

**Department of Health Care Finance
 Medical Care Advisory Committee (MCAC)
 State Plan Amendment (SPA) and Rulemaking Report
 February 27, 2018**

STATE PLAN AMENDMENTS

TITLE	DESCRIPTION	STATUS			TARGET/ ACTUAL IMPLEMENTATION DATE	NOTES/ CITATION
		Recently Approved (Date)	Pending CMS Review (Date Submitted)	In Development		
Home Health Services	Establishes detailed requirements for home health services, creates reimbursement methodology that increases rates for skilled nursing services, and updates standards for home health services to align with new federal requirements, including face-to-face encounters to determine the need for care.	11/29/17				Amends: (1) Supplement 1 to Attachment 3.1A, pages 9-9r; (2) Supplement 1 to Attachment 3.1B, pages 8-8r; (3) Attachment 4.19B, pages 4c-4e
Private Duty Nursing Services	Establishes reimbursement methodology that increases rates for private duty nursing services; updates standards to align with new federal requirements, including face-to-face encounters to determine the need for care; and distinguishes eligibility criteria and provider requirements for private duty nursing as distinct from skilled nursing services offered under the State Plan home health benefit.	11/29/17				Amends: (1) Supplement 1 to Attachment 3.1A, pages 10-10e; (2) Supplement 1 to Attachment 3.1B, pages 9-9e; (3) Attachment 4.19B, pages 4a-4b, 4e

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ICF/IID Reimbursement Adjustments	Implements three changes related to reimbursement for ICF/IID providers: (1) redistribution of paid bed hold days; (2) extending assessment periods for low-acuity beneficiaries; and (3) increasing flexibility in re-allocation of unspent reimbursement funds among cost centers.	11/6/17				Amends: (1) Attachment 4.19C; and (2) Attachment 4.19D, Part II
My Health GPS (Health Homes for Individuals with Multiple Chronic Conditions)	Establishes criteria for participation in a new health home initiative to provide intensive care coordination and social supports for individuals with multiple chronic conditions.	10/23/17				Creates new State Plan pages within MACPro system
Nursing Facilities Reimbursement Methodology	Redesigns reimbursement methodology for nursing facilities, including new quality measures and potential for value-based purchasing.		12/19/17		Proposed effective date: 2/1/18	Amends Attachment 4.19D, Part I
Dental FFS Methodology	Proposes to make technical revision to dental fee-for-service reimbursement methodology language in the state plan, as requested by CMS.			X	FY18	Amends Attachment 4.19B, page 13
Hospice	Proposes to update standards for the delivery of and reimbursement for adult hospice services, enabling DHCF to maintain compliance with new federal requirements regarding payment rates for routine home care services and increase monitoring and oversight of delivery of hospice services.			X	FY18	Amends: (1) Supplement 1 to Attachment 3.1A, pages 22-24; (2) Supplement 1 to Attachment 3.1B, pages 21-23; (3) Attachment 4.19B, pages 8-9

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Pharmacist Administration Services	Proposes to authorize DHCF to reimburse pharmacies an administration fee for pharmacists that administer immunizations, vaccines, and anaphylaxis agents. Pharmacists would be able to directly administer these treatments for Medicaid beneficiaries.			X	FY18	Amends Supplement 1 to Attachment 3.1-A, pages 8-8a
Autism Spectrum Disorder	Proposes to (1) clarify reimbursable screenings and diagnosis services available for children showing signs or are at risk of ASD; (2) establish a behavioral health treatment (BHT) benefits for children with ASD; and (3) authorize Medicaid-reimbursement to new provider types for that deliver BHT services.			X	1/1/2019	Amends/Adds: (1) Supplement 1 to Attachment 3.1A, page 6b; (2) Supplement 1 to Attachment 3.1B, page 5b; (3) Attachment 4.19B, page 26.3
Burial Funds	Proposes to establish limitations on the amount of burial funds that would be excluded from countable resources for individuals applying for or receiving long term care services and supports			X	FY18	Amends Supplement 8b to Attachment 2.6A
EPD Waiver Amendment	Proposes to add LCSWs to type of clinicians allowed to conduct initial eligibility assessments and annual re-assessments; removes ability for beneficiaries residing ALFs to receive PCA waiver services; adds safety monitoring to PCA waiver services; removes underutilized physical			X	FY18	Amends EPD Waiver

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	therapy and occupational therapy services; and removes duplicative performance measures.					
Program of All-Inclusive Care for the Elderly (PACE)	Proposes to establish a PACE program in the District, make services covered under PACE available to eligible Medicaid beneficiaries who enroll in the program, and set criteria for becoming a PACE provider.			X	FY19-20	Amends: (1) Attachment 2.2A, page 11; (2) Section 3, pages 19c and 20c; (3) Attachment 3.1A, page 11; (4) Attachment 3.1B, page 9 Creates new: (1) Supplement 7 to Attachment 3.1A; (2) Supplement 4 to Attachment 3.1B

RULES

TITLE	DESCRIPTION	STATUS			NOTES/ CITATION
		Recently Published (Date)	Pending External Review	In Development	
Supplemental Security Income and Optional State Supplemental Payment (Proposed Rule)	Clarifies the non-MAGI Medicaid eligibility factors for the SSI and OSP eligibility groups	02/23/18			Amends Chapter 95 of Title 29 DCMR
Medicaid Reimbursable Telemedicine Services (3rd Emergency & Proposed Rule)	Telemedicine services are designed to improve access to healthcare services, improve patient compliance with treatment plans, improve health outcomes through timely disease detection and treatment options; and increase capacity and choice for treatment in the District of Columbia's Medicaid program. These rules establish standards for governing eligibility for Medicaid beneficiaries receiving health services via telemedicine under the Medicaid fee-for-service program, and to establish conditions of participation and reimbursement policies for providers who deliver healthcare services to Medicaid beneficiaries via telemedicine.	02/23/18			Creates new Section 910 of Chapter 9 of Title 29 DCMR
Medicaid Reimbursement for Early Intervention Services (Final Rule)	This rule removes the reimbursement rate table from the rule and aligns updates of the Early Intervention (EI) rates with the requirements for Medicaid fee schedule updates.	02/09/18			Amends Chapter 71 of Title 29 DCMR
Medicaid Reimbursement of Federally Qualified Health Center (FQHC) (Final Rule)	The Medicaid reimbursement methodology for the Federally Qualified Health Centers (FQHCs) authorizes a Prospective Payment System (PPS) that comports with federal regulations that have been in place since 2001, or an Alternative Payment Methodology (APM) that is based on reasonable costs, subject to certain requirements. The current	02/02/18			Amends Chapter 45 of Title 29 DCMR

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	PPS reimbursement model has been in effect since January 2, 2001. Since that time, the number of FQHCs operating in the District, the variety of services offered and patients served have increase.				
My Health GPS Program (Final Rule)	My Health GPS program in recognition of the unmet care management needs of Medicaid beneficiaries with multiple chronic conditions. Historically, many of these beneficiaries have not received comprehensive care management services and their care has largely gone unmanaged, resulting in the preventable utilization of fire and emergency medical services, avoidable emergency department services and hospital admissions, and poor health outcomes.	01/26/18			New Section 102 of Title 29
Medicaid Reimbursement for Outpatient and Emergency Room Services (Final Rule)	Extends provisions of supplemental payments to eligible, Medicaid-enrolled hospitals located within the District for outpatient hospital services rendered through September 30, 2018.	01/19/18			Amends Section 903 Chapter 9 of Title 29 DCMR
Home Health Services (Final Rule)	Updates and clarifies standards governing provider qualifications, eligibility requirements, service descriptions, delivery parameters, and reimbursement for home health services (skilled nursing, home health aide, PT, OT, speech pathology and audiology services).	01/19/18			Repeals Chapter 51 and creates new Chapter 99 of Title 29 DCMR
Private Duty Nursing Services (Final Rule)	Establishes general standards governing reimbursement and provider requirements for private duty nursing services provided to technology-dependent beneficiaries under the State Plan.	01/19/18			Creates new Section 947 of Chapter 9 of Title 29 DCMR

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Nursing Facilities - New Reimbursement Methodology (Emergency and Proposed)	Redesigns reimbursement methodology for nursing facilities, including new quality measures and potential for value-based purchasing.	1/19/18			Amends Chapter 65 of Title 29 DCMR
Medicaid Home and Community Based Services Waiver for Individual with Intellectual and Developmental Disabilities (Emergency & Proposed Rule)	Updates rule to align with revisions made in the 5-year renewal of ID/DD Waiver recently approved by CMS.	11/24/17		<i>Final Rule to be published on 3/2/18</i>	Amends Chapter 9 & 19 of Title 29 DCMR
Medicaid Reimbursement for Specialty Hospital Inpatient Services (Final Rule)	This rule establishes updated methods and standards for the reimbursement of inpatient hospital services provided by specialty hospital through District Medicaid program.	10/27/17			Amends Chapter 48 of Title 29 DCMR
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) (Emergency and Proposed)	Updates reimbursement methodology for ICFs/IID; enables reimbursement of ICFs/IID when a Medicaid beneficiary is hospitalized or on a therapeutic leave of absence; and combines "hospitalization" and "therapeutic leave of absence" categories of reserved bed days.	10/27/17		<i>Final Rule to be published on 3/9/18.</i>	Amends Chapters 9 and 41 of Title 29 DCMR
Medicaid Reimbursement for Personal Care Aide Services (Final Rule)	Establishes requirements for Personal Care Aide (PCA) services, which are health-related services that are provided to individuals who are unable to perform one or more activities of daily living such as bathing, dressing, toileting, ambulation, or feeding oneself, as a result of a medical condition or cognitive impairment causing a substantial disability.	10/20/17			Amends Chapter 50 of Title 29 DCMR

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Covered Outpatient Drugs (Proposed Rule)	Implements a new reimbursement methodology that complies with the new CMS final rule requiring certain drug ingredient costs to be reimbursed at actual acquisition cost. States must also examine professional dispensing fees.		X		Amends Chapter 27 of Title 29 DCMR
Aged, Blind, and Disabled (Second Proposed Rule)	Memorializes the eligibility requirements for applicants and beneficiaries in the Optional Aged, Blind, and Disabled Group.			X	Creates new Section 9513 of Chapter 95 of Title 29 DCMR
Hospice Services (Proposed Rule)	Updates standards for the delivery of and reimbursement for adult hospice services, enabling DHCF to maintain compliance with new federal requirements regarding payment rates for routine home care services and increase monitoring and oversight of delivery of hospice services.			X	Creates new Section 939 of Chapter 9 of Title 29 DCMR
TEFRA/Katie Beckett (2nd Proposed Rule)	Clarifies eligibility standards for "TEFRA/Katie Beckett" eligibility group receiving HCBS services in lieu of institutional care.			X	Creates new Section 9512 of Chapter 95 of Title 29 DCMR
Medically Needy Spend Down (Emergency and Proposed Rule)	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 Section 9515 of chapter 95 of Title 29 DCMR
Autism Spectrum Disorder (Proposed Rule)	Proposes to (1) clarify reimbursable screenings and diagnosis services available for children showing signs or are at risk of ASD; (2) establish a behavioral health treatment (BHT) benefits for children with ASD; and (3)			X	

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	authorize Medicaid- reimbursement to new provider types for that deliver BHT services.				
Burial Funds (Proposed Rule)	Establishes limitations on the amount of burial funds that would be excluded from countable resources for individuals applying for or receiving long term care services and supports			X	Amends Section 9802 to Chapter 98 of Title 29