

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

**January 21, 2023 to May 22, 2023**

**STATE PLAN AMENDMENTS/WAIVERS**

TITLE	DESCRIPTION	STATUS			Target/ Actual Implementati on Date	Notes/ Citation
		Recently Approved (Date)	Date Submitted for CMS Review (Date Submitted)	In Development		
<b>DC-23-0002</b>	Extends eligibility to former foster care children who, starting January 1, 2023, were in foster care under the responsibility of the District or any state when they turned eighteen (18) or aged out of foster care, and additionally were either: (1) enrolled in Medicaid in the District or any state at any time during the individual's foster care period in which they turned eighteen (18) or aged out of foster care; or (2) were placed in foster care by the District or any state into another state and were enrolled in Medicaid in the other state at any time during the foster care period in which they turned the age of eighteen (18) or have aged out of foster care.	5.19.23	3.28.23		1.1.23	
<b>DC-23-0003</b>	Through the end of the PHE: (1) Modifies the re-evaluation process for participants in the District's 1915(i) Housing Supportive Services program. (2) Allows for supplemental payments to direct care workers under section 9817 of the American Rescue Plan Act.	5.11.23	4.4.23		1.1.23	

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<b>DC-23-0004</b>	Extends 1915(i) Housing Support Services PHE flexibilities and direct support worker supplemental payments through 5.11.24 and 1915(i) Adult Day Health Program flexibilities	5.11.23	4.27.23		5.12.23	
<b>DC-23-0001</b>	Through the end of the PHE: (1) Updates 1915(i) Housing Supportive Services case manager supervisor qualification criteria. (2) Provides reimbursement for retroactive provider rate changes. (3) Increases the personal needs allowance. (4) Waives pharmacy signature requirements	5.5.23	3.3.23		3.1.20	
<b>Appendix K #9</b>	Allows staffing rations for day programs to be temporarily adjusted to support community-based day services for Day Habilitation, Small Group Day Habilitation, and Employment Readiness, through six (6) months after the PHE ends.	4.25.23	4.4.23			

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<b>Medicaid Eligibility SPA</b>  <b>DC-22-0014</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.	3.29.23	12.31.22		10.01.22	
<b>DC-22-0012</b>	Raises the vaccine administration rates from 80% of the Medicare rate to 100% of the Medicare rate.	2.6.23	11.9.22		4.1.24	Amends Attachment 4.19B
<b>DC-22-0011</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.	1.27.23	10.31.22		FY21	
<b>DC-23-0008</b>	Updates the Physician Supplement Payment for Fiscal Year 2024.		5.22.23		10.1.23	

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		Recently Approved (Date)	Date Submitted for CMS Review (Date Submitted)	In Development		
<b>Integrated Online Application for Food, Cash, &amp; Medical Benefits</b>  <b>DC-21-0008</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.

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		Recently Approved (Date)	Date Submitted for CMS Review (Date Submitted)	In Development		
<b>DC-23-0005</b>	<p>Extends PHE flexibilities for (1) personal needs allowance; (2) delay in rebasing rates for federal qualified health centers and specialty hospitals; (3) and modifications to the My Health GPS program until the earlier of 5.11.24 or until a permanent SPA is submitted to and approved by CMS. E</p> <p>Extends PHE increases in reimbursement rates for nursing facilities, intermediate care facilities for individuals with intellectual disabilities until 7.11.23.</p> <p>Extends PHE increases in reimbursement rates for personal care aides, and certain nursing service until 11.11.23.</p>			X	5.12.23	
<b>DC-23-0006</b>	Extends an exception to the Medicaid Recovery Auditor Contractor Program for two (2) years.			X	6.1.23	
<b>DC-23-0007</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	7.1.23	

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		Recently Approved (Date)	Date Submitted for CMS Review (Date Submitted)	In Development		
<b>DC-23-0009</b>	Establishes coverage of services to screen, diagnose, and treat children with ASD.			X	10.1.23	
<b>DC-23-0010</b>	Adds coverage for small bowel and pancreas transplants.			X	10.1.23	
<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	FY21	Amends Supplement 8b to Attachment 2.6A
<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</b>	Establishes coverage of services to screen, diagnose, and treat children with ASD.			X	10.1.23	

## RULES

TITLE	DESCRIPTION	STATUS			NOTES/ CITATION
		Recently Published (Date)	Pending External Review	In Development/Internal Review	
<b>Proposed Rule - Drug Administration Services and COVID Vaccines</b>	Raises reimbursement rates for COVID-19 vaccine administration to one hundred percent (100%) of Medicare rates.	5.5.23			Amends Chapters 9 and 27 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.	3.3.23			Amends Chapter 27 of Title 29 DCMR
<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)	2.3.23			Amends Chapter 73 of Title 29 DCMR
<b>FY 2024 Physician Supplemental Payments</b>	Updates the Physician Supplement Payment for Fiscal Year 2024.		X OAG		
<b>Home Health Services Final Rule</b>	Clarifies that home health aide services rates are to be adjusted annually to comply with the Living Wage.		X EOM/OPLA		Amends Chapter 99 of Title 29 DCMR



TITLE	DESCRIPTION	STATUS			NOTES/ CITATION
		Recently Published (Date)	Pending External Review	In Development/Internal Review	
<b>Second (2<sup>nd</sup>) 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

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		Recently Published (Date)	Pending External Review	In Development/Internal Review	
<b>Second (2<sup>nd</sup>) 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>Final 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		X EOM/OPLA		Promulgates a new Chapter 111 to Title 29 DCMR
<b>Final Rule – Alliance Recertification</b>	Changes the recertification period for the DC Health Care Alliance Program from six (6) months to twelve (12) months.		X EOM/OPLA		Amends Chapter 33 to Title 29 DCMR

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<b>Final 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 EOM/OPLA		Amends Chapter 33 to Title 29 DCMR
<b>Emergency and Proposed Rule – Medicaid Reasonable Compatibility</b>	Raises the reasonable compatibility standard from ten percent (10%) to twenty percent (20%).		X EOM/OPLA		Amends Chapter 95 to Title 29 DCMR

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<b>Proposed Rule - Former Foster Youth Eligibility Rule</b>	Extends eligibility to former foster care children who, starting January 1, 2023, were in foster care under the responsibility of the District or any state when they turned eighteen (18) or aged out of foster care, and additionally were either: (1) enrolled in Medicaid in the District or any state at any time during the individual's foster care period in which they turned eighteen (18) or aged out of foster care; or (2) were placed in foster care by the District or any state into another state and were enrolled in Medicaid in the other state at any time during the foster care period in which they turned the age of eighteen (18) or have aged out of foster care.		X OAG		Amends Chapter 95 to Title 29 DCMR
<b>Proposed Rulemaking – X-DEA Number Requirement</b>	Removes the X-DEA number requirement to parallel the new federal policy.		X EOM/OPLA		Amends Chapter 27 to Title 29 DCMR