

Table of Contents

State/Territory Name: **District of Columbia**

State Plan Amendment (SPA) #: **23-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 22, 2024

Melisa Byrd
Senior Deputy Director/Medicaid Director
Department of Health Care Finance
441 4th Street, NW, 9th Floor, South
Washington, DC 20001

Re: DC State Plan Amendment (SPA) #23-0015

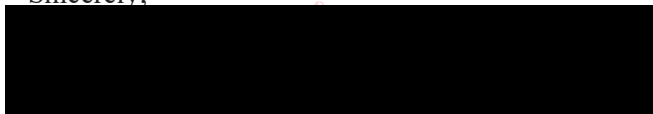
Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #23-0015. This amendment proposes several changes to update, clarify, and streamline language in the state plan. The proposed changes include: 1) streamlining language that describes certain therapy modalities, which are available under the Counseling/Therapy service benefit, 2) updating supervision requirements for behavioral health providers in Federally Qualified Health Centers (consistent with District Law), 3) clarifying education and experience requirements for credentialed staff able to provide State Plan rehabilitative services, and 4) updating rates for select behavioral health services according to the fee schedule.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR §440.130 and §440.225. This letter is to inform you that the District of Columbia's Medicaid SPA #23-0015 was approved on January 22, 2024, with an effective date of November 1, 2023.

If you have any questions, please contact Terri Fraser at 410-786-5573 or via email at Terri.Fraser@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Eugene Simms
Mario Ramsey

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
DC 23-0015

2. STATE:
District of Columbia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
November 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION:
42 CFR §440.130, 42 CFR §440.225,

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars):
a. FFY 2024 \$6,358,100
b. FFY 2025 \$7,780,943

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 1 to Attachment 3.1-A, p. 40
Supplement 6 to Attachment 3.1-A, p. 1-22, **22a (NEW)**
Supplement 1 to Attachment 3.1-B p. 39
Supplement 3 to Attachment 3.1-B, p 1-22, **22a (NEW)**
Attachment 4.19-B, p. 13a
Supplement 2 to Attachment 4.19-B, p. 1-2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
TN # 16-009 Supplement 1 to Attachment 3.1-A, p. 40
TN # 23-0007 Supplement 6 to Attachment 3.1-A, p. 1, 17-17a,
TN # 21-0010 Supplement 6 to Attachment 3.1-A, p 2-16, 18-22
TN # 16-009 Supplement 1 to Attachment 3.1-B, p. 39
TN # 23-0007 Supplement 3 to Attachment 3.1-B, p 1, 17-17a,
TN # 21-0010 Supplement 3 to Attachment 3.1-B, p 2-16, 18-22
TN # 23-0013 Attachment 4.19-B, p. 13a
TN # 23-0013 Supplement 2 to Attachment 4.19-B, p. 1-2

9. SUBJECT OF AMENDMENT: To streamline and simplify the District's behavioral health rehabilitative services benefit by removing various therapy modalities from State Plan pages. To update supervision requirements for behavioral health providers in Federally Qualified Health Centers, in accordance with District law. To clarify education and experience requirements for credentialed staff able to provide State Plan rehabilitative services. To update rates for select behavioral health services according to the fee schedule, set by the Department of Health Care Finance on November 1, 2023.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
D.C. Act: 22-434

AGENCY OFFICIAL

12. TYPED NAME
Melisa Byrd

13. TITLE
Senior Deputy Director/Medicaid Director

14. DATE SUBMITTED
11/14/2023

15. RETURN TO
Melisa Byrd
Senior Deputy Director/Medicaid Director
Department of Health Care Finance
441 4th Street, NW, 9th Floor, South
Washington, DC 20001

FOR CMS USE ONLY

16. DATE RECEIVED
11/14/2023

17. DATE APPROVED
01/22/2023

PLAN APPROVED – ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
11/1/2023

19. SIGNATURE


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE
Director, Division of Program Operations

22. REMARKS
12/06/23 – Per the District's request, a P&I change to Box 7 was made.

Terminology (CPT) codes. Such codes include psychiatric diagnosis, health and behavioral health assessment treatment, individual psychotherapy, family therapy and pharmacologic management. DHCF shall issue a transmittal to the FQHCs which shall include the specific CPT codes including any billing requirements for covered Behavioral Health services. FQHCs that deliver substance abuse services must be certified by the Department of Behavioral Health.

b. Covered Behavioral Health services as set forth in this section shall be delivered by the following health care professionals, who shall be licensed in accordance with the District of Columbia's statutory requirements on scope of practice or the applicable professional practices act within the jurisdiction where services are provided:

- i. A physician, including a psychiatrist;
- ii. An APRN;
- iii. A psychologist;
- iv. A licensed independent clinical social worker;
- v. A licensed independent social worker;
- vi. A licensed graduate social worker;
- vii. A licensed professional counselor;
- viii. A licensed marriage and family therapist; and,
- ix. A licensed psychologist associate.

4. Preventive and Diagnostic Dental Services

a. Covered Preventive and Diagnostic Dental services may include the following procedures:

- i. Diagnostic procedures – clinical oral examinations, radiographs, diagnostic imaging, tests and examinations; and
- ii. Preventive procedures – dental prophylaxis, topical fluoride treatment (office procedure), space maintenance (passive appliances and sealants).

b. All Preventive and Diagnostic Dental services shall be provided in accordance with the requirements, including any limitations, as set forth in Supplement 1 to Attachment 3.1-A, page 12, Section 10; Supplement 1 to Attachment 3.1-B, page 11, section 10.

c. Each provider of preventive Diagnostic Dental services, with the exception of children's fluoride varnish treatments, shall be a dentist or dental hygienist, working under the supervision of a dentist, who provide services consistent with the District of Columbia's statutory requirements on authorized scope of practice, or consistent with the applicable professional practices act within the jurisdiction where services are provided.

13. Other Diagnostic, Screening, Preventive, and Rehabilitative Services i.e., Other Than Those Provided Elsewhere in this Plan

- a. Diagnostic Services are delivered pursuant to Supplement 1 to Attachment 3.1-A.
- b. Screening Services are delivered pursuant to Supplement 1 to Attachment 3.1-A.
- c. Preventive Services are delivered pursuant to Supplement 1 to Attachment 3.1-A.
- d. Rehabilitative Services are covered for Medicaid-eligible individuals who are in need of mental health or substance use services. Covered services include: I) Mental Health Rehabilitative Services; II) Adult Substance Use Rehabilitative Services; III) Behavioral Health Stabilization Services; and IV) Transition Planning Service.

I. MENTAL HEALTH REHABILITATIVE SERVICES (“MHRS”) are available to all Medicaid-eligible individuals who have mental illness or a serious emotional disturbance and are in need of mental health services, and elect to receive, or have a legally authorized representative elect on their behalf, Mental Health Rehabilitative Option Services (“mental health rehabilitative services”). Consistent with EPSDT requirements, MHRS are available to all Medicaid-eligible individuals, including those under age twenty-one (21).

A. MHRS offer a continuum of care for people with complex needs through intensive, community-based services to reduce the functional impact of mental illness or serious emotional disturbance and support transitions to less intensive levels of care. Covered MHRS are:

1. Screening, Assessment, and Diagnosis – Attachment 3.1A, Supp. 6
2. Medication Management– Attachment 3.1A, Supp. 6
3. Counseling/Therapy – Attachment 3.1A, Supp. 6
4. Community Support– Attachment 3.1A, Supp. 6
5. Crisis/Emergency Services– Attachment 3.1A, Supp. 6
6. Clinical Care Coordination– Attachment 3.1A, Supp. 6
7. Rehabilitation Day Services– Attachment 3.1A, Supp. 6
8. Intensive Day Treatment (“IDT”) – Attachment 3.1A, Supp. 6
9. Community Based Intervention (“CBI”) – Attachment 3.1A, Supp. 6
10. Assertive Community Treatment (“ACT”) – Attachment 3.1A, Supp. 6
11. Psychosocial Rehabilitative (“Clubhouse”) Services– Attachment 3.1A, Supp. 6

B. MHRS Provider Qualifications

1. MHRS must be provided through certified MHRS providers and comply with the requirements set forth in the District of Columbia Municipal Regulations. Each MHRS provider’s standards and qualifications shall include, but are not limited to, the following:
 - a. Be certified as an MHRS provider by the District of Columbia (“District”) Department of Behavioral Health (“DBH”);

- b. Demonstrate the administrative and financial management capability to meet District of Columbia and federal requirements;
- c. Demonstrate the clinical capacity and ability to provide services to individuals needing MHRS;
- d. Maintain individual case records in accordance with District of Columbia and federal requirements;
- e. Have policies and procedures that require services to be provided in accordance with DBH-established, service-specific standards. Each MHRS provider during the certification process shall submit its policies to DBH for review and approval; and
- f. Have a written complaint and grievance policy and shall provide all consumers with notice of the policy upon initiation of services.

C. Practitioner Qualifications

1. Practitioners Eligible to Recommend MHRS

MHRS must be recommended by one of the following Qualified Practitioners licensed to diagnose mental illness or serious emotional disturbance, to the extent permitted by and in accordance with District law and regulations:

- a. Psychiatrists - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- b. Psychologists - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- c. Licensed Independent Clinical Social Workers (“LICSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law
- d. Advanced Practice Registered Nurses (“APRNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- e. Licensed Professional Counselors (“LPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- f. Licensed Marriage and Family Therapists (“LMFTs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- g. Physician Assistants (“PAs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- h. Licensed Graduate Professional Counselors (“LGPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.; and
Licensed Graduate Social Workers (“LGSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.

2. Practitioners Eligible to Provide MHRS

MHRS must be delivered by Eligible Practitioners. There are three (3) categories of Eligible Practitioners:

- a. Qualified Practitioners eligible to recommend and deliver MHRS- Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.;
- b. Other Qualified Practitioners who are eligible to deliver MHRS, but not recommend MHRS, to the extent permitted by and in accordance with District law and regulations, including any applicable supervision requirements:
 - i. Registered Nurses (“RNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - ii. Licensed Independent Social Workers (“LISWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - iii. Psychology Associates - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - iv. Certified Addiction Counselors I & II (“CACs”) under the supervision of a qualified practitioner in accordance with District law. Requirements of CACs are as follows:
 1. CAC I must possess at least an Associate’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least five hundred (500) hours of supervised experience in accordance with District law, and pass the National Association of Alcohol and Drug Abuse Counselors – National Certification Commission (NAADAC-NCC) Level I examination;
 2. CAC II must possess at least a Bachelor’s degree in a health or human services field (or its equivalent as defined in District law), obtain at least one hundred eighty (180) hours of supervised experience in accordance with District law, and pass the NAADAC-NCC Level II examination;
 - v. Licensed Practical Nurses (“LPNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.; and
- c. Credentialed Staff under the supervision of Qualified Practitioners identified in #1 and #2 above. The requirements for credentialed staff are as follows:
 - i. High school diploma or high school equivalency and,
 - ii. Personal experience with the mental health services system through the receipt of services or one cumulative year of the provision of supports to adults with mental illness and youth with mental illness or serious emotional disturbance.

The authority for each category and subcategory of Eligible Practitioners to deliver MHRS are described within each service category provided below.

D. MHRS Services and Definitions

1. Screening, Assessment, and Diagnosis

TN: 23-0015
Supersedes
TN: 21-0010

Approval Date: 01/22/2024

Effective Date: November 1, 2023

- a. Definition: Screening, Assessment, and Diagnosis services represent an initial evaluation and the ongoing collection of relevant information (using any assessment instruments specified by DBH) about an individual who may require MHRS and any needed referrals to other behavioral health services. Covered Services include:
- i. Initial Assessment: Determination of an individual's need for MHRS or other types of behavioral health treatment or support services.
 - ii. Comprehensive Diagnostic Assessment: Comprehensive clinical and functional evaluation of a consumer's mental health condition(s) that results in the issuance of a Diagnostic Assessment Report. The report includes a clinical formulation and recommendations for service delivery that provide the basis for the development of an individualized Plan of Care. A Comprehensive Diagnostic Assessment shall determine, based on the consumer's diagnosis, strengths, barriers, and recovery goals, which MHRS are appropriate and/or which other behavioral health, human, or social services are needed. The Comprehensive Diagnostic Assessment shall also evaluate the consumer's level of readiness and motivation to engage in treatment, and screen and assess the need for evidence-based practices, as appropriate and applicable.
 - iii. Ongoing Diagnostic Assessment: If there is a valid Diagnostic Assessment Report available, the Ongoing Diagnostic Assessment is used to update, validate, and assess a consumer's current treatment and support needs. The Ongoing Diagnostic Assessment should result in an updated Diagnostic Assessment Report.
- b. Limitations: Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners who may provide Screening, Assessment, and Diagnosis services are: Psychiatrists, Psychologists, LICSWs, APRNs, LPCs, LMFTs, PAs, LGPCs, and LGSWs. 2) Qualified Practitioners who may provide Screening and Assessment, but not Diagnosis Services, are: RNs, LISWs, and Psychology Associates. 3) Credentialed Staff under supervision of a Qualified Practitioner licensed to practice independently may provide Screening Services, but not Assessment or Diagnosis Services.

2. Medication Management

- a. Definition: Medication Management services are medical services and interventions including: physical examinations; prescription, supervision, or administration of medications; monitoring and interpreting results of laboratory diagnostic procedures related to medications; and medical interventions needed for effective mental health treatment, provided as either an individual or group intervention. Medication Management services include

monitoring the side effects and interactions of medications and the adverse reactions a consumer may experience, and providing restorative information and direction for symptom and medication self-management. Group Medication Management shall be therapeutic, educational, and interactive with a strong emphasis on group member selection and shall facilitate therapeutic peer interaction and support.

- b. Limitations: No annual limits.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, APRNs, 2) Qualified Practitioners who may provide Medication Management services but not diagnostic services: PAs, RNs, and LPNs.

3. Counseling/Therapy

- a. Definition: Counseling/Therapy services are comprised of a direct, interactive process conducted in individual, group, or family settings and focused on assisting a consumer who is manifesting a mental illness or emotional disturbance. Counseling/Therapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable. Counseling/Therapy aims to cultivate the awareness, skills, and supports to facilitate long-term recovery from mental illness and emotional disturbance, and addresses the specific issues identified in an individual's treatment plan. Counseling/Therapy shall be conducted in accordance with the requirements established in District regulations as follows:
 - i. Individual Counseling/Therapy: direct interaction with a consumer for the purpose of supporting the individual's recovery.
 - ii. Group Counseling/Therapy: engagement with two or more consumers that facilitates disclosure of issues that permit generalization to a larger group; promotes help-seeking and supportive behaviors; encourages productive and positive interpersonal communication; provides psycho-education; and develops motivation through peer collaboration and encouragement, and structured and constructive feedback.
 - iii. Family Counseling/Therapy: planned, goal-oriented therapeutic interaction between a qualified practitioner, the consumer, and his or her family. Family Counseling/Therapy may occur without the consumer present if it is for the benefit of the consumer and related to recovery from mental illness or emotional disturbance. A family member is someone with whom the consumer has a significant relationship and whose participation is important to the consumer's recovery.
 - iv. Family therapy service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the

beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

- b. Limitations: Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, LMFTs, LGSWs, LGPCs, and Psychology Associates.

4. Community Support

- a. Definition: Community Support services are rehabilitative, psychoeducational, and supportive services to assist the consumer in achieving rehabilitation and recovery goals that focus on mental health wellness. Community Support services include:
 - i. Participation in the team developing and implementing a consumer's individualized Plan of Care;
 - ii. Mental health interventions to increase and improve independent and community living skills, social skills, and support networks, and address social determinants of health, in order to ameliorate life stresses resulting from the consumer's mental illness or emotional disturbance. This service does not include services provided at prisons or institutions for mental disease, as defined for the purposes of Medicaid reimbursement.;
 - iii. Provide restorative information to the consumer, and restorative information and consultation to the consumer's family and support system that is directed exclusively to the well-being and benefit of the consumer; Community support service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.
 - iv. Individual mental health interventions (e.g., psychoeducation, problem solving, coaching, reflection, feedback) for the development of interpersonal and community coping skills that allow consumers to function effectively in their key life roles, including adapting to home, school, and work environments;
 - v. Assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms, which interfere with the consumer's daily living, financial management, personal development, or school or work performance;
 - vi. Developing strategies and supportive mental health interventions via

- identification of community resources and referrals and linkages to other services that address the consumer's social determinants of health, avoid out-of-home placements, and build stronger support networks;
- vii. Developing mental health relapse prevention strategies and plans and coaching the consumer to implement them and teaching the consumer and the consumer's family and support system to recognize and manage possible triggers that could destabilize recovery efforts, in order to prevent crisis; and
 - viii. Providing non-clinical care coordination for consumer including linkages and referrals to inpatient hospital stays and SUD residential treatment as covered under ASURS. Transitions of care shall be provided within five (5) calendar days after a consumer enters an eligible institutional setting or within thirty (30) calendar days prior to a consumer's discharge from an eligible institutional setting. This service does not include services provided at prisons or institutions for mental disease, as defined for the purposes of Medicaid reimbursement
- b. Limitations: Authorization is required in accordance with applicable regulations.
 - c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychology Associates, and PAs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff.

5. Crisis/Emergency Services

- a. Definition: Crisis/Emergency Services are immediate face-to-face or telephonic responses to a mental health emergency that are available twenty-four (24) hours per day, seven (7) days per week. Crisis/Emergency Services are provided by DBH-certified Core Services Agencies (CSAs) to their consumers involved in an active crisis. Services consist of an immediate response to evaluate and screen the presenting situation, assist in immediate crisis stabilization and resolution, and ensure the consumer's access to any needed follow-up care at the appropriate level, providing the necessary consultation to any such follow-up provider during the transfer in care. The CSA shall adjust its staffing to meet the requirements for an immediate response.
- b. Limitations: Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychology Associates, and PAs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff.

6. Clinical Care Coordination

TN: 23-0015
Supersedes
TN: 21-0010

Approval Date: 01/22/2024

Effective Date: November 1, 2023

- a. Definition: Clinical Care Coordination (“CCC”) is the coordination of care between the behavioral health clinician and the clinical personnel of an external provider (e.g., primary care, another behavioral health provider, or hospital). CCC occurs when the practitioner via direct face-to-face contact, video-conferencing, or telephone, communicates treatment needs, assessments, and treatment information to external health care providers and facilitates appropriate linkages with other health care professionals, including transitions into or from higher levels of care or institutional settings. CCC also includes treatment planning and Plan of Care implementation activities when the clinician and consumer are directly meeting. CCC services adopts a “whole-person” approach to address the consumer’s needs related to physical health, behavioral health, and social determinants of health.
- b. Limitations: No annual limits.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, and PAs.

7. Rehabilitation Day Services

- a. Definition: Rehabilitation Day Services is a structured clinical program intended to develop skills and foster social role integration through a range of social, psychoeducational, behavioral, and cognitive mental health interventions. Rehabilitation Day Services are curriculum-driven and assist the consumer in the retention or restoration of community living, socialization, and adaptive skills. Rehabilitation Day Services are offered most often in group settings, but may be provided individually. Rehabilitation day services include:
 - i. Assisting the consumer in developing instrumental activities of daily living (IADL) to strengthen the consumer’s independent living and social skills, including the ability to make decisions regarding self-care;
 - ii. Mental health interventions to improve socialization skills, coping skills, and health and wellness skills including education on self-management of symptoms, medications and side effects, and promote the use of resources to integrate the consumer into the community;
 - iii. Providing coaching and therapy that facilitates consumer choice and active involvement of consumers in their mental health recovery;
 - iv. Developing supportive mental health interventions through goal-setting and strategy development through which consumers can influence and shape service development
- b. Limitations: Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists,

LICSWs, APRNs, LISWs, LMFTs, LPCs, RNs, LGSWs, LGPCs, Psychology Associates, and PAs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff.

8. Intensive Day Treatment

- a. Definition: Intensive Day Treatment (“IDT”) is a structured, intensive, and coordinated acute treatment program that serves as an alternative to acute inpatient treatment or as a step-down service from inpatient care, and is rendered by an inter-disciplinary team to provide stabilization of psychiatric impairments. IDT shall be time-limited and available for no less than five (5) hours a day, seven (7) days a week. Daily physician and nursing services are essential components of this service.

IDT offers short-term, day programming consisting of therapeutically intensive, acute, and active treatment. The IDT provider shall provide services that closely resemble the intensity and comprehensiveness of inpatient services. Intensive Day Treatment shall include psychiatric, other medical, nursing, social work, medication management, care coordination, and psychology services focusing on timely crisis intervention and psychiatric stabilization so that consumers can return to their normal daily lives. IDT services shall only be provided to consumers who are not a danger to themselves or others, but who have behavioral health issues that are incapacitating and which interfere with their ability to carry out daily activities.

IDT services shall be provided within a structured program of care which offers individualized, strengths-based, active, and timely treatment directed toward the alleviation of the impairment which caused the admission to IDT. IDT shall be an active treatment program that consists of documented mental health interventions that address the individualized needs of the consumer, as identified in the Plan of Care. IDT services and interventions consist of structured individual and group activities and therapies that are planned and goal-oriented and provided under active psychiatric supervision.

- b. Limitations Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychology Associates, and PAs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff

9. Community Based Intervention

- a. Definition: Community Based Intervention (“CBI”) services are time-limited

intensive mental health intervention services delivered to children, youth, and young adults, intended to prevent the utilization of an out-of-home therapeutic resource by the consumer (i.e., psychiatric hospital or residential treatment facility). These services are available twenty-four (24) hours a day, seven (7) days a week. CBI shall be conducted in accordance with the requirements established in District regulations as follows:

- i. CBI Level I
- ii. CBI Level II
- iii. CBI Level III
- iv. Functional Family Therapy

Community based intervention includes services that: diffuse the current situation to reduce the likelihood of the need for more intensive therapeutic interventions; provide referrals to other social, mental and physical health services; provide mental health service and support interventions that develop and improve the ability of parents, legal guardians, or significant others to provide care; and support transitions of care for consumers beginning or ending CBI.

Community based intervention service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

- b. Limitations: Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, LMFTs, LGSWs, LGPCs, and Psychology Associates. Practitioners shall meet training requirements for the modality being provided pursuant to applicable District regulations.

10. Assertive Community Treatment

- a. Definition: Assertive Community Treatment ("ACT") is an intensive integrated rehabilitative, crisis, treatment, and mental health community support provided by an interdisciplinary team to individuals with serious and persistent mental illness. ACT services are provided to consumers in accordance with their individualized Plan of Care and using the evidence-based practice model adopted by DBH, which establishes service implementation expectations. Service coverage by the ACT Team is required twenty-four (24) hours per day, seven (7) days per week. Consistent with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements, these services are provided to individuals under twenty-one (21) if medically necessary.

ACT shall include a comprehensive and integrated set of medical and psychosocial services for the treatment of the consumer's mental health condition that is provided in non-office settings by the consumer's ACT Team. The ACT Team provides MHRS community support services that are interwoven with treatment and rehabilitative services and regularly scheduled team meetings.

Rehabilitative services offered by the ACT Team will be prior authorized and covered for Medicaid eligible individuals who are in need of mental health or substance abuse services due to mental illness, serious emotional disturbance, or substance use disorder. Services shall include:

- i. Completion of comprehensive and ongoing assessments and development and updating of a self-care-oriented Plan of Care (if a current and effective one does not already exist);
- ii. Medication prescription, administration, and monitoring (excluding MAT);
- iii. Crisis assessment and intervention;
- iv. Symptom assessment and management;
- v. Individual and group counseling/therapy;
- vi. Substance use disorder treatment for consumers with a co-occurring substance use disorder;
- vii. Psychosocial rehabilitation and skill development;
- viii. Interpersonal social and interpersonal skill training;
- ix. Education, support, and consultation to consumers' families and/or their support system, which is directed exclusively to the well-being and benefit of the consumer;
- x. Referrals and linkages to other services that address the consumer's social determinants of health
- xi. Daily living skills training and acquisition; and
- xii. Coordination of medical and psychosocial services, including supporting transitions of care for consumers within five (5) calendar days after a consumer enters an eligible institutional setting or within thirty (30) calendar days prior to a consumer's discharge from an institutional setting.

Assertive Community Treatment service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

- b. Limitations: Authorization is required in accordance with applicable regulations.

- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychology Associates, PAs, and CACs. 2) Under supervision of certain Qualified Practitioners, per applicable District law and regulations: Credentialed Staff.

11. Psychosocial Rehabilitative (“Clubhouse”) Services

- a. Definition: Psychosocial Rehabilitation (“Clubhouse”) Service is an evidence-based practice that utilizes behavioral, cognitive, and supportive interventions to assist individuals with mental health diagnoses via a work-ordered day provided primarily in a group rehabilitative setting and in a collaborative environment where Clubhouse staff and members work side-by-side to operate the program. Component services for Clubhouse Service include:
- i. Identifying and managing situations and prodromal symptoms to reduce the frequency, duration, and severity of psychological relapses;
 - ii. Improving functional competence to respond to a psychiatric crisis;
 - iii. Improving functional competence to understand the role psychotropic medications play in the stabilization of the individual’s well-being;
 - iv. Increasing independent living competencies;
 - v. Strengthening of social and interpersonal abilities;
 - vi. Increasing personal adjustment abilities to reduce dependency on professional caregivers and to enhance independence;
 - vii. Increasing cognitive and adult role competency;
 - viii. Identifying and developing of organizational support; and
 - ix. Identifying and developing existing natural supports for addressing personal needs.
- b. Limitations: No annual limits.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, LPCs, LMFTs, PAs, LGSWs, LGPCs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff. Credentialed Staff must meet the following requirements:

Practitioners shall meet additional training and professional experience requirements as specified in applicable District regulations.

REMAINDER OF THIS PAGE LEFT INTENTIONALLY BLANK

PAGE LEFT INTENTIONALLY BLANK

TN: 23-0015
Supersedes
TN: 21-0010

Approval Date: 01/22/2024

Effective Date: November 1, 2023

PAGE LEFT INTENTIONALLY BLANK

TN: 23-0015
Supersedes
TN: 21-0010

Approval Date: 01/22/2024

Effective Date: November 1, 2023

PAGE LEFT INTENTIONALLY BLANK

TN: 23-0015
Supersedes
TN: 21-0010

Approval Date: 01/22/2024

Effective Date: November 1, 2023

PAGE LEFT INTENTIONALLY BLANK

TN: 23-0015
Supersedes
TN: 21-0010

Approval Date: 01/22/2024

Effective Date: November 1, 2023

PAGE LEFT INTENTIONALLY BLANK

ADULT SUBSTANCE USE REHABILITATIVE SERVICES (“ASURS”) are available to all Medicaid-eligible individuals who elect to receive medically necessary treatment for substance use disorder (“SUD”).

ASURS are intended to reduce or ameliorate SUD through therapeutic interventions that assist an individual in restoring maximum functionality. Consistent with EPSDT requirements, these services are provided to individuals under twenty-one (21), if medically necessary.

A. Covered ASURS services are:

1. Screening, Assessment, and Diagnosis– Attachment 3.1A, Supp. 6
2. Clinical Care Coordination (“CCC”) – Attachment 3.1A, Supp. 6
3. Crisis Intervention– Attachment 3.1A, Supp. 6
4. Counseling/Therapy– Attachment 3.1A, Supp. 6
5. Medication Management– Attachment 3.1A, Supp. 6
6. Recovery Support Services (“RSS”) – Attachment 3.1A, Supp. 6
7. Methadone Services in Opioid Treatment Programs– Attachment 3.1A, Supp. 6
8. Medically Monitored Inpatient Withdrawal Management (“MMIWM”) – Attachment 3.1A, Supp. 6

B. ASURS Program Assurances

As the single state agency for the administration of the medical assistance program (“Medicaid”), the Department of Health Care Finance (“DHCF”) assures state-wideness and comparability for ASURS treatment. Additionally, Medicaid beneficiaries shall maintain free choice of providers for ASURS treatment programs, and practitioners in accordance with 42 C.F.R. § 431.51.

The Medicaid eligibility determination process shall facilitate assurance that there will be no duplication of services or claiming between fee-for-service ASURS treatment and any SUD treatment services delivered through Medicaid managed care contractors.

DHCF assures that federal financial participation (FFP) shall not be available for services provided to individuals who are incarcerated.

C. ASURS Program Exclusions

Medicaid reimbursement for ASURS treatment is not available for the following:

1. Treatment for inmates in public institutions, as defined in 42 C.F.R. § 435.1010;
2. Room and board;
3. Transportation services;
4. Educational, vocational, and job training services;
5. Services delivered as a component of human subjects research or clinical trials;
6. Educational, vocational, and job training services;
7. Screening and prevention services (other than those provided under EPSDT)

- requirements)
8. Services rendered by parents or other family members including biological, step, and adopted relatives;
 9. Legal services;
 10. Services that are not provided and documented in accordance with DBH-established, service--specific standards;
 11. Social or recreational services;
 12. Services which are not medically appropriate as determined by the District Medicaid program; and
 13. Services furnished to persons other than the consumer, when those services are not directed exclusively to the well-being and benefit of the consumer.

D. ASURS Provider Qualifications

1. Practitioners Eligible to Recommend ASURS

ASURS must be recommended by one of the following Qualified Practitioners licensed to diagnose SUD, to the extent permitted by and in accordance with District law and regulations:

- a. Physicians- Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- b. Psychologists- Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- c. Licensed Independent Clinical Social Workers (“LICSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- d. Licensed Professional Counselors (“LPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- e. Licensed Marriage and Family Therapists (“LMFTs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- f. Advanced Practice Registered Nurses (“APRNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- g. Licensed Independent Social Workers (“LISWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- h. Licensed Graduate Professional Counselors (“LGPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law; and
- i. Physician Assistants (“PAs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.

2. Practitioners Eligible to Provide ASURS

ASURS must be delivered by Eligible Practitioners. There are three (3) categories of Eligible Practitioners:

- a. Qualified Practitioners eligible to deliver and recommend ASURS - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.;
- b. Other Qualified Practitioners who are eligible to deliver ASURS, but not recommend ASURS, to the extent permitted by and in accordance with District law and regulations, including any applicable supervision requirements:
 - i. Psychology Associates; - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - ii. Licensed Graduate Social Workers (“LGSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
Registered Nurses (“RNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - iii. Certified Addiction Counselors I and II (“CACs”) – Licensed/certified by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - i. Certified Addiction Counselors I & II (“CACs”) under the supervision of a qualified practitioner in accordance with District law.
Requirements of CACs are as follows:
 1. CAC I must possess at least an Associate’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least five hundred (500) hours of supervised experience in accordance with District law, and pass the National Association of Alcohol and Drug Abuse Counselors – National Certification Commission (NAADAC-NCC) Level I examination;
 2. CAC II must possess at least a Bachelor’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least one hundred eighty (180) hours of supervised experience in accordance with District law, and pass the NAADAC-NCC Level II examination; and,
- c. Credentialed Staff to the extent permitted by and in accordance with District law and regulations, including any applicable supervision requirements. The requirements for credentialed staff are as follows:
 - i. High school diploma or high school equivalency and,
 - ii. Personal experience with the mental health services system through the receipt of services or one cumulative year of the provision of supports to adults with mental illness and youth with mental illness or serious emotional disturbance.

F. ASURS Services and Definitions

1. Crisis Intervention

- a. Definition: Crisis Intervention Services are immediate face-to-face or telephonic responses to a substance use emergency that are available twenty-four (24) hours per day, seven (7) days per week. Crisis/Emergency Services are provided to clients involved in an active crisis. Services consist of an immediate response to evaluate and screen the presenting situation, assist in immediate crisis stabilization and resolution, and ensure the individual's access to any needed follow-up care at the appropriate level, providing the necessary consultation to any such follow-up provider during the transfer in care. The Crisis/Emergency Services provider shall adjust its staffing to meet the requirements for an immediate response.
- b. Limitations: Crisis Intervention shall not be billed on the same day as MMIWM.
- c. Eligible Practitioners: 1) Qualified Practitioners: Physicians, Psychologists, LICSWs, LPCs, LMFTs, LGSWs, APRNs, RNs, LISWs, PAs, LGPCs, CACs, and Psychology Associates.

2. Recovery Support Services (“RSS”)

- a. Definition: RSS are non-clinical services that assist the individual in achieving or sustaining recovery from an SUD. RSS are available to individuals with an SUD who are currently in treatment or have moved into recovery from substance use, and individuals who have self-identified with SUD, but are assessed as not needing treatment. Services include but are not limited to goal setting and monitoring; making referrals; assisting with linkages (including supporting transitions of care for clients within five (5) calendar days after a client enters an eligible institutional setting or within thirty (30) calendar days prior to a client's discharge from an eligible institutional setting); assisting with the completion of benefits, housing or financial forms; assisting with strategy development and coping skills; providing education around social skill development and life skills.
- b. Limitations: No limitations.
- c. Eligible Practitioners: 1) Qualified Practitioners are: Physicians, Psychologists, LICSWs, LPCs, LMFTs, LGSWs, APRNs, LISWs, LGPCs, CACs, and Psychology Associates. 2) Credentialed Staff to the extent permitted by and in accordance with District law and regulations, including any applicable supervision requirements.

3. Methadone Services in Opioid Treatment Programs

- a. Methadone is a medication used in Medication Assisted Treatment (MAT) of opioid use disorder (OUD). MAT is the use of pharmacotherapy in conjunction with Counseling/Therapy for treatment of substance use disorders. Methadone for treatment of OUD is provided in opioid treatment programs (OTPs). A beneficiary who receives methadone must also receive Counseling/Therapy, as clinically necessary. Use of this service should be in accordance with ASAM service guidelines and practice guidelines issued by the Department of Behavioral Health. Methadone Services in OTPs are described in Supplement 1 to Attachment 3.1-A. page 20.

4. Medically Monitored Inpatient Withdrawal Management ("MMIWM")

- a. Definition: A 24-hour, medically directed evaluation and withdrawal management program that provides a mixture of professional SUD treatment services in accordance with ASAM criteria. MMIWM is the appropriate level of care for individuals who are assessed as meeting the ASAM criteria for Level 3.7 withdrawal management. The service is for individuals with sufficiently severe signs and symptoms of withdrawal from psychoactive substances or alcohol such that medical and nursing care monitoring and services are necessary, but hospitalization is not needed.
- b. Limitations: A MMIWM stay shall not exceed five (5) days without authorization from DBH, in accordance with applicable regulations and billing procedures. A MMIWM provider shall not bill CCC for a client on the same day as rendering MMWIM to such client. MMIWM shall not be billed on the same day as Crisis Intervention, Medication Management, and Methadone Services in OTPs.
- c. Eligible Practitioners: 1) Qualified Practitioners: Physicians, Psychologists, PAs, RNs, LICSWs, LISWs, LGSWs, APRNs, LPCs, LMFTs, LGPCs, CACs, and Psychology Associates.

BEHAVIORAL HEALTH STABILIZATION SERVICES ("STABILIZATION") address a behavioral health crisis event which requires a non-hospitalization response. Behavioral Health Stabilization services are twenty-four (24) hours per day, seven (7) days per week, year-round services that address an unplanned event requiring a response when an individual struggles to manage their psychiatric or substance use related symptoms without de-escalation or other intervention. This also includes situations in which daily life challenges result in or put an individual at risk of an escalation in symptoms. These services are community-based and intended for individuals who are experiencing a behavioral health crisis. Stabilization services are:

- A. Comprehensive Psychiatric Emergency Program ("CPEP")
- B. Adult Mobile Crisis and Outreach

- C. Youth Mobile Crisis
- D. Psychiatric Crisis Stabilization.

A. Provider Qualifications

Stabilization services must be recommended by one of the following:

- 1) Qualified Practitioners, to the extent permitted by and in accordance with District law and regulations:
 1. Psychiatrists- Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 2. Physicians- Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 3. Psychologists - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 4. Licensed Independent Clinical Social Workers (“LICSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 5. Advanced Practice Registered Nurses (“APRNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 6. Registered Nurses (“RNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 7. Physician Assistants (“PAs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 8. Licensed Independent Social Workers (“LISWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 9. Licensed Professional Counselors (“LPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 10. Licensed Graduate Social Workers (“LGSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 11. Licensed Graduate Professional Counselors (“LGPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 12. Psychology Associates - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 13. Certified Addiction Counselors I & II (“CACs”) under the supervision of a qualified practitioner in accordance with District law. Requirements of CACs are as follows:
 - a. CAC I must possess at least an Associate’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least five hundred (500) hours of supervised experience in accordance with District law, and pass the National Association of Alcohol and Drug Abuse Counselors – National Certification Commission (NAADAC-NCC) Level I examination;

- b. CAC II must possess at least a Bachelor’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least one hundred eighty (180) hours of supervised experience in accordance with District law, and pass the NAADAC-NCC Level II examination;
- 2) Credentialed Staff to the extent permitted by and in accordance with District law and regulations, including any applicable supervision requirements. The requirements for credentialed staff are as follows:
 - 1. High school diploma or high school equivalency and
 - 2. Personal experience with the mental health services system through the receipt of services or one cumulative year of the provision of supports to adults with mental illness or children and youth with mental illness or serious emotional disturbance.

B. Behavioral Health Stabilization Services and Definitions

1. Comprehensive Psychiatric Emergency Program (“CPEP”)

- a. Definition: Comprehensive Psychiatric Emergency Program (CPEP) services are services provided on an emergent basis to individuals experiencing a behavioral health crisis. Consistent with EPSDT requirements, these services are provided to individuals under twenty-one (21), if medically necessary. These services provide or ensure the provision of psychiatric emergency services, which includes the following services:
Brief Psychiatric Crisis: Mental health diagnostic examination, and, as

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

Terminology (CPT) codes. Such codes include psychiatric diagnosis, health and behavioral health assessment treatment, individual psychotherapy, family therapy and pharmacologic management. DHCF shall issue a transmittal to the FQHCs which shall include the specific CPT codes including any billing requirements for covered Behavioral Health services. FQHCs that deliver substance abuse services must be certified by the Department of Behavioral Health.

- b. Covered Behavioral Health services as set forth in this section shall be delivered by the following health care professionals, who shall be licensed in accordance with the District of Columbia's statutory requirements on scope of practice or the applicable professional practices act within the jurisdiction where services are provided:

- i. A physician, including a psychiatrist;
- ii. An APRN;
- iii. A psychologist;
- iv. A licensed independent clinical social worker;
- v. A licensed independent social worker;
- vi. A licensed graduate social worker;
- vii. A licensed professional counselor;
- viii. A licensed marriage and family therapist; and,
- ix. A licensed psychologist associate.

4. Preventive and Diagnostic Dental Services

- a. Covered Preventive and Diagnostic Dental services may include the following procedures:

- i. Diagnostic procedures – clinical oral examinations, radiographs, diagnostic imaging, tests and examinations; and
- ii. Preventive procedures – dental prophylaxis, topical fluoride treatment (office procedure), space maintenance (passive appliances and sealants).

- b. All Preventive and Diagnostic Dental services shall be provided in accordance with the requirements, including any limitations, as set forth in Supplement 1 to Attachment 3.1-A, page 12, Section 10; Supplement 1 to Attachment 3.1-B, page 11, section 10.

- c. Each provider of preventive Diagnostic Dental services, with the exception of children's fluoride varnish treatments, shall be a dentist or dental hygienist, working under the supervision of a dentist, who provide services consistent with the District of Columbia's statutory requirements on authorized scope of practice, or consistent with the applicable professional practices act within the jurisdiction where services are provided.

13. Other Diagnostic, Screening, Preventive, and Rehabilitative Services i.e., Other Than Those Provided Elsewhere in this Plan

- a. Diagnostic Services are delivered pursuant to Supplement 1 to Attachment 3.1-B.
- b. Screening Services are delivered pursuant to Supplement 1 to Attachment 3.1-B.
- c. Preventive Services are delivered pursuant to Supplement 1 to Attachment 3.1-B.
- d. Rehabilitative Services are covered for Medicaid-eligible individuals who are in need of mental health or substance use services. Covered services include: I) Mental Health Rehabilitative Services; II) Adult Substance Use Rehabilitative Services; III) Behavioral Health Stabilization Services; and IV) Transition Planning Service.

I. MENTAL HEALTH REHABILITATIVE SERVICES (“MHRS”) are available to all Medicaid-eligible individuals who have mental illness or a serious emotional disturbance and are in need of mental health services, and elect to receive, or have a legally authorized representative elect on their behalf, Mental Health Rehabilitative Option Services (“mental health rehabilitative services”). Consistent with EPSDT requirements, MHRS are available to all Medicaid-eligible individuals, including those under age twenty-one (21).

A. MHRS offer a continuum of care for people with complex needs through intensive, community-based services to reduce the functional impact of mental illness or serious emotional disturbance and support transitions to less intensive levels of care. Covered MHRS are:

1. Screening, Assessment, and Diagnosis
2. Medication Management
3. Counseling/Therapy
4. Community Support
5. Crisis/Emergency Services
6. Clinical Care Coordination
7. Rehabilitation Day Services
8. Intensive Day Treatment (“IDT”)
9. Community Based Intervention (“CBI”)
10. Assertive Community Treatment (“ACT”)
11. Psychosocial Rehabilitative (“Clubhouse”) Services

B. MHRS Provider Qualifications

1. MHRS must be provided through certified MHRS providers and comply with the requirements set forth in the District of Columbia Municipal Regulations. Each MHRS provider’s standards and qualifications shall include, but are not limited to, the following:
 - a. Be certified as an MHRS provider by the District of Columbia (“District”) Department of Behavioral Health (“DBH”);
 - b. Demonstrate the administrative and financial management capability to meet

- District of Columbia and federal requirements;
- c. Demonstrate the clinical capacity and ability to provide services to individuals needing MHRS;
 - d. Maintain individual case records in accordance with District of Columbia and federal requirements;
 - e. Have policies and procedures that require services to be provided in accordance with DBH-established, service-specific standards. Each MHRS provider during the certification process submit its policies to DBH for review and approval; and
 - f. Have a written complaint and grievance policy and shall provide all consumers with notice of the policy upon initiation of services.

C. Practitioner Qualifications

1. Practitioners Eligible to Recommend MHRS

MHRS must be recommended by one of the following Qualified Practitioners licensed to diagnose mental illness or serious emotional disturbance, to the extent permitted by and in accordance with District law and regulations:

- a. Psychiatrists - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- b. Psychologists - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- c. Licensed Independent Clinical Social Workers (“LICSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law
- d. Advanced Practice Registered Nurses (“APRNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- e. Licensed Professional Counselors (“LPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- f. Licensed Marriage and Family Therapists (“LMFTs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- g. Physician Assistants (“PAs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- h. Licensed Graduate Professional Counselors (“LGPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.; and
Licensed Graduate Social Workers (“LGSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.

2. Practitioners Eligible to Provide MHRS

MHRS must be delivered by Eligible Practitioners. There are three (3) categories of Eligible Practitioners:

- a. Qualified Practitioners eligible to recommend and deliver MHRS - Licensed

- by the District of Columbia to furnish services within their scope of practice in accordance with District law;
- b. Other Qualified Practitioners who are eligible to deliver MHRS, but not recommend MHRS, to the extent permitted by and in accordance with District law and regulations, including any applicable supervision requirements:
 - i. Registered Nurses (“RNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - ii. Licensed Independent Social Workers (“LISWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - iii. Psychology Associates - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - iv. Certified Addiction Counselors I & II (“CACs”) under the supervision of a qualified practitioner in accordance with District law. Requirements of CACs are as follows:
 1. CAC I must possess at least an Associate’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least five hundred (500) hours of supervised experience in accordance with District law, and pass the National Association of Alcohol and Drug Abuse Counselors – National Certification Commission (NAADAC-NCC) Level I examination;
 2. CAC II must possess at least a Bachelor’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least one hundred eighty (180) hours of supervised experience in accordance with District law, and pass the NAADAC-NCC Level II examination;
 - v. Licensed Practical Nurses (“LPNs”); and - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - c. Credentialed Staff under the supervision of Qualified Practitioners identified in #1 and #2 above. The requirements for credentialed staff are as follows:
 - i. High school diploma or high school equivalency and,
 - ii. Personal experience with the mental health services system through the receipt of services or one cumulative year of the provision of supports to adults with mental illness and youth with mental illness or serious emotional disturbance.

The authority for each category and subcategory of Eligible Practitioners to deliver MHRS are described within each service category provided below.

D. MHRS Services and Definitions

1. Screening, Assessment, and Diagnosis

- a. **Definition:** Screening, Assessment, and Diagnosis services represent an initial evaluation and the ongoing collection of relevant information (using any assessment instruments specified by DBH) about an individual who may require MHRS and any needed referrals to other behavioral health services. Covered Services include:
- i. Initial Assessment: Determination of an individual's need for MHRS or other types of behavioral health treatment or support services.
 - ii. Comprehensive Diagnostic Assessment: Comprehensive clinical and functional evaluation of a consumer's mental health condition(s) that results in the issuance of a Diagnostic Assessment Report. The report includes a clinical formulation and recommendations for service delivery that provide the basis for the development of an individualized Plan of Care. A Comprehensive Diagnostic Assessment shall determine, based on the consumer's diagnosis, strengths, barriers, and recovery goals, which MHRS are appropriate and/or which other behavioral health, human, or social services are needed. The Comprehensive Diagnostic Assessment shall also evaluate the consumer's level of readiness and motivation to engage in treatment, and screen and assess the need for evidence-based practices, as appropriate and applicable.
 - iii. Ongoing Diagnostic Assessment: If there is a valid Diagnostic Assessment Report available, the Ongoing Diagnostic Assessment is used to update, validate, and assess a consumer's current treatment and support needs. The Ongoing Diagnostic Assessment should result in an updated Diagnostic Assessment Report.
- b. **Limitations:** Authorization is required in accordance with applicable regulations.
- c. **Eligible Practitioners:** 1) Qualified Practitioners who may provide Screening, Assessment, and Diagnosis services are: Psychiatrists, Psychologists, LICSWs, APRNs, LPCs, LMFTs, PAs, LGPCs, and LGSWs. 2) Qualified Practitioners who may provide Screening and Assessment, but not Diagnosis Services, are: RNs, LISWs, and Psychology Associates. 3) Credentialed Staff under supervision of a Qualified Practitioner licensed to practice independently may provide Screening Services, but not Assessment or Diagnosis Services.

2. Medication Management

- a. **Definition:** Medication Management services are medical services and interventions including: physical examinations; prescription, supervision, or administration of medications; monitoring and interpreting results of laboratory diagnostic procedures related to medications; and medical interventions needed for effective mental health treatment, provided as either an individual or group intervention. Medication Management services include monitoring the side effects and interactions of medications and the adverse reactions a consumer may experience, and providing restorative information

and direction for symptom and medication self-management. Group Medication Management shall be therapeutic, educational, and interactive with a strong emphasis on group member selection and shall facilitate therapeutic peer interaction and support.

- b. Limitations: No annual limits.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, APRNs, 2) Qualified Practitioners who may provide Medication Management services but not diagnostic services: PAs, RNs, and LPNs.

3. **Counseling/Therapy**

- a. Definition: Counseling/Therapy services are comprised of a direct, interactive process conducted in individual, group, or family settings and focused on assisting a consumer who is manifesting a mental illness or emotional disturbance. Counseling/Therapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable. Counseling/Therapy aims to cultivate the awareness, skills, and supports to facilitate long-term recovery from mental illness and emotional disturbance, and addresses the specific issues identified in an individual's treatment plan. Counseling/Therapy shall be conducted in accordance with the requirements established in District regulations as follows:
 - i. Individual Counseling/Therapy: direct interaction with a consumer for the purpose of supporting the individual's recovery.
 - ii. Group Counseling/Therapy: engagement with two or more consumers that facilitates disclosure of issues that permit generalization to a larger group; promotes help-seeking and supportive behaviors; encourages productive and positive interpersonal communication; provides psycho-education; and develops motivation through peer collaboration and encouragement, and structured and constructive feedback.
 - iii. Family Counseling/Therapy: planned, goal-oriented therapeutic interaction between a qualified practitioner, the consumer, and his or her family. Family Counseling/Therapy may occur without the consumer present if it is for the benefit of the consumer and related to recovery from mental illness or emotional disturbance. A family member is someone with whom the consumer has a significant relationship and whose participation is important to the consumer's recovery.
 - iv. Family therapy service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the

beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

- b. Limitations: Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, LMFTs, LGSWs, LGPCs, and Psychology Associates.

4. Community Support

- a. Definition: Community Support services are rehabilitative, psychoeducational, and supportive services to assist the consumer in achieving rehabilitation and recovery goals that focus on mental health wellness. Community Support services include:
 - i. Participation in the team developing and implementing a consumer's individualized Plan of Care;
 - ii. Mental health interventions to increase and improve independent and community living skills, social skills, and support networks, and address social determinants of health, in order to ameliorate life stresses resulting from the consumer's mental illness or emotional disturbance. This service does not include services provided at prisons or institutions for mental disease, as defined for the purposes of Medicaid reimbursement.;
 - iii. Provide restorative information to the consumer, and restorative information and consultation to the consumer's family and support system that is directed exclusively to the well-being and benefit of the consumer; Community support service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.
 - iv. Individual mental health interventions (e.g., psychoeducation, problem solving, coaching, reflection, feedback) for the development of interpersonal and community coping skills that allow consumers to function effectively in their key life roles, including adapting to home, school, and work environments;
 - v. Assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms, which interfere with the consumer's daily living, financial management, personal development, or school or work performance;
 - vi. Developing strategies and supportive mental health interventions via

- identification of community resources and referrals and linkages to other services that address the consumer's social determinants of health, avoid out-of-home placements, and build stronger support networks;
- vii. Developing mental health relapse prevention strategies and plans and coaching the consumer to implement them and teaching the consumer and the consumer's family and support system to recognize and manage possible triggers that could destabilize recovery efforts, in order to prevent crisis; and
 - viii. Providing non-clinical care coordination for consumer including linkages and referrals to inpatient hospital stays and SUD residential treatment as covered under ASURS. Transitions of care shall be provided within five (5) calendar days after a consumer enters an eligible institutional setting or within thirty (30) calendar days prior to a consumer's discharge from an eligible institutional setting. This service does not include services provided at prisons or institutions for mental disease, as defined for the purposes of Medicaid reimbursement.
- b. Limitations: Authorization is required in accordance with applicable regulations.
 - c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychology Associates, and PAs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff.

5. Crisis/Emergency Services

- a. Definition: Crisis/Emergency Services are immediate face-to-face or telephonic responses to a mental health emergency that are available twenty-four (24) hours per day, seven (7) days per week. Crisis/Emergency Services are provided by DBH-certified Core Services Agencies (CSAs) to their consumers involved in an active crisis. Services consist of an immediate response to evaluate and screen the presenting situation, assist in immediate crisis stabilization and resolution, and ensure the consumer's access to any needed follow-up care at the appropriate level, providing the necessary consultation to any such follow-up provider during the transfer in care. The CSA shall adjust its staffing to meet the requirements for an immediate response.
- b. Limitations: Authorization is required in accordance with applicable regulations .
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychology Associates, and PAs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff.

6. Clinical Care Coordination

- a. Definition: Clinical Care Coordination (“CCC”) is the coordination of care between the behavioral health clinician and the clinical personnel of an external provider (e.g., primary care, another behavioral health provider, or hospital). CCC occurs when the practitioner via direct face-to-face contact, video-conferencing, or telephone, communicates treatment needs, assessments, and treatment information to external health care providers and facilitates appropriate linkages with other health care professionals, including transitions into or from higher levels of care or institutional settings. CCC also includes treatment planning and Plan of Care implementation activities when the clinician and consumer are directly meeting. CCC services adopts a “whole-person” approach to address the consumer’s needs related to physical health, behavioral health, and social determinants of health.
- b. Limitations: No annual limits.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, and PAs.

7. Rehabilitation Day Services

- a. Definition: Rehabilitation Day Services is a structured clinical program intended to develop skills and foster social role integration through a range of social, psychoeducational, behavioral, and cognitive mental health interventions. Rehabilitation Day Services are curriculum-driven and assist the consumer in the retention or restoration of community living, socialization, and adaptive skills. Rehabilitation Day Services are offered most often in group settings, but may be provided individually. Rehabilitation day services include:
 1. Assisting the consumer in developing instrumental activities of daily living (IADL) to strengthen the consumer’s independent living and social skills, including the ability to make decisions regarding self-care;
 2. Mental health interventions to improve socialization skills, coping skills, and health and wellness skills including education on self-management of symptoms, medications and side effects, and promote the use of resources to integrate the consumer into the community;
 3. Providing coaching and therapy that facilitates consumer choice and active involvement of consumers in their mental health recovery;
 4. Developing supportive mental health interventions through goal-setting and strategy development through which consumers can influence and shape service development
- b. Limitations: Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LMFTs, LPCs, RNs, LGSWs, LGPCs, Psychology

Associates, and PAs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff.

8. Intensive Day Treatment

- a. Definition: Intensive Day Treatment (“IDT”) is a structured, intensive, and coordinated acute treatment program that serves as an alternative to acute inpatient treatment or as a step-down service from inpatient care, and is rendered by an inter-disciplinary team to provide stabilization of psychiatric impairments. IDT shall be time-limited and available for no less than five (5) hours a day, seven (7) days a week. Daily physician and nursing services are essential components of this service.

IDT offers short-term, day programming consisting of therapeutically intensive, acute, and active treatment. The IDT provider shall provide services that closely resemble the intensity and comprehensiveness of inpatient services. Intensive Day Treatment shall include psychiatric, other medical, nursing, social work, medication management, care coordination, and psychology services focusing on timely crisis intervention and psychiatric stabilization so that consumers can return to their normal daily lives. IDT services shall only be provided to consumers who are not a danger to themselves or others, but who have behavioral health issues that are incapacitating and which interfere with their ability to carry out daily activities.

IDT services shall be provided within a structured program of care which offers individualized, strengths-based, active, and timely treatment directed toward the alleviation of the impairment which caused the admission to IDT. IDT shall be an active treatment program that consists of documented mental health interventions that address the individualized needs of the consumer, as identified in the Plan of Care. IDT services and interventions consist of structured individual and group activities and therapies that are planned and goal-oriented and provided under active psychiatric supervision.

- b. Limitations Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychology Associates, and PAs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff

9. Community Based Intervention

- a. Definition: Community Based Intervention (“CBI”) services are time-limited intensive mental health intervention services delivered to children, youth, and young adults, intended to prevent the utilization of an out-of-home therapeutic resource by the consumer (i.e., psychiatric hospital or residential treatment

facility). These services are available twenty-four (24) hours a day, seven (7) days a week. CBI shall be conducted in accordance with requirements established in District regulations and include the following:

- i. CBI Level I
- ii. CBI Level II
- iii. CBI Level III
- iv. Functional Family Therapy (FFT)

Community based intervention includes services that: diffuse the current situation to reduce the likelihood of the need for more intensive therapeutic interventions; provide referrals to other social, mental and physical health services; provide mental health service and support interventions that develop and improve the ability of parents, legal guardians, or significant others to provide care; and support transitions of care for consumers beginning or ending CBI.

Community based intervention service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

- b. Limitations: Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, LMFTs, LGSWs, LGPCs, and Psychology Associates. Practitioners shall meet training requirements for the modality being provided pursuant to applicable District regulations.

10. Assertive Community Treatment

- a. Definition: Assertive Community Treatment ("ACT") is an intensive integrated rehabilitative, crisis, treatment, and mental health community support provided by an interdisciplinary team to individuals with serious and persistent mental illness. ACT services are provided to consumers in accordance with their individualized Plan of Care and using the evidence-based practice model adopted by DBH, which establishes service implementation expectations. Service coverage by the ACT Team is required twenty-four (24) hours per day, seven (7) days per week. Consistent with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements, these services are provided to individuals under twenty-one (21), if medically necessary.

ACT shall include a comprehensive and integrated set of medical and

psychosocial services for the treatment of the consumer's mental health condition that is provided in non-office settings by the consumer's ACT Team. The ACT Team provides MHRS community support services that are interwoven with treatment and rehabilitative services and regularly scheduled team meetings.

Rehabilitative services offered by the ACT Team will be prior authorized and covered for Medicaid eligible individuals who are in need of mental health or substance abuse services due to mental illness, serious emotional disturbance, or substance use disorder. Services shall include:

- i. Completion of comprehensive and ongoing assessments and development and updating of a self-care-oriented Plan of Care (if a current and effective one does not already exist);
- ii. Medication prescription, administration, and monitoring (excluding MAT);
- iii. Crisis assessment and intervention;
- iv. Symptom assessment and management;
- v. Individual and group counseling/therapy;
- vi. Substance use disorder treatment for consumers with a co-occurring substance use disorder;
- vii. Psychosocial rehabilitation and skill development;
- viii. Interpersonal social and interpersonal skill training;
- ix. Education, support, and consultation to consumers' families and/or their support system, which is directed exclusively to the well-being and benefit of the consumer;
- x. Referrals and linkages to other services that address the consumer's social determinants of health
- xi. Daily living skills training and acquisition; and
- xii. Coordination of medical and psychosocial services, including supporting transitions of care for consumers within five (5) calendar days after a consumer enters an eligible institutional setting or within thirty (30) calendar days prior to a consumer's discharge from an institutional setting.

Assertive Community Treatment service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

- b. Limitations: Authorization is required in accordance with applicable regulations.
- c. Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychology

Associates, PAs, and CACs. 2) Under supervision of certain Qualified Practitioners, per applicable District law and regulations: Credentialed Staff.

11. Psychosocial Rehabilitative (“Clubhouse”) Services

- a. **Definition:** Psychosocial Rehabilitation (“Clubhouse”) Service is an evidence-based practice that utilizes behavioral, cognitive, and supportive interventions to assist individuals with mental health diagnoses via a work-ordered day provided primarily in a group rehabilitative setting and in a collaborative environment where Clubhouse staff and members work side-by-side to operate the program. Component services include: peer counseling, skills building through provider coordinated, therapeutic activities, and provision of information to facilitate further development of behavioral, cognitive maintenance strategies . Areas of focus for Clubhouse Services include:
- i. Identifying and managing situations and prodromal symptoms to reduce the frequency, duration, and severity of psychological relapses;
 - ii. Improving functional competence to respond to a psychiatric crisis;
 - iii. Improving functional competence to understand the role psychotropic medications play in the stabilization of the individual’s well-being;
 - iv. Increasing independent living competencies;
 - v. Strengthening of social and interpersonal abilities;
 - vi. Increasing personal adjustment abilities to reduce dependency on professional caregivers and to enhance independence;
 - vii. Increasing cognitive and adult role competency;
 - viii. Identifying and developing of organizational support; and
 - ix. Identifying and developing existing natural supports for addressing personal needs.
- b. **Limitations:** No annual limits.

Eligible Practitioners: 1) Qualified Practitioners: Psychiatrists, Psychologists, LICSWs, LPCs, LMFTs, PAs, LGSWs, LGPCs. 2) Under the supervision of a Qualified Practitioner licensed to practice independently: Credentialed Staff.

Practitioners shall meet additional training and professional experience requirements as specified in applicable District regulations.

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

PAGE LEFT INTENTIONALLY BLANK

PAGE LEFT INTENTIONALLY BLANK

PAGE LEFT INTENTIONALLY BLANK

PAGE LEFT INTENTIONALLY BLANK

PAGE LEFT INTENTIONALLY BLANK

II. ADULT SUBSTANCE USE REHABILITATIVE SERVICES (“ASURS”) are available to all Medicaid-eligible individuals who elect to receive medically necessary treatment for substance use disorder (“SUD”), who have a legally authorized representative elect on their behalf for them to receive medically necessary treatment for SUD, or who are otherwise legally obligated to seek medically necessary treatment for SUD.

ASURS are intended to reduce or ameliorate SUD through therapeutic interventions that assist an individual in restoring maximum functionality. Consistent with EPSDT requirements, these services are provided to individuals under twenty-one (21), if medically necessary.

A. Covered ASURS services are:

1. Screening, Assessment, and Diagnosis
2. Clinical Care Coordination (“CCC”)
3. Crisis Intervention
4. Counseling/Therapy
5. Medication Management
6. Recovery Support Services (“RSS”)
7. Methadone Services in Opioid Treatment Programs
8. Medically Monitored Inpatient Withdrawal Management (“MMIWM”)

B. ASURS Program Assurances

As the single state agency for the administration of the medical assistance program (“Medicaid”), the Department of Health Care Finance (“DHCF”) assures state-wideness and comparability for ASURS treatment. Additionally, Medicaid beneficiaries shall maintain free choice of providers for ASURS treatment programs, and practitioners in accordance with 42 C.F.R. § 431.51.

The Medicaid eligibility determination process shall facilitate assurance that there will be no duplication of services or claiming between fee-for-service ASURS treatment and any SUD treatment services delivered through Medicaid managed care contractors.

DHCF assures that federal financial participation (FFP) shall not be available for services provided to individuals who are incarcerated.

C. ASURS Program Exclusions

Medicaid reimbursement for ASURS treatment is not available for the following:

1. Treatment for inmates in public institutions, as defined in 42 C.F.R. § 435.1010;
2. Room and board;
3. Transportation services;
4. Educational, vocational, and job training services;
5. Services delivered as a component of human subjects research or clinical trials;

6. Educational, vocational, and job training services;
7. Screening and prevention services (other than those provided under EPSDT requirements)
8. Services rendered by parents or other family members including biological, step, and adopted relatives;
9. Legal services;
10. Services that are not provided and documented in accordance with DBH-established, service--specific standards;
11. Social or recreational services;
12. Services which are not medically appropriate as determined by the District Medicaid program; and
13. Services furnished to persons other than the consumer, when those services are not directed exclusively to the well-being and benefit of the consumer.

D. ASURS Provider Qualifications

1. Practitioners Eligible to Recommend ASURS

ASURS must be recommended by one of the following Qualified Practitioners licensed to diagnose SUD, to the extent permitted by and in accordance with District law and regulations:

- a. Physicians- Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- b. Psychologists- Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- c. Licensed Independent Clinical Social Workers (“LICSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- d. Licensed Professional Counselors (“LPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- e. Licensed Marriage and Family Therapists (“LMFTs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- f. Advanced Practice Registered Nurses (“APRNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- g. Licensed Independent Social Workers (“LISWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
- h. Licensed Graduate Professional Counselors (“LGPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law; and
- i. Physician Assistants (“PAs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.

2. Practitioners Eligible to Provide ASURS

ASURS must be delivered by Eligible Practitioners. There are three (3) categories of Eligible Practitioners:

- a. Qualified Practitioners eligible to deliver and recommend ASURS - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law;
- b. Other Qualified Practitioners who are eligible to deliver ASURS, but not recommend ASURS, to the extent permitted by and in accordance with District law and regulations, including any applicable supervision requirements:
 - i. Psychology Associates - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law
 - ii. Licensed Graduate Social Workers (“LGSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
Registered Nurses (“RNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 - iii. Certified Addiction Counselors I and II (“CACs”) under the supervision of a qualified practitioner in accordance with District law. Requirements of CACs are as follows:
 1. CAC I must possess at least an Associate’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least five hundred (500) hours of supervised experience in accordance with District law, and pass the National Association of Alcohol and Drug Abuse Counselors – National Certification Commission (NAADAC-NCC) Level I examination;
 2. CAC II must possess at least a Bachelor’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least one hundred eighty (180) hours of supervised experience in accordance with District law, and pass the NAADAC-NCC Level II examination;
- c. Credentialed Staff to the extent permitted by and in accordance with District law and regulations, including any applicable supervision requirements. The requirements for credentialed staff are as follows:
 - ii. High school diploma or high school equivalency and,
 - iii. Personal experience with the mental health services system through the receipt of services or one cumulative year of the provision of supports to adults with mental illness and youth with mental illness or serious emotional disturbance.

F. ASURS Services and Definitions

1. Crisis Intervention

- a. **Definition:** Crisis Intervention Services are immediate face-to-face or

telephonic responses to a substance use emergency that are available twenty-four (24) hours per day, seven (7) days per week. Crisis/Emergency Services are provided to clients involved in an active crisis. Services consist of an immediate response to evaluate and screen the presenting situation, assist in immediate crisis stabilization and resolution, and ensure the individual's access to any needed follow-up care at the appropriate level, providing the necessary consultation to any such follow-up provider during the transfer in care. The Crisis/Emergency Services provider shall adjust its staffing to meet the requirements for an immediate response.

- b. Limitations: Crisis Intervention shall not be billed on the same day as MMIWM.
- c. Eligible Practitioners: 1) Qualified Practitioners: Physicians, Psychologists, LICSWs, LPCs, LMFTs, LGSWs, APRNs, RNs, LISWs, PAs, LGPCs, CACs, and Psychology Associates.

2. Recovery Support Services (“RSS”)

- a. Definition: RSS are non-clinical services that assist the individual in achieving or sustaining recovery from an SUD. RSS are available to individuals with an SUD who are currently in treatment or have moved into recovery from substance use, and individuals who have self-identified with SUD, but are assessed as not needing treatment. Services include but are not limited to goal setting and monitoring; making referrals; assisting with linkages (including supporting transitions of care for clients within five (5) calendar days after a client enters an eligible institutional setting or within thirty (30) calendar days prior to a client's discharge from an eligible institutional setting); assisting with the completion of benefits, housing or financial forms; assisting with strategy development and coping skills; providing education around social skill development and life skills.
- b. Limitations: No limitations.
- c. Eligible Practitioners: 1) Qualified Practitioners are: Physicians, Psychologists, LICSWs, LPCs, LMFTs, LGSWs, APRNs, LISWs, LGPCs, CACs, and Psychology Associates. 2) Credentialed Staff to the extent permitted by and in accordance with District law and regulations, including any applicable supervision requirements.

3. Methadone Services in Opioid Treatment Programs

- a. Methadone is a medication used in Medication Assisted Treatment (MAT) of opioid use disorder (OUD). MAT is the use of pharmacotherapy in

conjunction with Counseling/Therapy for treatment of substance use disorders. Methadone for treatment of OUD is provided in opioid treatment programs (OTPs). A beneficiary who receives methadone must also receive Counseling/Therapy, as clinically necessary. Use of this service should be in accordance with ASAM service guidelines and practice guidelines issued by the Department of Behavioral Health. Methadone Services in OTPs are described in Supplement 1 to Attachment 3.1-B, page 19.

4. **Medically Monitored Inpatient Withdrawal Management ("MMIWM")**

- a. Definition: A 24-hour, medically directed evaluation and withdrawal management program that provides a mixture of professional SUD treatment services in accordance with ASAM criteria. MMIWM is the appropriate level of care for individuals who are assessed as meeting the ASAM criteria for Level 3.7 withdrawal management. The service is for individuals with sufficiently severe signs and symptoms of withdrawal from psychoactive substances or alcohol such that medical and nursing care monitoring and services are necessary, but hospitalization is not needed.
- b. Limitations: A MMIWM stay shall not exceed five (5) days without authorization from DBH, in accordance with applicable regulations and billing procedures. A MMIWM provider shall not bill CCC for a client on the same day as rendering MMWIM to such client. MMIWM shall not be billed on the same day as Crisis Intervention, Medication/Somatic Treatment, and Methadone Services in OTPs.
- c. Eligible Practitioners: 1) Qualified Practitioners: Physicians, Psychologists, PAs, RNs, LICSWs, LISWs, LGSWs, APRNs, LPCs, LMFTs, LGPCs, CACs, and Psychology Associates.

BEHAVIORAL HEALTH STABILIZATION SERVICES ("STABILIZATION") address a behavioral health crisis event which requires a non-hospitalization response. Behavioral Health Stabilization services are twenty-four (24) hours per day, seven (7) days per week, year round services that address an unplanned event requiring a response when an individual struggles to manage their psychiatric or substance use related symptoms without de-escalation or other intervention. This also includes situations in which daily life challenges result in or put an individual at risk of an escalation in symptoms. These services are community-based and intended for individuals who are experiencing a behavioral health crisis. Stabilization services are:

- A. Comprehensive Psychiatric Emergency Program ("CPEP")
- B. Adult Mobile Crisis and Outreach
- C. Youth Mobile Crisis
- D. Psychiatric Crisis Stabilization.

A. Provider Qualifications

Stabilization services must be recommended by one of the following:

- 1) Qualified Practitioners, to the extent permitted by and in accordance with District law and regulations:
 1. Psychiatrists- Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 2. Physicians- Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 3. Psychologists - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 4. Licensed Independent Clinical Social Workers (“LICSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 5. Advanced Practice Registered Nurses (“APRNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 6. Registered Nurses (“RNs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 7. Physician Assistants (“PAs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 8. Licensed Independent Social Workers (“LISWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 9. Licensed Professional Counselors (“LPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 10. Licensed Graduate Social Workers (“LGSWs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 11. Licensed Graduate Professional Counselors (“LGPCs”) - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 12. Psychology Associates - Licensed by the District of Columbia to furnish services within their scope of practice in accordance with District law.
 13. Certified Addiction Counselors I and II (“CACs”) under the supervision of a qualified practitioner in accordance with District law. Requirements of CACs are as follows:
 - a. CAC I must possess at least an Associate’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least five hundred (500) hours of supervised experience in accordance with District law, and pass the National Association of Alcohol and Drug Abuse Counselors – National Certification Commission (NAADAC-NCC) Level I examination;
 - b. CAC II must possess at least a Bachelor’s degree in a health or human services field (or its equivalent, as defined in District law), obtain at least one hundred eighty (180) hours of supervised experience in accordance with District law, and pass the NAADAC-NCC Level II examination;
- 2) Credentialed Staff to the extent permitted by and in accordance with District law and

regulations, including any applicable supervision requirements.

1. High school diploma or high school equivalency and
2. Personal experience with the mental health services system through the receipt of services or one cumulative year of the provision of supports to adults with mental illness or children and youth with mental illness or serious emotional disturbance.

B. Behavioral Health Stabilization Services and Definitions

1. Comprehensive Psychiatric Emergency Program (“CPEP”)

- a. Definition: Comprehensive Psychiatric Emergency Program (CPEP) services are services provided on an emergent basis to individuals experiencing a behavioral health crisis. Consistent with EPSDT requirements, these services are provided to individuals under twenty-one (21), if medically necessary. These services provide or ensure the provision of psychiatric emergency services, which includes the following services:
 - i. Brief Psychiatric Crisis: Mental health diagnostic examination, and, as appropriate, treatment interventions on the individual’s behalf and a discharge plan. Other activities include medication monitoring, observation, and care coordination with other providers.
 - ii. Extended Psychiatric Crisis: Assessment and monitoring of an individual in crisis which results in a comprehensive psychiatric emergency treatment plan and a discharge plan. Other activities include any clinically indicated examinations and assessments as appropriate for the individual’s

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medicaid services set forth below. DHCF's fee schedule rate was set as of October 1, 2023 and is effective for services provided on or after that date. All rates are published on DHCF's website at <https://www.dcmcaid.com/dcwebportal/home>.

- I. The DHCF fee schedule for dentist and orthodontist services, referenced at subparagraph iii.b. of paragraph 21. Fee-for-Service Providers, was set as of June 1, 2018 and is effective for services provided on or after that date.
- II. The DHCF fee schedule for transportation services, referenced at subparagraph iii.l. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2018 and is effective for services provided on or after that date.
- III. The DHCF fee schedule for home health services, referenced at subparagraph iii.h. of paragraph 21. Fee-for-Service Providers, was set as of July 1, 2021 and is effective for services provided on or after that date.
- IV. The DHCF fee schedule for medical supplies and equipment services, referenced at subparagraph iii.i. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2020 and is effective for services provided on or after that date.
- V. The DHCF fee schedule for physician services, referenced at subparagraph iii.a. of paragraph 21. Fee-for-Service Providers, was set as of December 1, 2020 and is effective for services provided on or after that date.
- VI. The DHCF fee schedule for Independently Licensed Behavioral Health Practitioners, referenced at 3.1-A Independently Licensed Behavioral Health Practitioners, was set as of January 1, 2022 and is effective for services provided on or after that date.
- VII. The DHCF fee schedule for Clinic services, referenced at paragraph 9 was set as of November 1, 2023 and is effective for services provided on or after that date.

Reimbursement Methodology: Other Diagnostic, Screening, Preventive, and Rehabilitative Services, i.e., Other Than Those Provided Elsewhere in the Plan

I. Mental Health Rehabilitation Services (MHRS)

- A. The following Mental Health Rehabilitation Services (MHRS), when rendered by providers certified by the Department of Behavioral Health, are available for all Medicaid eligible individuals who elect to receive, or have a legally authorized representative elect on their behalf, Rehabilitation Option services and who have mental illness or a serious emotional disturbance:
1. Screening, Assessment, and Diagnosis
 2. Medication Management
 3. Counseling/Therapy
 4. Community Support
 5. Crisis/Emergency Services
 6. Clinical Care Coordination
 7. Rehabilitation Day Services
 8. Intensive Day Treatment
 9. Community Based Intervention
 10. Assertive Community Treatment
 11. Psychosocial Rehabilitative Services (“Clubhouse”)
 12. Targeted Case Management
- B. MHRS shall be reimbursed according to a fee schedule rate for each MHRS identified in an individualized Plan of Care and rendered to eligible consumers. The DHCF fee schedule is effective for services provided on or after November 1, 2023. All rates are published on the state agency’s website at www.dc-medicaid.com/dcwebportal/home. Effective October 1, 2022, rates shall be increased by the Market Basket Medicare Economic Index established by the Centers for Medicare and Medicaid Services.
- C. A fee schedule rate for each MHRS shall be established based on the Annual Medicaid Basket Index for the year or analysis of the providers’ reported or audited cost. Rates shall be reviewed as needed, beginning January 1, 2025.
- D. The reimbursable unit of service for:
1. Screening, Assessment, and Diagnosis, and Medication Management services shall be per occurrence.
 2. Counseling/Therapy, Community Support, Crisis/Emergency Services, Clinical Care Coordination, and Community Based Intervention shall be fifteen (15) minutes. Separate reimbursement rates shall be established for services eligible to be rendered either off-site or in group settings.
 3. Rehabilitation Day Services, Intensive Day Treatment , and Clubhouse shall be one (1) day.

4. Targeted Case Management and Assertive Community Treatment shall be one (1) month.

E. Rates shall be consistent with efficiency, economy, and quality of care.

II. Adult Substance Use Rehabilitative Services (ASURS)

A. The following Adult Substance Use Rehabilitative Services (ASURS), when provided by programs certified by the Department of Behavioral Health, are available to all Medicaid eligible individuals eighteen (18) years of age and older who elect to receive, have a legally authorized representative elect on their behalf, or are otherwise legally obligated to seek rehabilitative services for substance use disorder. Medicaid-reimbursable ASURS include the following categories of services:

1. Screening, Assessment, and Diagnosis
2. Clinical Care Coordination
3. Crisis Intervention
4. Counseling/Therapy
5. Medication Management
6. Recovery Support Services
7. Methadone Services in Opioid Treatment Programs
8. Medically Monitored Inpatient Withdrawal Management

B. ASURS shall be reimbursed according to a fee schedule rate for each ASURS identified in an approved treatment plan. Reimbursement shall not be allowed for any costs associated with room and board.

C. Rates shall be consistent with efficiency, economy, and quality of care.

D. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of adult substance abuse rehabilitative services. The DHCF fee schedule is effective for service provided on or after November 1, 2023. All rates are published on the state agency's website at www.dc-medicaid.com/dcwebportal/home.

III. Behavioral Health Stabilization Services