

**Department of Health Care Finance  
Medical Care Advisory Committee (MCAC)  
State Plan Amendment (SPA) and Rulemaking Report  
April 26, 2017**

**STATE PLAN AMENDMENTS**

TITLE	DESCRIPTION	STATUS			TARGET/ ACTUAL IMPLEMENTATI ON DATE	NOTES/ CITATION
		Recently Approved (Date)	Pending CMS Review (Date Submitted)	In Development		
<b>My Health GPS (Health Homes for Individuals with Multiple Chronic Conditions)</b>	Establishes criteria for participation in a new health home initiative to provide intensive care coordination and social supports for individuals with multiple chronic conditions.	X 2/6/17			July 1, 2017	Creates new State Plan pages within MACPro system
<b>FQHCs</b>	Sets forth Alternative Payment Methodology (APM) rates for Federally Qualified Health Centers (FQHCs) for primary care, behavioral health, preventive and diagnostic dental, and comprehensive dental services; and reimburses FQHCs a performance payment.		X 8/22/16 resubmitted 4/11/17		September 1, 2016	Amends(1)Supplement1 to attachment 3.1A Pages 35-42; (2) Supplement 1 to attachment 3.1B pages 34-41 (3) Attachment4.19B,P art 1, pages 6f-6jj
<b>Home Health</b>	Clarifies amount, duration, and scope of services offered under the State Plan home health benefit.		X 9/30/16			Amends: Supplement 1 to Attachment 3.1A, page 9; Supplement 1 to Attachment 3.1B, page 8; Attachment 4.19B, page 4

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<b>Home Health - Private Duty Nursing</b>	Distinguishes eligibility criteria and provider requirements for private duty nursing as distinct from skilled nursing services offered under the State Plan home health benefit.		X 9/30/16			Amends: (1) Supplement 1 to Attachment 3.1A, page 10; (2) Supplement 1 to Attachment 3.1B, page 9; (3) Attachment 4.19B, page 4
<b>PCA Services - Institutional Level of Clinical Need</b>	Removes CMS-requested language regarding the delivery of State Plan Personal Care Aide (PCA) services to individuals with an institutional level of clinical need in accordance with sufficiency data analysis submitted to CMS.	X 4/3/17				Amends: (1) Supplement 1 to Attachment 3.1A, page 30; and (2) Supplement 1 to Attachment 3.1B, page 29
<b>Pharmacist Administration Services</b>	Authorizes 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	FY 2017	Amends Supplement 1 to Attachment 3.1-A, pages 8-8a
<b>Covered Outpatient Drugs</b>	Implements a new reimbursement methodology that complies with the new Centers for Medicare and Medicaid Services (CMS) final rule requiring certain drug ingredient costs to be reimbursed at actual acquisition cost. States must also examine professional dispensing fees.		X 4/3/17		Must be effective by 4/1/17	Amends (1) Supplement 1 to Attachment 3.1-A page 18-19 (2) Attachment 4.19b, part 1 Page 2-3c

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<b>Hospice</b>	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		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
<b>Youth Substance Abuse and Treatment Services</b>	Authorizes coverage of substance use disorder treatment delivered to Medicaid-enrolled youth under new Youth Substance Abuse and Treatment Services (YSATS) program (to replace current Adolescent Substance Abuse Treatment Expansion Program (ASTEP)). Replicates Adult Substance Abuse and Rehabilitative Services (ASARS), and would also be managed by DC Department of Behavioral Health (DBH).			X		Amends: (1) Supplement 1 to Attachment 3.1A, page20; (2) Supplement 6 to Attachment 3.1A, pages 1&20-29; (3) Supplement 2 to Attachment 4.19B, pages 2-3
<b>ICF/IID Reimbursement Adjustments</b>	Implements three changes related to reimbursement for ICF/IID providers: (1) redistribution of paid bedhold days; (2) extending assessment periods for low-acuity beneficiaries; and (3) increasing flexibility in re-allocation of unspent reimbursement funds among cost centers.			X		Amends: (1) Attachment 4.19C; and (2) Attachment 4.19D, Part II
<b>PCA Services - Safety Monitoring and Annual</b>	Adds safety monitoring as an allowable task for PCAs and aligns reassessment process with the Home and Community Based Services (HCBS)			X		Amends: (1) Supplement 1 to Attachment 3.1A, pages 29-31; and

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<b>Reassessment</b>	Waiver for the Elderly and Persons with Physical Disabilities (EPD Waiver) Renewal.					(2) Supplement 1 to Attachment 3.1B, pages 28-30
<b>Nursing Facilities Reimbursement Methodology</b>	Redesigns reimbursement methodology for nursing facilities, including new quality measures and potential for value-based purchasing.			X		Amends Attachment 4.19D, Part I
<b>Specialty/ Rehabilitation Hospital Reimbursement</b>	Allow changes to the reimbursement methodology for Medicaid reimbursement to specialty hospitals classified as rehabilitation hospital for inpatient service.			X		Amends Attachment 4.19, Part II, pages 19-28

## RULEMAKINGS

TITLE	DESCRIPTION	STATUS			NOTES/ CITATION
		Recently Published (Date)	Pending External Review	In Development	
<b>EPD Waiver (2<sup>nd</sup> Emergency and Proposed Rule)</b>	Implements changes made pursuant to the 10/20/15 approved waiver amendments as well as new requirements for the upcoming renewal.	X 4/14/17			Amends Chapter 42 of Title 29 DCMR
<b>Omnibus IDD Waiver Rate Change (Emergency and Proposed Rule)</b>	Removes outdated rates for HCBS Waiver for Individuals with Intellectual and Developmental Disabilities (IDD Waiver) services.	X 4/14/17			Amends Chapter 19 of Title 29 DCMR
<b>FQHCs Services (3<sup>rd</sup> Emergency and Proposed Rule)</b>	Sets forth Alternative Payment Methodology (APM) rates for primary care, behavioral health, preventive and diagnostic dental, and comprehensive dental services; and reimburses FQHCs a performance payment.	X 3/31/17			Amends Chapter 45 of Title 29 DCMR
<b>Long Term Care Assessment (Emergency and 3<sup>rd</sup> Proposed Rule)</b>	Implements new comprehensive assessment tool for all long term care services and supports.	X 3/24/17			Creates new Section 989 of Chapter 9 of Title 29 DCMR
<b>Home Health Services (Emergency and Proposed Rule)</b>	Clarifies amount, duration, and scope of services offered under the State Plan home health benefit. Also repeals the existing Chapter 51 (Home Health Aide Services).	X 2/17/17			Repeals existing Chapter 51 and creates new Chapter 99 of Title 29 DCMR
<b>Provider EFT/ACH Enrollment (Final Rule)</b>	Requires all new and existing Medicaid providers to enroll in electronic funds transfer/automated clearing house (EFT/ACH) payment system.	X 2/17/17			Creates new Section 928 of Chapter 9 of Title 29 DCMR
<b>Home Health - DME Amendments (Proposed Rule)</b>	Updates existing durable medical equipment (DME) regulations to incorporate new federal requirements for DME delivered under the State Plan home health services benefit.		X		Amends Section 997 of Chapter 9 of Title 29 DCMR

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<b>Telemedicine Services (2<sup>nd</sup> Emergency and Proposed Rule)</b>	Establishes new standards for delivery of virtual care to Medicaid beneficiaries using telemedicine.		X		Creates new Section 910 of Chapter 9 of Title 29 DCMR
<b>Pharmacist Administration Services (Proposed Rule)</b>	Authorizes 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		Creates new Section 2715 of Chapter 9 of Title 29 DCMR
<b>Covered Outpatient Drugs (Proposed Rule)</b>	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
<b>PCA Services - Safety Monitoring and Annual Reassessment</b>	Adds safety monitoring as an allowable task for PCAs and aligns reassessment process with the EPD waiver renewal.		X		Amends Chapter 50 of Title 29 DCMR
<b>Services My Way (3<sup>rd</sup> Emergency and Proposed Rule)</b>	Establishes PDS program for EPD Waiver beneficiaries, allowing eligible beneficiaries to have increased control over the delivery of their personal care services.			X	Creates new Chapter 101 of Title 29 DCMR
<b>Aged and Disabled (Final Rule)</b>	Memorializes the eligibility requirements for applicants and beneficiaries in the Optional Aged and Disabled Group.			X	Creates new Section 9513 of Chapter 95 of Title 29 DCMR
<b>Hospice Services (Proposed Rule)</b>	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
<b>Katie Beckett (2<sup>nd</sup> Proposed Rule)</b>	Clarified eligibility standards for "Katie Beckett" eligibility group receiving HCBS services in lieu of institutional care.			X	Creates new Section 9512 of Chapter 95 of Title 29 DCMR
<b>Youth Substance Abuse Treatment</b>	Authorizes coverage of substance use disorder treatment delivered to Medicaid-enrolled youth			X	Amends Chapter 91 of Title 29 DCMR

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<b>Services (Proposed Rule)</b>	under new Youth Substance Abuse and Treatment Services (YSATS) program (to replace current Adolescent Substance Abuse Treatment Expansion Program (ASTEP)). Replicates Adult Substance Abuse and Rehabilitative Services (ASARS), and would also be managed by DC Department of Behavioral Health (DBH).				
<b>Administrative Review Process (Proposed Rule)</b>	Creates new administrative review process for all beneficiaries who have requested fair hearings.			X	Creates new Chapter 105 of Title 29 DCMR
<b>Home Health - Private Duty Nursing (Final Rule)</b>	Distinguishes eligibility criteria and provider requirements for private duty nursing as distinct from skilled nursing services offered under the State Plan home health benefit.			X	Creates new Section 947 of Chapter 9 of Title 29 DCMR
<b>ICF/IID – Reimbursement Adjustments (Proposed Rule)</b>	Implements three changes related to reimbursement for ICF/IID providers: (1) redistribution of paid bedhold days; (2) extending assessment periods for low-acuity beneficiaries; and (3) increasing flexibility in re-allocation of unspent reimbursement funds among cost centers.			X	Amends Section 950 of Chapter 9 and Chapter 41 of Title 29 DCMR
<b>My Health GPS (Health Homes for Individuals with Multiple Chronic Conditions) (Emergency and Proposed Rule)</b>	Establishes criteria for participation in a new health home initiative to provide intensive care coordination and social supports for individuals with multiple chronic conditions.			X	Creates new Chapter 102 of Title 29 DCMR
<b>Nursing Facilities - New Reimbursement Methodology</b>	Redesigns reimbursement methodology for nursing facilities, including new quality measures and potential for value-based purchasing.			X	Amends Chapter 65 of Title 29 DCMR