

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

**September 17, 2022 to January 20, 2023**

**STATE PLAN AMENDMENTS/WAIVERS**

TITLE	DESCRIPTION	STATUS			TARGET/ ACTUAL IMPLEMENT ATION DATE	NOTES/ CITATION
		Recently Approved (Date)	Pending CMS Review (Date Submitted)	In Development		
<b>DC Elderly and Persons with Physical Disabilities 1915(c) HCBS Waiver Amendment</b>	Modifies the criteria for involuntary termination of the participant-directed service option to extend the period in which episodes of non-compliance may result in the participant's involuntary termination from twelve (12) to thirty-six (36) months. Allows for supplemental payments to providers and supplemental allocations to participant directed budgets.	12.13.22			1.1.23	
<b>Alternative Benefit Plan</b>	Aligns the District's Alternative Benefit Plan with the Medicaid State Plan as required under Section 1937 of the Social Security Act.	12.8.22			10.1.22	

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		Recently Approved (Date)	Pending CMS Review (Date Submitted)	In Development		
<b>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)</b>	To align with requirements in Code of Federal Regulations, allows nurse practitioners and physician assistants to complete the face-to-face encounter before DMEPOS are supplied to the beneficiary, without requiring the supervision of a physician.	12.5.22			11.1.22	
<b>Rebasing of Specialty Hospital Rates</b>	Time-limited, emergency state plan amendment that delays the rebasing of per diem specialty hospital rates until the expiration of the COVID-19 Public Health Emergency.	11.30.22			10.1.22	
<b>Pharmacy Lock-In Program</b>	Extends the time that a beneficiary has to appeal a decision to include them in the pharmacy lock-in program from fifteen (15) days to ninety (90) days after notification of being identified as a pharmacy lock-in participant.	10.21.22			10.01.23	
<b>Vaccines for Children (VFC) Program</b>	Expands reimbursement for vaccines associated with the VFC program to include reimbursement for administrative fee associated with providing vaccines and immunizations.	10.19.22			09.01.23	
<b>Doula Services</b>	Adds doula services and a covered service under the preventive services benefit of Medicaid State Plan.	9.28.22			10.01.22	

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<b>DC People with Intellectual and Development Disabilities (IDD) 1915(c) HCBS Waiver Renewal</b>	(1) Renews the waiver for an additional five (5) years, (2) modifies the Developmental Disabilities (DD) criteria to expand waiver enrollment eligibility, (3) updates specific services, (4) adds new services, and (5) sets reimbursement rates for proposed new services	9.27.22			10.01.22	
<b>DC Individual and Family Support (IFS) 1915(c) HCBS Waiver Amendment</b>	(1) Modifies the Developmental Disabilities (DD) criteria to expand waiver enrollment eligibility; (2) adds new services; (3) sets payment rates for new services; (4) adds the option for participant-directed services (PDS); (5) modifies reimbursement methodology to include District-funded payment enhancements; and (6) modifies the waiver enrollment process.	9.27.22			10.01.22	
<b>Medicaid Eligibility SPA</b>	(1) Technical change to move covered eligibility groups from traditional State Plan preprint pages to CMS's new MACPRO system. (2) Substantive change to waive income eligibility restriction to disregard all income between statutory limit (150% FPL) and District income eligibility levels for Medicaid for all 1915(i) services in the District.		12.31.22		10.01.22	

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<b>COVID Vaccine Administration Rate Increase (Permanent Authority)</b>	Raises COVID-19 vaccine administration rates from 80% of the Medicare rate to 100% of the Medicare rate.		11.9.22		4.1.24	Amends Attachment 4.19B
<b>Mandatory COVID-19 ARPA SPA</b>	Authorizes an increased reimbursement to one hundred percent (100%) of the Medicare rates for COVID-19 treatments (such as medical supplies and therapies, including preventive therapies), COVID-19 PCR testing, COVID-19 vaccines and vaccine administration, and treatments for conditions that would seriously complicate COVID-19 treatment.		10.31.22		FY21	
<b>Integrated Online Application for Food, Cash, &amp; Medical Benefits</b>	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.		07.14.21		07.26.21	Proposes an alternative online integrated application that aligns with the recently approved integrated paper application.
<b>Burial Funds/ Excess Resources Financial Eligibility</b>	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	FY23	Amends Supplement 8b to Attachment 2.6A

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		Recently Approved (Date)	Pending CMS Review (Date Submitted)	In Development		
<b>Unborn Child/ Pregnant Woman Children's Health Insurance Program (CHIP)</b>	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.			X	FY23	Creates a new CHIP State Plan
<b>Autism Spectrum Disorder Services</b>	Establishes coverage of services to screen, diagnose, and treat children with ASD under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit under the Medicaid State Plan.			X	3.1.23	
<b>Intensive Care Coordination</b>	Adds coverage of Intensive Care Coordination (ICC) services (also known as high-fidelity wraparound services) for children and youth with significant behavioral concerns.			X	2.1.23	
<b>Federally Qualified Health Center Rebasing Delay</b>	The District received CMS approval to delay FQHC rate rebasing to January 1, 2022 and every three (3) years thereafter in emergency State Plan amendment, DC SPA 21-0020. This incorporates those changes into the permanent State Plan.			X	FY23	

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		Recently Approved (Date)	Pending CMS Review (Date Submitted)	In Development		
<b>American Rescue Plan Act Section 9817 Supplemental Payments</b>	The District is proposing to use ARPA funds to make supplemental provider payments aimed at strengthening the Medicaid HCBS workforce. The District has authority to make ARPA Supplemental payments under the District's 1915(c) Elderly and Persons with Physical Disabilities (EPD), Individual and Family Support (IFS), and People with Intellectual and Developmental Disabilities (IDD) HCBS Waiver Programs. This proposed State Plan amendment will permit the District to make comparable payments to State Plan 1915(i) HCBS, Rehabilitative Service, Home Health, and Personal Care Aide service providers effective January 1, 2023.			X	1.1.23	

## RULES

TITLE	DESCRIPTION	STATUS			NOTES/ CITATION
		Recently Published (Date)	Pending External Review	In Development/Internal Review	
<b>Final Rule – Immigrant Children’s Program Eligibility Rule</b>	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)	Scheduled for 2.3.23 publication			Amends Chapter 73 of Title 29 DCMR
<b>Emergency and Proposed Rule – My Life, My Way</b>	Establishes the program policies and procedures for the District of Columbia Medicaid participant-directed <i>My Life, My Way</i> program, offered under the Home and Community-Based Services Waiver for Individual and Family Support	Scheduled for 2.3.23 publication			Promulgates a new Chapter 111 to Title 29 DCMR
<b>Final Rule – Behavioral Health Stabilization and Transition Planning</b>	Establishes and describes steps to take when non-hospitalization emergency response is required for an individual struggling to manage their psychiatric or substance use related symptoms, and establishes transition planning services for beneficiaries stepping down from certain institutional treatment settings.	12.30.22			Promulgates rules at Chapters 106 and 108 of Title 29 DCMR

TITLE	DESCRIPTION	STATUS			NOTES/ CITATION
		Recently Published (Date)	Pending External Review	In Development/Internal Review	
<b>Final Rule – Vaccines for Children Program</b>	Removes the restriction on VFC program administration fee reimbursement and clarifies that DHCF will reimburse the administration fee associated with providing VFC program vaccines.	12.30.22			Amends Chapter 27 of Title 29 DCMR
<b>Final Rule – FY 2023 Physician Supplement Payments</b>	Updates the physician supplement payment for FY 2023.	12.9.22			Amends Chapter 9 of Title 29 DCMR
<b>Final Rule – Doula Services</b>	Establishes a new doula service benefit under the Medicaid State Plan.	12.2.22			Promulgates a new Chapter 112 to Title 29 DCMR
<b>Final Rule – Mental Health Rehabilitative Services (MHRS)</b>	Transitions MHRS services from the Section 1115 Behavioral Health Transformation Demonstration Program services to permanent State Plan authority.	10.21.22			Amends Chapter 52 of Title 29 DCMR
<b>Final Rule – Medically Needy Spend Down</b>	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.	10.7.22			Creates new Sections 9515 and 9516 of chapter 95 of Title 29 DCMR

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<b>Final Rule – MAGI-Based Income Methodology Update</b>	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.	10.7.22			Amends section 9506 of Chapter 95 of Title 29 DCMR
<b>Final Rule – Services My Way Program</b>	Clarifies requirements that all participant-directed workers enroll as providers with DHCF and include their NPIs on the claims submitted to DHCF for payment.	10.7.22			Amends Chapter 101 to Title 29 DCMR
<b>Final Rule – Supportive Employment Services</b>	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.	10.7.22			Promulgates rules at Chapter 107 of Title 29 DCMR

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<b>Final Rule – Medicaid Applications and Fair Hearings Rights</b>	Removes the requirement that the application be complete to be processed; clarifies the written notice that the Department sends to the applicant when supplementary information is needed for an eligibility determination to be made; and clarifies fair hearing processes, including: the automatic scheduling of an administrative review of an adverse action prior to a fair hearing.	10.7.22			Amends Chapter 95 of Title 29 DCMR
<b>Final Rule – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)</b>	Updates reimbursement standards for DMEPOS; clarifies the settings in which covered DMEPOS may be provided; and adds a face-to-face encounter requirement for Medicaid coverage of DMEPOS.	9.30.22			Amends Chapter 9 of Title 29 DCMR
<b>Final Rule – Dual Eligible Special Needs Plan (D-SNP) Combined Rulemaking</b>	Establishes Dual Eligible Special Needs Plan under the District Dual Choice Program.	9.30.22			Adds new Chapter 57 and amends Chapters 97 and 102 of Title 29 DCMR
<b>Final Rule – Pharmacy Lock-In/ DUR Requirements</b>	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

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		Recently Published (Date)	Pending External Review	In Development/Internal Review	
<b>Emergency and Proposed – Home Health Services</b>	Clarifies that home health aide services rates are to be adjusted annually to comply with the Living Wage.		X		Amends Chapter 99 of Title 29 DCMR
<b>Emergency and Proposed Rule – Home and Community-Based Services Waiver for Individual and Family Support (IFS)</b>	Establishes requirements for Individual-Directed Goods and Services (IDGS)) Remote Supports Services. Also: (1) modifies the developmental disabilities (DD) and intellectual disabilities (ID) eligibility criteria; (2) allow companion services to be rendered by the individual's relative when participant-directed; (4) adds service limitations and reimbursement for remote support services; (5) modifies provider qualifications for multiple services; and (6) amends assistive technology services to specify the scope of covered assistive technology goods and remove the requirement of an assistive technology comprehensive assessment for assistive technology goods costing less than one thousand dollars (\$1000).		X		Amends Chapter 90 to Title 29 DCMR

TITLE	DESCRIPTION	STATUS			NOTES/ CITATION
		Recently Published (Date)	Pending External Review	In Development/Internal Review	
<b>Emergency and Proposed Rule – Home and Community-Based Services Waiver for Individuals with Intellectual and Developmental Disabilities (IDD)</b>	Establishes requirements for Remote Supports Services and: (1) modifies the developmental disabilities (DD) and intellectual disabilities (ID) eligibility criteria; (2) (3) modifies provider qualifications for multiple services; (4) adds service limitations for remote support services; and (5) amends assistive technology services to specify the scope of covered assistive technology goods and remove the requirement of an assistive technology comprehensive assessment for assistive technology goods costing less than one thousand dollars (\$1000)		X		Amends Chapter 19 to Title 29 DCMR
<b>Emergency and Proposed Rule – Alliance Recertification</b>	Changes the recertification period for the DC Health Care Alliance Program from six (6) months to twelve (12) months.		X		Amends Chapter 33 to Title 29 DCMR
<b>Proposed Rule -Alliance MAGI</b>	Aligns with recent amendments to the Medicaid Modified Adjusted Gross Income (MAGI) financial eligibility requirements and raise the reasonable compatibility standard from ten percent (10%) to twenty percent (20%).		X		Amends Chapter 33 to Title 29 DCMR

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<b>Emergency and Proposed Rule - Direct Care Worker Supplemental Payments</b>	Establishes rulemaking to codify requirements approved in the FY23 Budget Support Act of 2022 for Supplemental payments to Direct Care service providers			X	Adds a New Chapter to Title 29 DCMR