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

## December 15, 2025

## STATE PLAN AMENDMENTS/WAIVERS/PUBLISHED RULES

| Table 1. State Plan Amendments and Waiver Approvals with Approval Dates between October 15, 2025, and December 15, 2025. | | | | | | |
|---|---|---|---|---|---|---|
| **SPA Transmittal Number** | **DESCRIPTION** | **STATUS** | | | **Target/ Actual Effective Date** | **Notes** |
| | | **Approval Date** | **Date Submitted for CMS Review** | **In Development** | | |
| DC-25-0012 | Updates the District's clinic services pages and provides a mandatory exception of IHS/Tribal Clinics from the 4-walls constraint. | 11.21.25 | 8.26.25 | | 7.1.25 | |
| DC-25-0013 | Lowers the income threshold for parents and other caretaker relatives to 133% FPL and removes the optional eligibility group of individuals under 65 with incomes above 133% FPL. | 11.18.25 | 8.21.25 | | 1.1.26 | |
| DC-25-0017 | Removes managed care enrollment requirement for the optional eligibility group of individuals under age sixty-five (65) with incomes over one hundred thirty-three (133%) of the Federal Poverty Level (FPL) (42 C.F.R. § 435.218) from the District's Medicaid Program beginning January 1, 2026. | 12.4.25 | 9.23.25 | | 1.1.26 | |
| DC-25-0015 | Expands private duty nursing (PDN) services by removing the requirement that beneficiaries receiving PDN be "technology dependent". | 11.18.25 | 8.21.25 | | 10.1.25 | |

| Table 2. State Plan Amendments Currently Under Review with the Centers for Medicare and Medicaid Services, or Under Development with Anticipated Submission date with the first quarter of Fiscal Year 2026 | | | | | | |
|---|---|---|---|---|---|---|
| **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-25-0014 | Complies with Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT Act) and mental health parity requirements set forth at 42 CFR 457.496. | | 9.30.25 | | 10.1.24 | |
| DC-25-0005 | Carves out cell and gene therapy from managed care. | | 10.27.25 | | 10.1.25 | |
| DC-25-0007 | Establishes DRG carve out for CMS's Cell and Gene Therapy Model. | | 10.27.25 | | 10.1.25 | |
| DC-25-0008 | Establishes EAPG carve out for CMS's Cell and Gene Therapy Model. | | 10.27.25 | | 10.1.25 | |
| DC-25-0009 | Removes sunset that date for coverage of medication-assisted treatment, as federally required, making the service permanent. | | | X | 10.1.25 | |
| DC-25-0010 | Establishes Medicaid coverage for stabilization center services. | | | X | TBD | |
| 0307.R05.01 | Amends the DC People with Intellectual and Developmental Disabilities (IDD) Waiver to include changes described here HCBS IDD Waiver 2025 Amendment \| dds. | | | X | 1.1.26 | New 30-day public comment period begins 10.24.25. |

| Table 3. Published Regulations in the *District of Columbia Register*, from October 15, 2025, to date. | | |
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| **D.C. Register Issue** | **Description** | **Date of Publication** |
| 72/49 | Final Rulemaking – Clarifies reimbursement policies for Targeted Case Management/Intensive Care Coordination; outlines Attachment and Biobehavioral Catchup services; clarifies and updates mental health rehabilitative services and adult substance use rehabilitative services; clarifies supervision requirements for licensed graduate social workers; and clarifies qualified providers for medication management services.<br>Chapters 9, 45, 52, 91, and 106 of Title 29 DCMR | 12.5.25 |
| 72/48 | Final Rulemaking – Established eligibility criteria for the CHIP From Conception to End of Pregnancy ("FCEP") option (42 C.F.R. § 457.10) for medical services delivered to eligible pregnant individuals, who would not otherwise be eligible for Medicaid or CHIP, during the prenatal, labor and delivery, and postpartum periods (up to sixty (60) days following the birth). | 11.26.25 |
| 72/46 | Emergency and Proposed Rulemaking – Repeals the Medical Assistance for Immigrant Children chapter of Title 29 of the DCMR, which established the Immigrant Children's Program. Beginning on October 1, 2025, eligibility for health care and medical services for the population previously covered by the Immigrant Children's Program will be governed by the rules of the DC Health Care Alliance Program under Chapter 33 of Title 22-B of the DCMR. | 11.14.25 |
| 72/44 | Proposed Rulemaking – Formalizes reimbursement procedures in District regulations and extend the time for seeking reimbursement as part of settlement agreement in class action lawsuit, *Salazar v. District of Columbia*, Civil Action No. 93-452 (TSC) (D.D.C.). | 10.31.25 |
| 72/43 | Final Rulemaking – Amends Medicaid provider, screening, enrollment, and termination requirements to clarify that providers enrolled in the Medicaid program shall also be considered enrolled in and eligible to provide services for other health care programs administered by DHCF. 29 DCMR 9400.18 | 10.24.25 |