

**Department of Health Care Finance
 Medical Care Advisory Committee (MCAC)
 State Plan Amendment (SPA) and Rulemaking Report
 November 29, 2016**

STATE PLAN AMENDMENTS

TITLE	DESCRIPTION	STATUS			TARGET/ACTUAL IMPLEMENTATION DATE	NOTES/CITATION
		Recently Approved (Date)	Pending CMS Review (Date Submitted)	In Development		
Nursing Facilities	Attachment 4.19D of the Medicaid State Plan describes the methods and standards used to determine rates of reimbursement for nursing facilities participating in the District's Medicaid program. This State Plan Amendment (SPA) requests authority to eliminate the annual inflation adjustment currently included in nursing facilities' reimbursement methodology for fiscal year 2017 and all years thereafter.	X (11/22/16)			October 1, 2016	Amends Attachment 4.19D Part 1 Page 8A-8B
ICF/IID Reimbursement	Eliminates annual inflation update in reimbursement rates for ICF/IID providers in FY 2017.	X (11/22/16)			October 7, 2016	Amends Attachment 4.19 – D, Part II, pages 1-28.
Outpatient Hospital Supplemental Payment	Extends the authority for the current outpatient hospital supplemental payment by one year, from September 30, 2016 to September	X (11/8/16)			October 1, 2016	Amends Attachment 4.19B Part 1 Page 6a-5

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	30, 2017.					
Dental Services	Aligns existing State Plan dental reimbursement provisions with the District's current practices and updates standards of treatment to support compliance with American Dental Association standards for Medicaid beneficiaries.	X (10/4/16; effective 11/1/16, subject to CAP)			FY 2017	Amends Supplemental 1 to Attachment 3.1A Page 12 – 12c Attachment 3.1A Page 20a Supplemental 1 to attachment 3.1B Page 11 – 11c Supplemental 3.1B Page 19a
PCA Services	Streamlines and improves access to the delivery of PCA services, while maintaining compliance with CMS requirements. The major changes that will be made to improve access are as follows- (a) eliminating the need for a physician's signature on plans of care subsequent to the initial plan of care but requiring that all subsequent plans of care be approved by DHCF or its agent; (b) removing the one thousand and forty (1040) hour cap on receipt of services, and establishing that the limit on a beneficiary's PCA service hours shall be determined by the PCA service authorization in an amount not to exceed eight (8) hours per day, seven (7) days per week, or a total of fifty six (56)	X (8/2/16, effective 11/14/15)			FY 2016	Amends Attachment 3.1A page 9d, Supplement 1 to Attachment 3.1A, pages 29-31d, Supplement 1 to Attachment 3.1B, pages 28-30d, Attachment 3.1C pages 6-7, and Attachment 4.19B pages 15-15a

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	hours per week.					
Asset Verification	All states shall implement an Asset Verification Program (AVP) for purpose of verifying assets held by financial institutions that affect Medicaid eligibility of aged, blind, disabled and long-term care applicants and recipients. This SPA delineates the process upon which the District will establish its program, inclusive of a plan for systems development and a process upon which verification will be established.		X (8/23/16)		FY 2017	Amends Supplement 16 to Attachment 2.6-A, pages 1-2
Federally Qualified Health Centers (FQHC)	This SPA sets forth a methodology for new, facility-specific prospective payment system (PPS) rates for primary care and behavioral health services. The SPA further lay out the standards for participation in the Medicaid program, memorialize the standards used to develop the PPS rates and the cost reporting and auditing processes, and establish the requirements for FQHCs to be reimbursed for Medicaid-reimbursable services that are outside the scope of core services that qualify for PPS rates. Finally, the SPA establish a new		X (8/22/16)			

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	performance-based payment system which will require FQHCs to meet certain standards, provide quarterly reports, and assess performance based on three key measures, enabling FQHCs that qualify to receive additional performance-based payments annually, beginning on January 1, 2018.					
Home Health Skilled Nursing Services	Home Health services under the Medicaid State Plan. Home Health services including skilled nursing provide care to some of the most vulnerable Medicaid beneficiaries. Skilled nursing services are provided to those beneficiaries who need a skilled nurse to evaluate, manage, and provide ongoing nursing services in the beneficiary's home.		X (9/30/16)		FY 2016	Amends Supplement 1 to Attachment 3.1-A, p. 9 et seq.
Home Health Private Duty Nursing Services	Private Duty Nursing services provided to beneficiaries under the Medicaid State Plan and establish specific conditions of participation for providers of these services. These beneficiaries are technology dependent and require more individualized and continuous care than is available from a visiting nurse under the Skilled Nursing Home Health Service benefit.		X (9/30/16)		FY 2016	Amends Supplement 1 to Attachment 3.1 – A, pages 10 -10e

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My Health GPS/Health Homes 2	This SPA will establish criteria for participation in a new health home initiative to provide intensive care coordination and social supports for individuals with multiple chronic conditions.		X (11/9/16)		4/1/17	
Pharmacist Administration Services	This proposed SPA would authorize DHCF to reimburse pharmacies an administration fee for its pharmacists' that administer immunizations, vaccines, and anaphylaxis agents. This would enable pharmacists to directly administer these treatments for Medicaid beneficiaries.			X	FY 2017	Amends Supplement 1 to Attachment 3.1 – A, pages 8-8a
Covered Outpatient Prescription Drug Payment Model	All states shall implement a new reimbursement methodology that comply with the new CMS final rule which requires certain drug ingredient cost to be reimburse at actual acquisition cost. States must also examine professional dispensing fees.			X	Must be effective by 4/1/16	TBD
Free Care Policy	CMS Free Care Policy requires states to cover services for eligible Medicaid beneficiaries that are available without charge to the beneficiary, including services available without charge to community at large, and to reimburse school based health services (SBHS) for children that do not have individualized education			X	FY 2018/19	TBD

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	plans (IEPs). The free care policy also presents an opportunity for states to re-examine and expand their covered school based health services benefit.					
Youth Substance Abuse Treatment Services	This State Plan Amendment will authorize the District to provide Medicaid coverage of SUD treatment to Medicaid-enrolled youth under twenty-one (21) years of age through the following seven SUD services: (1) Screening, Assessment, Diagnostic and Treatment Planning (2) Short-term Medically Managed Intensive Withdrawal Management (Short-term MMIWM); (3) Substance Abuse Counseling; (4) Clinical Care Coordination; (5) Crisis Intervention; (6) Medication Management; and (7) Medication Assisted Treatment.			X	FY 2017	
Nursing Facility Reimbursement	This State Plan Amendment will redesign the reimbursement methodology used for all DC Medicaid-participating nursing facilities, including new quality measures and the potential for value-based purchasing.			X	FY 2018	

RULES

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		Recently Published (Date)	Pending External Review	In Development	
Federally Qualified Health Centers (FQHC) Notice of 2nd Emergency and Proposed Rulemaking	This rule sets forth the reimbursement methodology for Federally Qualified Health Centers (FQHCs) delivery of primary care, behavioral health services, preventive, diagnostic dental services in the District.	X 11/19/16 (Adoption)			
Medicaid Reimbursement for Personal Care Aide Services Notice of Final Rulemaking	This rule supplements beneficiary notice requirements, clarifies that additional PCA hours are available if a beneficiary is determined eligible for a 1915(c) waiver, establishes a process for providers where staff pose an immediate threat to the safety or well-being of a beneficiary, and increases rates for State Plan PCA services in accordance with the Living Wage Act for services rendered on or after 1/1/16.	X 11/18/16			
Supplemental Security Income Based Methodology of Certain Non-MAGI Eligibility Group Notice of Final Rulemaking	This rule sets forth income thresholds and guidelines to determine income using Supplemental Security Income (SSI) based income methodologies for applicant whose eligibility is determined under certain non-Modified Adjustment Gross Income (non-MAGI) eligibility categories pursuant to 42 C.F.R Section 435.60.	X 11/11/16			
Home and Community Based Services Waiver for Persons Who are	This rule will ensure that the District is in compliance with various standards approved under the EPD Waiver amendment including the use of a standardized conflict-free assessment tool for	X 11/4/16			

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Elderly and Individuals with Physical Disabilities Notice of Emergency and Proposed Rulemaking	determining nursing facility level of care to establish EPD Waiver eligibility, compliance with CMS' federal requirements for the delivery of home and community-based services (HCBS) in "settings" that meet the federal definition, at 42 C.F.R. § 441.301(c)(4), conforming with CMS' federal requirements for developing a person-centered service plan, at 42 C.F.R. §§ 441.301(c)(1) – (3) and adding three (3) new services to the EPD Waiver Amendment to enhance the menu of services available to a EPD Waiver beneficiary.				
Case Management Reimbursement and Duties (EPD) Notice of Final Rulemaking	This rule pulls sections from the Chapter 42 EPD rules in order to allow DHCF to start paying the new reimbursement rates for case management under the approved EPD Waiver amendments and enforcing federal person-centered planning requirements for EPD case managers, and adds transitional case management to the list of case management services offered under the EPD Waiver.	X 10/21/16			The emergency and proposed rulemaking was published on May 27, 2016 to start paying the new case management rates authorized by the new reimbursement methodology in the approved EPD Waiver amendments.
Medicaid Reimbursement for Intermediate Care Facilities with Intellectual Disabilities (ICF) Notice of Emergency and Proposed Rulemaking	This rule implement minor changes to the reimbursement methodology used to calculate rates for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) delivering services to District Medicaid beneficiaries in accordance with the corresponding amendment to the Medicaid State Plan. These changes are being made in order to align with the District's long-term budget priorities.	X 10/7/16			
Outpatient and	This rule is to extend the provision of these	X			

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Emergency Room Service Notice of Emergency and Proposed Rulemaking	payments through 9-30-17 and revises existing language to ensure the DCMR provisions are not in conflict with the FY 17 requirements.	9/30/16			
Nursing Facilities Reimbursement Notice of Emergency and Proposed Rulemaking	These rules update the ceiling amounts for routine and support costs and nursing and resident care costs for each peer group into which nursing facilities are categorized, and remove the annual inflation adjustment component of the nursing facility reimbursement methodology for fiscal year 2017 and all years thereafter in line with the District's long term budget priorities.	X 9/30/16			
Medicaid Reimbursement for Mental Health Rehabilitative Services Notice of Proposed Rulemaking	This rule establishes a new reimbursement rate for Rehabilitation/Day Services. Rehab Day is a structured clinical program intended to develop skills and foster social role integration through a range of social, psycho-education, behavioral and cognitive mental health interventions.	X 9/30/16			
Aged and Disabled Notice of Proposed Rulemaking	This proposed rule memorializes the eligibility requirements for applicants and beneficiaries of the Optional Age and Disability eligibility group pursuant to Sections 1902(a)(10)(A)(ii)(X) and 1902(m)(1) of the Social Security Act.	X 9/30/16			
Repealing Nutrition Evaluation Notice of Final Rulemaking	The renewal of the ID/DD Waiver, which was approved by the Council of the District of Columbia (Council) and by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for a five-year period beginning November 20, 2012, no longer includes nutrition evaluation and consultation services as a separate service, but includes these services along with bereavement counseling, fitness training, massage therapy, and sexuality education in what are known as Wellness Services, 29 DCMR § 1936.	X 9/30/16			

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Lactation Services Notice of Proposed Rulemaking	This rule sets forth the services covered under Medicaid to promote breastfeeding of infants, including lactation consultation education and support, breast pumps and lactation supplies, and banked donor milk.	X 9/2/16			
Reimbursement of Physician Administered Chemotherapy Drugs Notice of Final Rulemaking	This rule authorizes physician administered chemotherapy drugs to be reimbursed at 100% of the Medicare reimbursement rate, effective for services delivered on or after May 1, 2016.	X 8/12/16			
Services My Way Notice of Second Emergency and Proposed Rulemaking	These rules govern the participant-directed services program under the EPD Waiver, known as Services My Way, and incorporate substantive changes made in response to stakeholder comments received in response to the initial emergency and proposed rulemaking.		X		
Home Health Services Notice of Emergency and Proposed Rulemaking	Home Health services under the Medicaid State Plan. Home Health services including skilled nursing provide care to some of the most vulnerable Medicaid beneficiaries. Skilled nursing services are provided to those beneficiaries who need a skilled nurse to evaluate, manage, and provide ongoing nursing services in the beneficiary's home.		X		
Lactation Services Notice of Final Rulemaking	This rule sets forth the services covered under Medicaid to promote breastfeeding of infants, including lactation consultation education and support, breast pumps and lactation supplies, and banked donor milk.		X		
Katie Beckett Notice of 2nd Emergency and Proposed Rulemaking	This rule sets forth the eligibility criteria for children who can safely live at home, who meet an institutional level of care as required under section 1902 (e) (3) (B) of the Social Security Act, and who are evaluated for Medicaid under Katie Beckett			X	

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	eligibility group.				
Alliance Eligibility Notice of Proposed Rulemaking	This rulemaking sets forth the eligibility criteria, application requirements and procedures and enrollment rules for applicants and beneficiaries of the D.C. Health Care Alliance Program.			X	
Long Term Care Assessment Notice of 3rd Proposed Rulemaking	This rule establish standards governing the assessment process for the level of need for beneficiaries who receive Long Term Care Services and Supports (LTCSS), with the exception of Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDD) services, and Home and Community-based Waiver Services for Individuals with Intellectual and Developmental Disabilities (ID/DD Waiver). This includes nursing home services, supports under the Elderly and Persons with Physical Disabilities Home and Community-based Services Waiver (EPD Waiver), Personal Care Assistance (PCA) services available under the District's Long Term Care Program (Medicaid State Plan and EPD Waiver), Adult Day Health Program (ADHP) services under the 1915 (i) Home and Community-based State Plan Option, and other LTCSS not intended to service individuals with IDD such as the Program of All Inclusive Care for the Elderly (PACE). Under the assessment process, a nurse employed by DHCF or its designated agent conducts face-to-face assessments, and reassessments using a standardized needs-based assessment tool to determine a person's support needs for long term care services and supports.			X	
State Residency for Title IV-E Foster Care Children Notice of	This rule identifies the conditions under which otherwise eligible foster care children placed outside of the District may satisfy residency criteria			X	

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Emergency & Proposed Rulemaking	for Medicaid.				
Adult Hospice Services Notice of Proposed Rulemaking	This rule is intended for beneficiaries, aged twenty-two (22) and older, who reside in home settings. For purposes of Medicaid coverage of Adult Hospice, either a nursing facility or intermediate care facility.			X	
My Health GPS/Health Homes 2 Notice of E&P Rulemaking	This rule will establish criteria for participation in a new health home initiative to provide intensive care coordination and social supports for individuals with multiple chronic conditions.			X	
Medicaid Eligibility for Optional State Supplemental Payment Notice of Proposed Rulemaking	This rule will added to Chapter 95 (Medicaid Eligibility) of Title 29 and will establish the Medicaid eligibility requirements under the Optional State Supplemental Payment (OSP) eligibility group.			X	
Optional State Supplemental Payment Notice of Proposed Rulemaking	This rule will establish the eligibility requirements for the Optional State Supplemental Payment.			X	
Breast and Cervical Cancer Notice of Proposed Rulemaking	This rule will establish the eligibility, enrollment, and coverage requirements for beneficiaries in need of treatment for breast or cervical cancer.			X	