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State Name: Washington, D.C.

State Plan Amendment (SPA) #: 14-00p

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
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499

CENTERS FOR MEDICARE & MEDICAID SERVICES

Region III/Division of Medicaid and Children's Health Operations

SWIFT # 060320144041

NOV 19 2014

Claudia Schlosberg, J.D.
Acting Senior Deputy Director/State Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th Floor
Washington, D.C.

Dear Ms. Schlosberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington, D.C.'s State Plan Amendment (SPA) 14-005. SPA 14-005, titled Mental Health Rehabilitation Services for Children, proposes to expand community based service opportunities for Medicaid eligible children in the District.

This SPA is acceptable. Therefore, we are approving SPA 14-005 with an effective date of October 1, 2014. Enclosed is a copy of the CMS-179 and the approved State Plan pages.

We appreciate the cooperation and effort provided by your staff throughout this process. If you have further questions about this SPA, please contact Kia Banton of my staff at 215-861-4252, or via email at Kia.Banton@cms.hhs.gov.

Sincerely,

/s/

Francis McCullough
Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **14-005**

2. STATE: District of Columbia

3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act

TO: Regional Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services

4. PROPOSED EFFECTIVE DATE
October 1, 2014

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY 15 $902,000
b. FFY 16 $928,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 2 to Attachment 4.19B, pp1,1a ; 4.193, pg3
Supplement 3 to Attachment 3.1-B pp. 10, 10a-10c
Supplement 6 to Attachment 3.1-A pp. 10, 10a-10c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Supplement 2 to Attachment 4.19B, p1 ; 4.193, pg3
Supplement 3 to Attachment 3.1B, p 10
Supplement 6 to Attachment 3.1A, p 10

10. SUBJECT OF AMENDMENT:
Evidence-Based Mental Health Rehabilitation Services for Children

11. 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: PR20-0739

/s/

13. TYPED NAME
Claudia Schlosberg, JD

14. TITLE
Interim Senior Director/State Medicaid Director

15. DATE SUBMITTED
May 30, 2014

16. RETURN TO

Claudia Schlosberg, J.D.
Interim Senior Director/State Medicaid Director
Department of Health Care Finance
441 4th St. N.W., Suite 900 South
Washington, DC 20001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED NOV 19 2014

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
OCT 01 2014

20. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME
Francis McCullough

22. TITLE
Associate Regional Administrator

23. REMARKS
per email change made on 11/12/14, with approval from DHCF.
/s/

i. The initial treatment for medical emergencies including indications of severe chest pains, dyspnea, gastrointestinal hemorrhage, spontaneous abortion, loss of consciousness, status epilepticus, or other conditions considered to be life threatening.

ii. The initial treatment following a recent injury resulting in a need for emergency hospital services as defined in "a" above.

iii. Treatment related to an injury sustained more than 72 hours prior to the visit in which the patient's condition has deteriorated to the point of requiring medical treatment for stabilization.

iv. A visit in which the patient's condition requires immediate hospitalization or the transfer to another facility for further treatment or a visit in which the patient dies.

v. Acute vital sign changes indicating a deterioration of the patient's health requiring emergency hospital care.

vi. Severe pain would support an emergency need when combined with one or more of the other guidelines.

21. Fee-for-Service Providers

i. The DHCF fee schedule is effective for services provided on or after the date of publication, occurring annually in January. All rates are published on the state agency's website at www.dc-medicaid.com.

ii. Except as otherwise noted in the Plan, DHCF-developed fee schedule rates are the same for both governmental and private individual practitioners.

iii. Payment for the following services shall be at lesser of the state agency fee schedule; actual charges to the general public; or, the Medicare (Title XVIII) allowance for the following services:

a. Physician's services
b. Dentist and Orthodontist's services
c. Podiatry
d. Mental health services, including community mental health services, services of licensed clinical psychologists, and mental health services provided by a physician, except for mental health services listed in Supplement 2, Attachment 4.19-B, pages 1 and 1a, which shall be reimbursed based on the methodology outlined on those pages

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

A. The following services, when provided by agencies certified by the Department of Behavioral Health ("DBH") are available for all Medicaid eligible individuals who elect to receive, or have a legally authorized representative to select on their behalf, Rehabilitation Option services and who are in need of behavioral health services and/or mentally ill or seriously emotionally disturbed:

1. Diagnostic/Assessment
2. Medication/Somatic Treatment (Individual and Group)
3. Counseling and Psychotherapy (Individual On-Site, Individual Off-Site and Group)
4. Community Support (Individual and Group)
5. Crisis/Emergency
6. Day Services
7. Intensive Day Treatment
8. Community-Based Intervention
9. Assertive Community Treatment
10. Child-Parent Psychotherapy for Family Violence
11. Trauma Focused Cognitive-Behavioral Therapy

B. Mental health rehabilitation services ("MHRS") shall be reimbursed according to a fee schedule rate for each MHRS identified in an approved service plan (i.e., Individualized Recovery Plan ("IRP") or Individualized Plan of Care ("IPC") and rendered to eligible consumers.

C. A fee schedule rate for each MHRS shall be established based on analysis of comparable services rendered by similar professionals in the District of Columbia and other states.

The reimbursable unit of service for Diagnostic/Assessment shall be per assessment.

The reimbursable unit of service of Medication/Somatic Treatment, Counseling and Psychotherapy, Community Support, Crisis/Emergency, Community-Based Intervention and Assertive Community Treatment, shall be fifteen (15) minutes. Separate reimbursement rates shall be established for services eligible to be rendered either off-site or in group settings.

The reimbursable unit of service for Day Services and Intensive Day Treatment shall be one (1) day.

Rates shall be reviewed annually.

D. Reimbursement for Child-Parent Psychotherapy for Family Violence and Trauma Focused Cognitive-Behavioral Therapy services, and defined in Supplement 6 to Attachment 3.1A and Supplement 3 to Attachment 3.1B, shall be paid based upon a state-developed fee schedule. Providers for both services are also defined in both Supplements. Reimbursement for both services is paid per one fifteen (15) minute unit of service.

The agency's fee schedule rate is set as of October 1, 2014 and is effective for services provided on or after that date. All rates are published on the agency's website at www.dc-medicaid.com. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private providers.

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

F. The fee development methodology will primarily be composed of provider cost modeling, through DC provider compensation studies, cost data, and fees from similar State Medicaid programs may also be considered. The following list outlines the major components of the cost model to be used in developing the fee methodology:

(a) Staffing Direct Wages, including but not limited to:
Salaries, fringe benefits (e.g., health and dental insurance, Medicare tax, employment tax), and contract costs for eligible direct care service providers;
(b) Direct Program Costs, including but not limited to:
Materials, supplies, staff travel and training costs, program clinical and support salary and benefit costs, and additional allocable direct service costs unique to a provider;
(c) Indirect Costs, including but not limited to:
Administrative personnel cost, management personnel costs, occupancy costs, security costs, and maintenance and repair costs;
(d) Service utilization statistics, including but not limited to:
The total units of service provided and data related to service volume;
(e) Productivity Factors, including but not limited to hours of service; and
(f) Unique Program Costs.

addictive disorder; (5) psychosocial rehabilitation and skill development; (6) interpersonal social and interpersonal skill training; and (7) 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.

Assertive Community Treatment 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 Medicaid-covered mental health rehabilitation community support services that are interwoven with treatment and rehabilitative services and regularly scheduled team meetings.

B. Unit of Service: Fifteen (15) minutes, pursuant to criteria set forth in DMH-established billings procedures.

C. Limitations: Prior authorization is required for enrollment; ACT shall not be billed on the same day as any other service, except for Crisis/Emergency for which retrospective authorization is required.

D. Locations/Settings: DMH certified Community Mental Health Rehabilitation Services Agency, Home or other Community Setting.

E. Qualified Practitioners: Psychiatrist, RN and Addiction Counselor. Mental Health Support Specialists may provide Assertive Community Treatment services under the supervision of a Qualified Practitioner to the extent permitted by and in accordance with District of Columbia law.

10. Child-Parent Psychotherapy for Family Violence

A. Definition: Child-Parent Psychotherapy for Family Violence (CPP-FV) is a relationship-based treatment intervention to address children's exposure to trauma or maltreatment. CPP-FV sessions are conjoint with the child's parent(s) or caregiver(s) focusing on improving the child's development trajectory CPP-FV helps restore developmental functioning in the wake of violence and trauma by focusing on restoring the attachment relationship that was negatively affected by trauma. CPP-FV is geared toward young children, ages zero (0) through six (6), who suffer from traumatic stress and often have difficulty regulating their behaviors and emotions during distress. These children may be easily frightened, difficult to console, aggressive, impulsive, or exhibit fearfulness of new situations. These children may also have difficulty sleeping, fail to maintain recently acquired developmental skills, and show regression in functioning and

behavior. Consistent with EPSDT requirements, CPP-FV services are available to individuals over age six (6) and under age twenty-one (21) who meet the clinical criteria for coverage under the CPP-FV MHRS program and also meet the criteria for program enrollment, but for their age.

Sessions focus on child/parent/caregiver interactions and counselors who provide support on healthy coping, affect regulation, and increased appropriate reciprocity between the child and his/her parent or caregiver to treat symptoms emerging from exposure to trauma. The goal of CPP-FV is to strengthen the child/parent/caregiver relationship through an integrated approach of psychotherapy and through the provision of attentional support, interpretation, and enactment. The therapeutic interventions restore the developmental trajectory through the following:

i. Reduce post-traumatic stress reactions and symptoms in children;
ii. Improve child functioning while also improving the child-parent or caregiver attachment relationship negatively affected by trauma;
iii. Establish a sense of safety and trust within the child-parent or caregiver-relationship;
iv. Return a child to a normal developmental trajectory through the restoration of child sensitivity and responsiveness.

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B. Unit of Service: One (1) unit of service shall be one (1) fifteen (15) minute increment. A typical CPP-FV service session shall be sixty (60) to ninety (90) minutes, one (1) time per week, for a period of fifty-two (52) weeks, based on medical need, and may be exceeded with authorization. CPP-FV sessions are longer in the first six (6) months of treatment (i.e., ninety (90) minutes) and decrease over time (i.e., to sixty (60) minutes), as the child improves his/her coping skills.

C. Limitations: CPP-FV services shall not exceed two hundred and sixty (260) unless the Department of Behavioral Health (DBH) prior authorizes the service in accordance with the established medical necessity criteria.

D. Locations/Settings: Natural settings including birth family home; child's home; adoptive home; foster home; or other community setting. Mental Health Rehabilitation Services (MHRS) provider service site. Community-based group home facility of sixteen (16) beds or fewer; or other community setting.

E. Qualified Practitioner: Psychiatrist, Psychologist, Licensed Independent Clinical Social Worker (LICSW), Advanced Practice Registered Nurse (APRN), Registered Nurse (RN), or Licensed Professional Counselor (LPC).

11. Trauma-Focused Cognitive-Behavioral Therapy

A. Definition: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychotherapeutic intervention designed to address significant emotional and behavioral difficulties related to traumatic life events. TF-CBT sessions focus on addressing the child's posttraumatic stress disorder, depression, anxiety, externalizing behaviors, sexualized behaviors, feelings of shame, and mistrust. TF-CBT also provides parents or caregivers with the tools needed to reinforce the content covered with the child between sessions and after treatment has ended. Consistent with EPSDT requirements, TF-CBT services are available to individuals under age four (4) and through ages eighteen (18) to twenty (20) who meet the clinical criteria for coverage under the TF-CBT MHRS program and also meet the criteria for program enrollment, but for their age.

The goal of TF-CBT is to assist children overcome the negative effects of traumatic life events through the following:

i. Target symptoms of post-traumatic stress disorder (often co-occurring with depression and other behavioral problems);
ii. Address and improve issues commonly experienced by traumatized children (including poor self-esteem, difficulty trusting others, mood instability, and self-injurious behavior);
iii. Increase stress management skills of children;
iv. Improve the child's problem-solving and safety skills; and

B. Unit of Service: One (1) unit of service shall be one (1) fifteen (15) minute increment. A typical course of TF-CBT treatment requires children to participate in sixty (60) to ninety (90) minute individual and joint child/parent/caregiver sessions, one (1) time per week, over an average period of twelve (12) to sixteen (16) weeks in accordance with the evidence-based practice requirements and medical necessity criteria, and may be exceeded with authorization.

C. Limitations: TF-CBT services shall not exceed one hundred and sixty (160) unless DBH prior authorizes the service in accordance with the established medical necessity criteria. TF-CBT shall not be billed on the same day as Rehabilitation/Day services, Intensive Day Treatment, CBI, ACT; or Other Counseling Services.

D. Locations/Settings: Natural settings that include child's home, foster home, or other community setting including a clinic or MHRS provider service site or community-based group home facility of sixteen (16) beds or fewer.

E. Qualified Practitioners: Psychiatrist, Psychologist, LICSW, APRN, RN, and LPCs. Qualified providers of TF-CBT shall be certified in TF-CBT and licensed by the District or another state.

addictive disorder; (5) psychosocial rehabilitation and skill development; (6) interpersonal social and interpersonal skill training; and (7) 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.

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B. Unit of Service: Fifteen (15) minutes, pursuant to criteria set forth in DMH-established billings procedures.

C. Limitations: Prior authorization is required for enrollment; ACT shall not be billed on the same day as any other service, except for Crisis/Emergency for which retrospective authorization is required.

D. Locations/Settings: DMH certified Community Mental Health Rehabilitation Services Agency, Home or other Community Setting.

E. Qualified Practitioners: Psychiatrist, RN and Addiction Counselor. Mental Health Support Specialists may provide Assertive Community Treatment services under the supervision of a Qualified Practitioner to the extent permitted by and in accordance with District of Columbia law.

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