FY21		Amends Chapter 9 of Title 29 of the DCMR
Outpatient and Inpatient Hospital Reimbursement (Emergency and Proposed)	Ends FFS Outpatient Hospital Supplemental payment. Funds will be used to support direct payment initiative as part of DHCF FFS Management Care transition for		X FY21		

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	approximately 20K beneficiaries. Make other technical changes to hospital reimbursement rulemaking.				
Medically Needy Spend Down (Emergency and Second Proposed)	Clarifies the eligibility factors for medically needy individuals whose income exceeds the maximum income for their eligibility category but are otherwise eligible for Medicaid, and details the medically needy spend down process for medically needy individuals to become eligible for Medicaid.			X	Creates new Sections 9515 and 9516 of chapter 95 of Title 29 DCMR
Services My Way Program (Emergency and Proposed)	Clarifies requirements that all participant-directed workers enroll as providers with DHCF and include their NPIs on the claims submitted to DHCF for payment.			X	Amends Chapter 101 to Title 29 DCMR
Alliance Eligibility and Unjust Convictions (Emergency and Proposed)	Updates and streamlines eligibility rules for Alliance program to provide greater parity with MAGI Medicaid eligibility process, including increasing eligibility from 200% FPL to 210% FPL plus a 5% income disregard, consistent with Medicaid childless adult coverage. Establishes new category to provide health care and behavioral health services to individuals that were unjustly convicted and imprisoned.			X	Amends Chapter 33 of Title 22-B of the DCMR
Immigrant Children's Program Eligibility Rule (Emergency and Proposed)	Clarifies eligibility level for ICP at levels comparable to Medicaid/CHIP for children (319% FPL for children 0-18 and 216% FPL for children 19-20, with additional 5% income disregard)			X	Amends Chapter 73 of the DCMR

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Excess Resources and Burial Funds (Emergency and Proposed)	Clarifies methods for counting resources for individuals subject to a resource test (KB, ABD, individuals applying for/receiving LTCSS); and establishes limitations on the amount of burial funds that would be excluded from countable resources for individuals that are subject to a resource test.			X	Amends Chapters 95 and 98 of Title 29 of the DCMR
Pharmacy Lock-In/ DUR Requirements (Emergency and Proposed)	Makes technical corrections to pharmacy lock-in language to better align with DHCF intent with regard to implementation; align with new requirements passed in SUPPRORT ACT.			X	Amends Chapter 27 of Title 29 DCMR
Provider Screening & Enrollment/Change of Ownership/Universal Contracting (Final)	Proposes updates to improve and clarify the Medicaid provider screening and enrollment processes; and proposes broad policy governing notification, treatment of liabilities, provider agreements, etc. when a Medicaid enrolled health care facility/provider changes ownership.	4/23/21			Amends Chapter 94 of Title 29 DCMR
MAGI-Based Income Methodology Update (Emergency and Proposed)	Updates the Medicaid eligibility rules governing MAGI-based income methodology to comply with federal legislative changes from the Tax Cuts and Jobs Act, the Bipartisan Budget Act of 2018, and the HEALTHY KIDS Act, as outlined in the CMS State Health Official Letter 19-003.			X	Amends section 9506 of Chapter 95 of Title 29 of the DCMR
Adult Substance Abuse Rehabilitative service (ASARS)/Mental Health	Proposes changes to ASARS and MHRS rulemakings to clarify requirements for utilization management and qualified providers.			X	

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Rehabilitation Services (MHRS) (Emergency and Proposed)					
Individuals with Intellectual & Developmental Disabilities (IDD) 1915(c) Waiver Amendment	Amends IDD waiver and corresponding rules, proposing minor revisions to certain covered services and also adding a self-direction option for multiple services.			X	Amends Chapter 19 of Title 29 DCMR
Individual & Family Services (IFS) 1915(c) Waiver	Proposes to create a new Individual & Family Support (IFS) waiver and corresponding rule, which will include all of the services in the ID/DD waiver as well as two additional services: education support services and participant-directed goods & services.			X	
Housing Supportive Services (HSS)	Establishes rules to reimburse for HSS services for beneficiaries who are or are at risk of homelessness.			X	
Certified Professional Midwives	Establishes rules to provide for the enrollment and reimbursement of licensed certified professional midwives.			X	
Recovery Audit Contractor (RAC) Waiver	Proposes to suspend recovery and audit contractor requirements through approval of a waiver from CMS.			X	Amends Chapter 93 of Title 29 DCMR
Managed Care Enrollment/Disenrollment (Second Emergency and Proposed)	Authorizes certain eligibility groups to enroll in managed care on a mandatory or voluntary basis, or remain in fee-for-service or other delivery system, consistent with the approved 1932a State Plan.			X	Amends Chapters 55 and 57 of Title 29 DCMR
Managed Care – CASSIP Eligibility	Proposes changes to CASSIP eligibility requirements to allow individuals between ages 21-26 and already enrolled in CASSIP			X	Amends Chapters 55 and 57 of Title 29 DCMR

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	to stay in CASSIP until age 26, effective October 1, 2021.				
Beneficiary Fraud and Abuse (Proposed)	Proposes to establish and describe the responsibilities of individuals participating in and receiving benefits under the District Medicaid program and sets forth the potential consequences for failing to adhere to these standards.			X	Addition of a new chapter, 105 to Title 29 DCMR.
Behavioral Health Transformation Demonstration Program (Final)	Proposes to set forth requirements governing beneficiary eligibility, provider participation, and Medicaid fee-for-service reimbursement for behavioral health services authorized under the Medicaid Section 1115 Behavioral Health Transformation Demonstration program. This rule also corresponds to changes to the District's local authority to oversee behavioral health services being proposed by the Department of Behavioral Health under Title 22-A DCMR.			X	Addition of a new chapter, Chapter 86 to Title 29 DCMR.

