

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

October 11, 2024

STATE PLAN AMENDMENTS/WAIVERS

Table 1. State Plan Amendments and Waiver Approvals with Approval Dates between August 27, 2024 and October 11, 2024						
SPA Transmittal Number	DESCRIPTION	STATUS			Target/ Actual Effective Date	Notes
		Approval Date	Date Submitted for CMS Review	In Development		
DC-24-0014	Delays the rebasing for reimbursements for Federally Qualified Health Centers to January 1, 2026, and every three (3) years, thereafter.	9.17.24	6.28.24		5.12.24	
DC-24-0017	Permits the District of Columbia to continue to provide periodic supplemental payments in Fiscal Year 2025 to Medicaid-enrolled physician groups, with at least five hundred (500) physicians that are members of the group, that contract with a public general hospital located in an economically underserved area of the District.	9.17.24	7.1.24		10.1.24	
DC-24-0020	Provides assurance that the District is complying with performance metric reporting for My DC Health Home program.	10.9.24	9.27.24		9.30.24	

Table 1. State Plan Amendments and Waiver Approvals with Approval Dates between August 27, 2024 and October 11, 2024						
SPA Transmittal Number	DESCRIPTION	STATUS			Target/ Actual Effective Date	Notes
		Approval Date	Date Submitted for CMS Review	In Development		
DC-24-0021	Provides assurance that the District is complying with performance metric reporting for My Health GPS Health Home program.	10.9.24	9.27.24		9.30.24	

Table 2. State Plan Amendments Currently Under Review with the Centers for Medicare and Medicaid Services or Under Development with Anticipated Submission date before September 30, 2024						
SPA Transmittal Number	Description	Status			Target/Actual Effective Date	Notes
		Approval Date	Date Submitted for CMS Review	In Development		
DC-24-0013, DC-24-0016, DC-24-0023	Permits the District of Columbia to establish a combination CHIP program to provide coverage through the Unborn Child option to immigrant pregnant individuals with income up to three hundred nineteen percent (319%) of the federal poverty level (consistent with federal Modified Adjusted Gross Income financial methodology), and who are not otherwise eligible for Medicaid.		5.17.24		10.1.23	
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-24-0016	Permits the District to provide reimbursement for remote patient monitoring of individuals during pregnancy and the postpartum period.			X	TBD	
DC-24-0019	Renews the District's Adult Day Health Program 1915(i) program with no changes.		9.24.24	X	4.1.24	Submission required 180

Table 2. State Plan Amendments Currently Under Review with the Centers for Medicare and Medicaid Services or Under Development with Anticipated Submission date before September 30, 2024

						days prior to renewal date.
--	--	--	--	--	--	-----------------------------

RULES

1. **MEDICAID PHYSICIAN SUPPLEMENTAL PAYMENTS FOR FY 2025 PROPOSED RULE** – Amends Chapter 9 of Title 29 of DCMR. This rulemaking establishes periodic supplemental payments for one (1) fiscal year to Medicaid-enrolled physician groups with at least five hundred (500) physician members that contract with a public general hospital located in an economically underserved area of the District to deliver at least one (1) of the following services to Medicaid beneficiaries: inpatient, emergency department, or intensive care physician services. These supplemental payments will continue to mitigate the financial losses of eligible physician group practices that offer critically important services to Medicaid beneficiaries in the District’s economically underserved areas.

Published 9.20.24.

2. **COLLABORATIVE CARE SERVICES AND INTERPROFESSIONAL CONSULTATION EMERGENCY & PROPOSED RULE** – Amends Chapter 9 of Title 29 of DCMR. This rulemaking adds collaborative care services and interprofessional consultation as behavioral health services. This rulemaking also clarifies that DHCF reimburse the entire class of physician-administered drugs at one hundred percent (100%) of Medicare rates. Prior to October 1, 2023, these drugs were reimbursed at eighty percent (80%) of Medicare rates; the rates are being increased in order to improve access to this class of drugs.

Published 10.11.24.

3. **MEDICATION THERAPY MANAGEMENT PROPOSED RULE** – This rule amends Chapter 27 of Title 29 DCMR. This rulemaking adds a new section to outline service definitions, eligibility, provider qualifications, and reimbursement for Medication Therapy Management (“MTM”), a new benefit provided under the District of Columbia Medicaid State Plan. MTM encompasses a range of person-centered, pharmacist-provided services that optimize therapeutic outcomes for beneficiaries.

Published 10.11.24.