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

**April 29, 2021 to December 15, 2021**

### STATE PLAN AMENDMENTS/WAIVERS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Physician Supplemental Payments (Emergency and Proposed)</td>
<td>Provides a supplemental payment in FY 22 to eligible physician group(s)</td>
<td>Recently Approved (Date)</td>
<td>11/23/21</td>
<td>10/1/21</td>
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<tr>
<td>Managed Care Enrollment-Children and Adolescents for Supplemental Security Income Program (CASSIP) Eligibility</td>
<td>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.</td>
<td>Recently Approved (Date)</td>
<td>11/9/21</td>
<td>10/1/21</td>
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<tr>
<td>Home Health Agency Reimbursement</td>
<td>Permits an increase in Home Health Agency reimbursement rates for physical therapy, occupational therapy, and speech therapy services effective July 1, 2021.</td>
<td>Recently Approved (Date)</td>
<td>7/1/21</td>
<td>Amends Attachment 4.19-B</td>
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<tr>
<td>Outpatient Supplemental Payments</td>
<td>Sunsets Outpatient Hospital supplemental payment, effective 1/9/2021, in accordance with amendments made via the Budget Support Act</td>
<td>Pending CMS Review (Date Submitted)</td>
<td>1/9/21</td>
<td>Amends 4.19</td>
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<tr>
<td>Behavioral Health Services/Other Licensed Providers</td>
<td>Provides authority for Waiver-authorized licensed behavioral health providers to bill Medicaid for reimbursements, including: Psychologists (individual or group) Licensed clinical social workers (LCSWs) Licensed professional counselors, and Licensed marriage and family therapists (LMFTs)</td>
<td>In Development</td>
<td>January 1, 2022</td>
<td>Amends Supplement 1 to 3.1A and Supplement 3 to 3.1B</td>
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<tr>
<td>Appendix K #6 Emergency HCBS Combined Waiver Amendments: Individuals with Intellectual and Developmental Disabilities (IDD) Waiver and Individual and Family Support (IFS) Waiver</td>
<td>Makes available an additional supplemental payment to eligible waiver providers employing DSPs and authorizes an additional three 30-day episodes of retainer payments retroactively effective to January 1, 2021.</td>
<td>Recently Approved (Date)</td>
<td>9/24/21</td>
<td>3/11/20</td>
</tr>
<tr>
<td>Appendix K #5 Emergency HCBS Combined Waiver Amendments: Individuals with Intellectual and Developmental Disabilities (IDD) Waiver and Individual and Family Support (IFS) Waiver</td>
<td>Emergency authority to temporarily allow supplemental payments to eligible IDD and IFS waiver providers for increased wages to direct support professionals and to cover cost of PPE; also temporarily allows for additional flexibilities including the remote delivery of services, modified staffing ratios, expanded settings, and relaxed training/certification requirements.</td>
<td>Pending CMS Review (Date Submitted)</td>
<td>8/18/21</td>
<td>3/11/20</td>
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<td>Medication Assisted Treatment (MAT) for Opioid Use Disorders (OUD)</td>
<td>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.</td>
<td>6/7/21</td>
<td>October 1, 2020/ effective October 1, 2020</td>
<td>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</td>
</tr>
<tr>
<td>Living Organ Donor/Transplant</td>
<td>Adds Medicaid coverage of surgery, inpatient hospital, and other costs associated with transplant of liver and kidneys to Medicaid beneficiaries from living donors.</td>
<td>5/27/21</td>
<td>FY21/ effective April 1, 2021</td>
<td>Amends Attachments 3.1-E and 4.19B</td>
</tr>
<tr>
<td>Direct Support Professional Supplemental Payment for ICF/IDDs</td>
<td>Provides a supplemental payment to direct support professionals that provide services to ICF/IDDs</td>
<td>5/7/21</td>
<td>April 1, 2021/ effective April 1, 2021</td>
<td>Amends Attachment 4.19D</td>
</tr>
<tr>
<td>Disaster Relief SPA: Direct Support Professional Supplemental Payment for ICF/IDDs</td>
<td>Provides immediate authority to allow for supplemental payment to direct support professionals that provide services to ICF/IDDs</td>
<td>5/7/21</td>
<td>January 1, 2021/ effective January 1, 2021</td>
<td>Amends Section 7.5 (Medicaid Disaster Relief for the COVID-19 National Emergency)</td>
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<td>Integrated Paper Application for Food, Cash, &amp; Medical Benefits</td>
<td>Establishes a new combined paper application for food, cash, and medical benefits, which would allow individuals to apply for benefits in the District on a one-stop-shop basis.</td>
<td>Recently Approved (Date)</td>
<td>July 1, 2021 effective July 1, 2021</td>
<td>Replaces the single streamlined application (for MAGI eligibility groups) and the former Combined Application for Food, Cash, and Medical Benefits (for Non-MAGI eligibility groups; last revised 2015).</td>
</tr>
<tr>
<td>Recovery Audit Contractor (RAC) Waiver</td>
<td>Suspends recovery and audit contractor requirements through approval of a waiver from CMS</td>
<td>Pending CMS Review (Date Submitted)</td>
<td>June 1, 2021 effective June 1, 2021</td>
<td>Amends Attachment 4.5</td>
</tr>
<tr>
<td>Elderly and Persons with Disabilities (EPD) Waiver</td>
<td>Renews and amends the District’s EPD waiver to, among other things, incorporate Dual Eligible Special Needs Plans.</td>
<td>In Development</td>
<td>2/1/21</td>
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<tr>
<td>Adult Day Health Program 1915(i)</td>
<td>Renews the District’s Adult Day Health Program and makes amendments for allow for participation with Dual Eligible Special Needs Programs</td>
<td>In Development</td>
<td>2/1/21</td>
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<td>Housing Supportive Services (HSS)</td>
<td>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.</td>
<td>9/30/21</td>
<td>FY22</td>
<td>Amends the Medicaid State Plan via a 1915(i) SPA</td>
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<tr>
<td>Integrated Online Application for Food, Cash, &amp; Medical Benefits</td>
<td>Establishes an alternative, online combined application for food, cash, and medical benefits, which would allow individuals to apply for benefits in the District on a one-stop-shop basis and aligns with the recently approved integrated paper application for food, cash, and medical benefits.</td>
<td>7/14/21</td>
<td>July 26, 2021</td>
<td>Proposes an alternative online integrated application that aligns with the recently approved integrated paper application.</td>
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<tr>
<td>Adult Substance Abuse Rehabilitative Service (ASARS)/Mental Health Rehabilitation Services (MHRS)</td>
<td>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.</td>
<td>6/30/21</td>
<td>June 1, 2021 for qualified provider changes; January 1, 2022 for other changes</td>
<td>Amends Supplement 6 to 3.1A and Supplement 3 to 3.1B</td>
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<tr>
<td>Supported Employment Services</td>
<td>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.</td>
<td>Recently Approved (Date)</td>
<td>6/30/21</td>
<td>January 1, 2022. Amends the Medicaid State Plan via a 1915(i) SPA</td>
</tr>
<tr>
<td>Emergency SPA: COVID Vaccine Administration Rate Increase (During PHE)</td>
<td>Raises the vaccine administration rates from 80% of the Medicare rate to 100% of the Medicare rate.</td>
<td>Pending CMS Review (Date Submitted)</td>
<td>6/24/21</td>
<td>FY21. Amends Section 7.5 (Medicaid Disaster Relief for the COVID-19 National Emergency)</td>
</tr>
<tr>
<td>Nonemergency Medical Transportation (NEMT)</td>
<td>Complies with the Consolidated Appropriations Act of 2021 and CMS guidance that effective December 27th, 2021, all states must assure that all NEMT providers (excluding public transit authorities) and individual drivers meet certain requirements.</td>
<td>In Development</td>
<td>12/15/21</td>
<td>12/27/21. Amends Attachment 3.1-A: page 9; Attachment 3.1-B: page 8a; and Attachment 3.1-D: pages 1-2* Scheduled to be submitted to CMS before 12.31.21</td>
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<td>Third Party Liability (TPL)</td>
<td>Complies with TPL assurances required by the Bipartisan Budget Act of 2018, the Medicaid Services Investment and Accountability Act of 2019, and CMS guidance issued on August 27, 2021 that all state assure certain TPL practices.</td>
<td>X</td>
<td>12/31/21</td>
<td>Amends 4.22 pages *Scheduled to be submitted to CMS before 12.31.21</td>
</tr>
<tr>
<td>Disaster SPA – FQHC rebasing</td>
<td>Changes the implementation date of the new FQHC base rate.</td>
<td>X</td>
<td>1/1/2021</td>
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</tr>
<tr>
<td>COVID Vaccine Administration Rate Increase (Permanent Authority)</td>
<td>Raises the vaccine administration rates from 80% of the Medicare rate to 100% of the Medicare rate</td>
<td>X</td>
<td>FY21</td>
<td>Amends Attachment 4.19B</td>
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<tr>
<td>Certified Professional Midwives</td>
<td>Provides for the enrollment and reimbursement of licensed certified professional midwives.</td>
<td>X</td>
<td>TBD</td>
<td>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</td>
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<td>Burial Funds/Excess Resources Financial Eligibility</td>
<td>Establishes limitations on the amount of burial funds that would be excluded from countable resources for individuals that are subject to a resource test.</td>
<td>X</td>
<td>FY21</td>
<td>Amends Supplement 8b to Attachment 2.6A</td>
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<tr>
<td>Unborn Child/Pregnant Woman Children’s Health Insurance Program (CHIP)</td>
<td>Provides CHIP eligibility to unborn children of pregnant women during the prenatal period of undocumented immigrant mothers who are not eligible or enrolled in other health coverage.</td>
<td>X</td>
<td>FY22</td>
<td>Creates a new CHIP State Plan</td>
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<tr>
<td>Managed Care Enrollment/Disenrollment (Second Emergency and Proposed)</td>
<td>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, and proposes changes to CASSIP enrollment requirements to allow individuals between ages 21-26 and already enrolled in CASSIP to remain enrolled in CASSIP until age 26, effective October 1, 2021.</td>
<td>12/10/21</td>
<td>Amends Chapters 55 and 57 of Title 29 DCMR</td>
<td></td>
</tr>
<tr>
<td>Alliance Eligibility and Unjust Convictions (Emergency and Proposed)</td>
<td>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.</td>
<td>11/19/21</td>
<td>Amends Chapter 33 of Title 22-B of the DCMR</td>
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<tr>
<td>Medicaid Reimbursable Telemedicine Services</td>
<td>Allows the continued access of telemedicine services beyond the end of the Mayor’s public health emergency declaration. Allows audio-only telehealth and clarifies other telehealth requirements.</td>
<td>11/5/21</td>
<td>Amends Chapter 9 of Title 29 of the DCMR</td>
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<tr>
<td>Living Organ Donor/Transplant (Final)</td>
<td>Adds Medicaid coverage of surgery, inpatient hospital, and other costs associated with transplant of liver or kidneys to Medicaid Beneficiaries from living donors.</td>
<td>Recently Published (Date) 8/27/21</td>
<td>Amends Chapter 9 of Title 29 of the DCMR</td>
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</tr>
<tr>
<td>Recovery Audit Contractor (RAC) Waiver (Final)</td>
<td>Proposes to suspend recovery and audit contractor requirements through approval of a waiver from CMS.</td>
<td>Pending External Review 8/20/21</td>
<td>Amends Chapter 93 of Title 29 DCMR</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Transformation Demonstration Program (Final)</td>
<td>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.</td>
<td>In Development 5/21/21</td>
<td>Addition of a new chapter, Chapter 86 to Title 29 DCMR.</td>
<td></td>
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<tr>
<td>FY 21 Physician Supplemental Payments (Emergency and Proposed)</td>
<td>Provides a supplemental payment in FY 21 to eligible physician group(s)</td>
<td>In Development 5/21/21</td>
<td>Amends Chapter 9 of Title 29 of the DCMR</td>
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<tr>
<td>FY 22 Physician Supplemental Payments (Emergency and Proposed)</td>
<td>Provides a supplemental payment in FY 22 to eligible physician group(s)</td>
<td>Recently Published (Date)</td>
<td>*Scheduled for publication in DC Register on 12/17/21</td>
<td></td>
</tr>
<tr>
<td>Home and Community-Based Services Waiver for Individuals with Intellectual and Developmental Disabilities Cost Report Audit (Proposed)</td>
<td>Proposes changes to the standards governing cost reporting to clarify that ID/DD Waiver providers must use cost report templates designated by DHCF and to require expenditures reported on the cost reports to comply, unless specified otherwise by DHCF, with the allowable cost principles in the Medicare Principles of Reimbursement</td>
<td>Pending External Review</td>
<td></td>
<td>Amends Chapter 9 of Title 29 of the DCMR</td>
</tr>
<tr>
<td>Medically Needy Spend Down (Emergency and Second Proposed)</td>
<td>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.</td>
<td>In Development</td>
<td>X</td>
<td>Creates new Sections 9515 and 9516 of chapter 95 of Title 29 DCMR</td>
</tr>
<tr>
<td>Services My Way Program (Emergency and Proposed)</td>
<td>Clarifies requirements that all participant-directed workers enroll as providers with DHCF and include their NPIs on the claims submitted to DHCF for payment.</td>
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<td>X</td>
<td>Amends Chapter 101 to Title 29 DCMR</td>
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<td>Immigrant Children's Program Eligibility Rule (Emergency and Proposed)</td>
<td>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)</td>
<td>Recently Published (Date)</td>
<td>X</td>
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<tr>
<td>Excess Resources and Burial Funds (Emergency and Proposed)</td>
<td>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.</td>
<td>Pending External Review</td>
<td>Amends Chapters 73 of the DCMR</td>
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<tr>
<td>Pharmacy Lock-In/ DUR Requirements (Emergency and Proposed)</td>
<td>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.</td>
<td>In Development</td>
<td>Amends Chapter 27 of Title 29 DCMR</td>
<td></td>
</tr>
<tr>
<td>Provider Screening &amp; Enrollment / Universal Contracting (Emergency and Proposed)</td>
<td>Excludes Dual-Eligible Special Needs Plans (D-SNPs) and Program of All-Inclusive Care for the Elderly (PACE) organizations from the definition of &quot;managed care organization&quot; for the purposes of the universal contracting requirement; and makes clarifying updates to descriptions of DHCF website resources and forms.</td>
<td>In Development</td>
<td>Amends Chapter 94 of Title 29 DCMR</td>
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<td>MAGI-Based Income Methodology Update (Emergency and Proposed)</td>
<td>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.</td>
<td>Recently Published (Date)</td>
<td>X</td>
<td>Amends section 9506 of Chapter 95 of Title 29 of the DCMR</td>
</tr>
<tr>
<td>Adult Substance Abuse Rehabilitative service (ASARS)/Mental Health Rehabilitation Services (MHRS) (Emergency and Proposed)</td>
<td>Proposes changes to ASARS and MHRS rulemakings to clarify requirements for utilization management and qualified providers.</td>
<td>Pending External Review</td>
<td>X</td>
<td>Amends rules at Chapters 52 and 91 of Title 29 of the DCMR</td>
</tr>
<tr>
<td>Supportive Employment Services</td>
<td>Provides home- and community-based services under Section 1915(i) of the Social Security Act and permits the District Medicaid program to establish therapeutic and vocational support services to enable individuals with either a serious mental illness or SUD to find and sustain employment.</td>
<td>In Development</td>
<td>X</td>
<td>Promulgates rules at Chapter 107 of Title 29 of the DCMR</td>
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<tr>
<td>Other Licensed Providers</td>
<td>Permits the District Medicaid program to enroll additional licensed providers (psychologists, licensed independent clinical social workers, licensed professional counselors and licensed marriage and family therapists).</td>
<td>Recently Published (Date)</td>
<td>X</td>
<td>Amends Chapter 9 of Title 29 of the DCMR</td>
</tr>
<tr>
<td>Housing Supportive Services (HSS)</td>
<td>Establishes rules to reimburse for HSS services for beneficiaries who are or are at risk of homelessness.</td>
<td>Pending External Review</td>
<td>X</td>
<td>Adds new Chapter 103 to Title 29 of DCMR</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Eligibility</td>
<td>Changes technical language from &quot;women&quot; to &quot;individuals&quot; in certain provisions</td>
<td>In Development</td>
<td>X</td>
<td>Amends Chapter 43 of Title 29 DCMR.</td>
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