Table of Contents

State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 15-0004

This file contains the following documents in the order listed:

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

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

SWIFT # 060320154065

JUL 2 3 2015

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

Dear Ms. Schlosberg:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 15-004 entitled, Adult Substance Abuse Rehabilitation Services. This amendment changes the authorized District agency for day to day management of the ASARS benefit from the Department of Health to the Department of Behavioral Health; changes the service delivery model; and expands the list of qualified practitioners.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is October 1, 2015.

A copy of the approved SPA pages and signed CMS-179 form are included under this cover.

If you have any further questions regarding this SPA, please contact Alice Robinson Penn at 215-861-4261 or by email at Alice.RobinsonPenn@cms.hhs.gov.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

cc: M. Diane Fields, DHCF

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: 15-004

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,.2015

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

Section 1905(a) of the Act

7. FEDERAL BUDGET IMPACT
a. FFY 16 $ 8,344,847
b. FFY 17 $ 8,401,901

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 6 to Attachment 3.1-A, p1, pp 11-18
Supplement 3 to Attachment 3.1-B, p1, pp 11-18
Supplement 1 to Attachment 3.1-A p 20
Supplement 1 to Attachment 3.1-B, p 19
Supplement 2 to Attachment 4.19-B, pp 2-3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Supplement 6 to Attachment 3.1-A, p1, pp 11-19
Supplement 3 to Attachment 3.1-B, p1, pp 11-19
Supplement 1 to Attachment 3.1-A, p 20
Supplement 1 to Attachment 3.1-B, p 19
Supplement 2 to Attachment 4.19-B p 2

10. SUBJECT OF AMENDMENT:

Medicaid Adult Substance Abuse Rehabilitation Services

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: PR21-0090

SIGNATURE

/

13. TYPED NAME
Claudia Schlosberg, JD

14. TITLE
Senior Deputy Director/State Medicaid Director

15. DATE SUBMITTED
April 24, 2015

16. RETURN TO

Claudia Schlosberg, J.D.
Senior Deputy 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
4-24-15

18. DATE APPROVED
7-23-15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
10-1-15

20. SIGNATURE OF REGIONAL OFFICIAL
/S/

21. TYPED NAME
Francis McCullough

22. TITLE
Associate Regional Administrator

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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 must be prior authorized and are 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. Covered services include: 1) Mental Health Rehabilitation Services and 2) Adult Substance Abuse Rehabilitative Services.

1. **MENTAL HEALTH REHABILITATION SERVICES ("MHRS")** are provided to all Medicaid eligible individuals who are mentally ill or seriously emotionally disturbed and in need of mental health services; and elect to receive, or have a legally authorized representative select on their behalf, Mental Health Rehabilitation Option services ("mental health rehabilitation services"). Services include:

i. Diagnostic/Assessment
ii. Medication/Somatic Treatment (Individual and Group)
iii. Counseling (Individual On-Site, Individual Off-Site and Group)
iv. Community Support (Individual and Group)
v. Crisis/Emergency
vi. Day Services
vii. Intensive Day Treatment
viii. Community-Based Intervention
ix. Assertive Community Treatment

Services are intended for maximum reduction of mental disability and restoration of a recipient to his or her best possible functional level. Services are recommended by a physician or a licensed practitioner of the healing arts, and are rendered by, or under the supervision of, Qualified Practitioners in certified community MHRS agencies, in accordance with standards established by the Department of Behavioral Health ("DBH") as set forth in the District of Columbia Code of Municipal Regulations.

Those standards include, but are not limited to, the following:

- Each MHRS provider shall be certified as a Community MHRS Agency by DBH;
- Each MHRS provider shall demonstrate the administrative and financial management capability to meet District of Columbia and federal requirements;
- Each MHRS provider shall demonstrate the clinical capacity and ability to provide services to individuals needing MHRS;

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

- Each MHRS provider shall develop policies and procedures for handling routine, urgent and emergency situations, including referral procedures to local emergency departments, staff assignments to cover emergency walk-in hours and on-call arrangements for clinical staff and physicians.

2. **ADULT SUBSTANCE ABUSE REHABILITATIVE SERVICES ("ASARS")** are available to Medicaid eligible individuals who elect to receive, who have legally authorized representatives to elect on their behalf, or who are otherwise legally obligated to seek medically necessary treatment for Substance Use Disorder ("SUD"). SUD is comprised of: 1) Substance Abuse and 2) Substance Dependence.

   ASARS are intended to reduce or ameliorate SUDs through therapeutic interventions that assist an individual to restore maximum functionality. ASARS treatment includes the following services:

   i. Assessment/Diagnostic and Treatment Planning
   ii. Clinical Care Coordination
   iii. Crisis Intervention
   iv. Substance Abuse Counseling
   v. Short-term Medically Monitored Intensive Withdrawal Management
   vi. Medication Management
   vii. Medication Assisted Treatment

ASARS PROGRAM ASSURANCES

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

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

DHCF assures that federal financial participation (FFP) shall not be available for services provided to individuals under the supervision of the justice system.

A locally-funded residential facility where ASARS treatment is delivered shall be limited to having sixteen (16) beds or less, and be sufficiently geographically disparate as to not be considered an institution for mental diseases ("IMD").

ASARS PROGRAM EXCLUSIONS

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Medicaid Reimbursement for ASARS treatment is not available for the following:

- Treatment for inmates in public institutions, as defined in 42 C.F.R. § 435.1010;
- Services provided in nursing facilities, Intermediate Care Facilities for Individuals with Intellectual and Mental Disabilities (ICFs/ID, and IMDs);
- Room, board, and transportation costs;
- Services delivered as a component of human subjects research and/or clinical trials;
- Educational, vocational and job training services;
- Services rendered by parents or other family members (includes biological, step, and adopted);
- Legal services;
- Social or recreational services;
- Services covered elsewhere in the District's State Plan, including habilitative and mental health rehabilitative services; and
- Services which are not medically appropriate as determined by the District Medicaid program.

ASARS PROVIDER QUALIFICATIONS

In accordance with 42 C.F.R. § 440.130(d), ASARS shall be recommended by qualified physicians or other practitioners of the healing arts (D.C. Official Code Sections 3-1205.01 *et seq.*) who are qualified to deliver substance abuse treatment services as defined by the scope of practice in the state in which the individual is licensed.

Qualified practitioners eligible to diagnose SUD include: Qualified Physicians; Psychologists; Licensed Independent Clinical Social Workers ("LICSWs"); Licensed Professional Counselors ("LPCs"); Licensed Marriage and Family Therapists (LMFT's); and Advanced Practice Registered Nurses ("APRNs").

Qualified practitioners eligible to deliver non-diagnostic ASARS services include: Qualified Physicians; Psychologists; LICSWs; Licensed Graduate Social Workers (LGSWs); APRNs; Licensed Independent Social Workers ("LISWs"); Licensed Professional Counselors ("LPCs"); Licensed Marriage and Family Therapist (LMFT's); Physician's Assistants ("PAs") and Certified Addiction Counselors ("CACs I and II").

ASARS: TREATMENT FRAMEWORK

The treatment framework for ASARS is based on four (4) levels of care established by the American Society for Addiction Medicine ("ASAM"). A typical course of treatment anticipates continuity of services across multiple levels of care, and assumes two factors: 1) that an individual enters treatment at the level of care most consistent with the presenting needs; and 2)

that subsequent authorizations include all lower levels of care in a graduated fashion.

Delivery of ASARS is based on an episode. An episode is the period between an individual's admission to treatment for SUD and the termination or discharge from services prescribed in the rehabilitation (or treatment) plan, as defined in D.C. Official Code § 7-3002(10). An episode may include multiple levels of care, subject to the limitations described in "ASARS: Descriptions of Services".

The lengths of treatment at each level of care are generally as follows:

A. **Level III**: Approximately three (3) to ninety (90) days (i.e., Residential Substance Abuse Treatment, including Short-term Medically Monitored Intensive Withdrawal Management or "Short-term MMIWM").

B. **Level II:** Thirty (30) to sixty (60) days.

C. **Level I**: Approximately one hundred eighty (180) days (excluding Medication Assisted Treatment).

A course of ASARS treatment incorporates interdisciplinary approaches to rehabilitation (treatment) plan development, excluding mental health services. Comprehensive clinical care coordination (CCC) services are intended to improve outcomes by linking an individual to health, medical, and social services that aid addiction recovery.

Due to the chronic nature of SUD, an individual may relapse during a 12-month period after having already completed one (1) episode. ASARS treatment is organized to allow an individual to access a second episode, in addition to services related to higher levels of care, if relapse occurs. Prior authorization from DBH is required if relapse requires an individual to repeat treatment in a level of care that was previously received in the same 12-month period.

ASARS: DESCRIPTIONS OF SERVICES

i. **Assessment/Diagnostic and Treatment Planning** services represent initial evaluation, as well as initial and ongoing collection of relevant information about an individual who may require access to ASARS treatment. The assessment instrument shall incorporate ASAM patient placement criteria.

An Assessment/Diagnostic may be 1) Initial; 2) Comprehensive; 3) Ongoing; or 4) Brief. Initial, Comprehensive, and Ongoing Assessment/Diagnostic services include the development and refinement of treatment plans in addition to providing referrals. Brief Assessment/Diagnostic may be used for minor updates to an individual's diagnosis or treatment plan prior to transfer into a different level of care as indicated by progress with ASARS treatment. Brief Assessment/Diagnostic may also be used as a pre-screening for hospitalization and for acute changes that require an immediate response. Initial Assessment/Diagnostic shall be performed once per episode. Comprehensive

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Assessment/Diagnostic may be performed once per level of care; an individual in Short-term MMIWM may receive an additional Comprehensive Assessment/Diagnostic service. Clinical Care Coordinators shall determine the frequency of Ongoing Assessment/Diagnostic services.

A. Unit of Service: A unit of service is one occurrence for Initial, Brief, Comprehensive and Ongoing Assessments, pursuant to billing criteria established by DBH.

B. Limitations: Additional units require prior authorization from DBH. Limitations for Assessment/Diagnostic services, per treatment episode, are as follows:

1. Initial Assessment/Diagnostic services determine an individual's need for substance abuse treatment, determine the initial level of care, and initiate the course of treatment, and shall not exceed one occurrence per episode. Initial Assessments shall not be billed during Short-term MMIWM;
2. Comprehensive Assessment/Diagnostic services results in a diagnosis and is necessary for the development of a treatment plan. A Comprehensive Assessment/Diagnostic service may initiate the course of treatment if the individual did not receive an Initial Assessment. A Comprehensive Diagnostic/Assessment service shall not be billed on the same day as an Ongoing Assessment. A service shall not exceed one (1) occurrence per level of care, except that an individual in Short-term MMIWM may receive an additional Comprehensive Assessment/Diagnostic;
3. Ongoing Assessment/Diagnostic services occur at regularly scheduled intervals, and are used to refine the diagnosis and update the treatment plan. An Ongoing Assessment/Diagnostic service shall not be billed on the same day as a Comprehensive Assessment. A service shall not exceed two (2) occurrences per sixty (60) days. Ongoing Assessments shall not be billed during Short-term MMIWM; and
4. Brief Assessment/Diagnostic services shall not exceed three (3) occurrences in Level III; four (4) occurrences in Level II; and six (6) in Level I. Brief Assessments shall not be billed during Short-term MMIWM.

C. Location/Setting: DBH-certified substance abuse treatment programs or community-based settings

D. Qualified Practitioners: Assessment/Diagnostic services may be provided by qualified practitioners as follows: Qualified Physicians; Psychologists; Licensed Independent Clinical Social Workers ("LICSWs"); Licensed Graduate Social Workers ("LGSWs"); Licensed Professional Counselors ("LPCs"); Licensed

Marriage and Family Therapist (LMFT's); Advanced Practice Registered Nurses ("APRNs") and CACs I and II.

ii. **Clinical Care Coordination ("CCC")** is the initial and ongoing process of identifying, planning, coordinating, implementing, monitoring, and evaluating options and services to best meet an individual's health needs during ASARS treatment. CCC focuses on linking beneficiaries across the levels of care indicated in the treatment plan, and is intended to facilitate specified outcomes that will restore an individual's functional status in the community. CCC includes the identification of interventions that are consistent with the diagnosis, and monitoring compliance with appointments and participation in activities defined in the treatment plan.

Each Medicaid beneficiary receiving ASARS treatment shall be assigned a Clinical Care Coordinator. Clinical Care Coordinators are required to participate in an individual's interdisciplinary team meetings in order to identify opportunities to further develop and/or update the treatment plan.

A. Unit of Service: A unit of service is fifteen (15 minutes), pursuant to billing criteria established by DBH.

B. Limitations: Limitations for CCC, per level of care, are as follows:

1. Level III: One hundred- twenty-eight (128) units
2. Level II: One hundred thirty-two (132) units
3. Level I: One-hundred ninety two (192) units

Beneficiaries at level I and receiving long-term Medication Assisted Treatment (MAT) are allowed an additional sixteen (16) units per level of care.

C. Location/Setting: DBH-certified substance abuse treatment programs or community-based setting.

D. Qualified Practitioners: Qualified substance abuse counselors, limited to: Qualified Physicians, Psychologists, LICSWs, LGSWs, APRNs, RNs, LISWs, LPCs, and LMFT's.

iii. **Crisis Intervention** is an immediate, short-term substance abuse treatment approach that is intended to assist an individual to resolve a personal crisis. Crises are events that significantly jeopardize treatment, recovery progress, health, and/or safety.

A. Unit of Service: A unit of service is one 15-minute increment, pursuant to billing criteria established by DBH

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

B. Limitations: Allowable units per single course of treatment are based on the following level of care structure:

1. Level III: One hundred sixty (160) units
2. Level II : One hundred twenty (120) units
3. Level I (MAT): One hundred forty-four (144) units
4. Level I: Eighty (80) units

C. Location/Setting: DBH-certified substance abuse treatment facilities/programs and community-based settings.

D. Qualified Practitioners: Qualified substance abuse counselors, including: Qualified Physicians, Psychologists, LICSWs, LGSWs, APRNs, RNs, LISWs, LPCs, LMFT's, and CACs I and II.

iv. **Short-Term Medically Monitored Intensive Withdrawal Management ("Short-term MMIWM"),** is 24-hour, medically directed evaluation and withdrawal management. The service is for beneficiaries 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. Beneficiaries discharged from Short-term MMIWM treatment shall be directly admitted into a residential substance abuse program through a "bed-to-bed" transfer unless DBH previously authorized an exception, or the client refuses admission to a residential program.

A. Unit of Service: A unit of service is equivalent to one (1) day as an inpatient

B. Limitations: A Short-term MMIWM stay shall not exceed five (5) days without prior authorization from DBH. The maximum for Short-term MMIWM services is ten (10) days per admission. Additional units shall be prior authorized by DBH. Only Comprehensive Assessment/Diagnosis service and Substance Abuse Counseling services may be billed on the same day as Short-term MMIWM. Clinical Care Coordination, Crisis Intervention, Medication Management and Medication Assisted Treatment may not be billed on the same day as Short-term MMIWM.

C. Location/Setting: Free-standing, non-hospital, facility with a DBH-certified substance abuse treatment program meeting the standards for inpatient withdrawal management, as set forth in District regulations.

D. Qualified Practitioners:

1. Licensed Physicians; or Psychologists, PAs, RNs, LICSWs, LISWs, LGSWs, APRNs, LPCs, LMFT's, or CACs I and II under the direction and supervision of a Qualified Physician and in accordance with applicable District of Columbia professional licensing laws.

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

v. **Substance Abuse Counseling (Individual, Group, and Family)** is a face-to-face, interactive process conducted in individual, group, or family settings and focused on assisting an individual who is manifesting SUD.

The aim of Substance Abuse Counseling is to cultivate the awareness, skills, and supports to facilitate long-term recovery from substance abuse. Substance Abuse Counseling addresses the specific issues identified in a treatment plan. Substance Abuse Counseling shall be conducted in accordance with the requirements established in District regulations as follows:

Individual Substance Abuse Counseling is face-to-face interaction with an individual for the purpose of assessment or supporting the patient's recovery.

Group Substance Abuse Counseling 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 pressure, structured confrontation and constructive feedback.

Family Substance Abuse Counseling is planned, goal-oriented therapeutic interaction between a qualified practitioner, the beneficiary, and his or her family. Family Counseling may also occur without the beneficiary present if it is for the benefit of the beneficiary and related to substance use disorder recovery. A family member is an individual identified by the beneficiary as a person with whom the beneficiary has a significant relationship and whose participation is important to the beneficiary's recovery.

A. Unit of Service: A unit of service is one 15-minute increment, pursuant to billing criteria established by DHCF

B. Limitations: Substance Abuse Counseling shall not be provided as part of a Medication Management service. Group and Family Counseling services shall be directed exclusively toward the recovery of a Medicaid beneficiary enrolled in ASARS treatment. Limitations for Substance Abuse Counseling, per level of care, are as follows:

1. Level III: A clinically appropriate combination of individual, group, and family substance abuse counseling not to exceed one hundred (100) units per week.
2. Level II: A clinically appropriate combination of individual, group, and family substance abuse counseling not to exceed eighty (80) units per week.
3. Level I: (Beneficiaries also receiving medication assisted treatment): A clinically appropriate combination of individual, group, and family substance abuse counseling not to exceed thirty-two (32) units per week.
4. Level I: A clinically appropriate combination of individual, group, and family substance abuse counseling not to exceed thirty –two (32) units per week.

Additional allowances for Substance Abuse Counseling services shall be

established by the Clinical Care Coordinator, subject to the beneficiary's level of care.

C. Location/Setting: DBH-certified substance abuse treatment programs; community-based setting otherwise approved or designated by DBH.

D. Qualified Practitioners: Substance abuse counselors, including: Qualified Physicians, Psychologists, LICSWs, LGSWs, APRNs, RNs, LISWs, LPCs, LMFT's and CACs I and II.

vi. **Medication Management** is the coordination and evaluation of medications consumed by beneficiaries. It includes monitoring of potential side effects, drug interactions, compliance with doses, and efficacy of medications. Medication Management includes the evaluation of a patient's need for MAT, the provision of prescriptions, and ongoing medical monitoring/evaluation related to the use of the psychoactive drugs.

A. Unit of Service: A unit of service is one 15-minute increment, pursuant to billing criteria established by DBH

B. Limitations: Medication Management shall not be provided as part of a Substance Abuse Counseling service. The maximum for Medication Management is ninety-six (96) units per level of care. Medication Management shall not be billed on the same day as MMIWM.

C. Location/Setting: Substance abuse treatment program certified by DBH; or community-based setting otherwise approved or designated by DBH;

D. Qualified Practitioners: Qualified Physicians, APRNs, RNs, LPNs, PAs, LICSWs, LISWs, LGSWs, LPCs and CACs I and II within the scope of their respective licenses.

vii. **Medication Assisted Treatment ("MAT")** is the use of pharmacotherapy as long-term treatment for opiate or other forms of dependence. MAT includes medication dosing used in conjunction with Substance Abuse Counseling. Beneficiaries enrolled in MAT shall also be enrolled in Substance Abuse Counseling. MAT is described in Supplement 1 to Attachment 3.1-A, page 20.

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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ASARS: TREATMENT FRAMEWORK

The treatment framework for ASARS is based on four (4) levels of care established by the American Society for Addiction Medicine ("ASAM"). A typical course of treatment anticipates continuity of services across multiple levels of care, and assumes two factors: 1) that an individual enters treatment at the level of care most consistent with the presenting needs; and 2)

that subsequent authorizations include all lower levels of care in a graduated fashion.

Delivery of ASARS is based on an episode. An episode is the period between an individual's admission to treatment for SUD and the termination or discharge from services prescribed in the rehabilitation (or treatment) plan, as defined in D.C. Official Code § 7-3002(10). An episode may include multiple levels of care, subject to the limitations described in "ASARS: Descriptions of Services".

The lengths of treatment at each level of care are generally as follows:

A. **Level III**: Approximately three (3) to ninety (90) days (i.e., Residential Substance Abuse Treatment, including Short-term Medically Monitored Intensive Withdrawal Management or Short-term MMIWM).

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C. **Level I**: Approximately one hundred eighty (180) days (excluding Medication Assisted Treatment).

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An Assessment/Diagnostic may be 1) Initial; 2) Comprehensive; 3) Ongoing; or 4) Brief. Initial, Comprehensive, and Ongoing Assessment/Diagnostic services include the development and refinement of treatment plans in addition to providing referrals. Brief Assessment/Diagnostic may be used for minor updates to an individual's diagnosis or treatment plan prior to transfer into a different level of care as indicated by progress with ASARS treatment. Brief Assessment/Diagnostic may also be used as a pre-screening for hospitalization and for acute changes that require an immediate response. Initial Assessment/Diagnostic shall be performed once per episode. Comprehensive

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Assessment/Diagnostic may be performed once per level of care; an individual in Short-term MMIWM may receive an additional Comprehensive Assessment/Diagnostic service. Clinical Care Coordinators shall determine the frequency of Ongoing Assessment/Diagnostic services.

A. Unit of Service: A unit of service is one occurrence for Initial, Brief, Comprehensive and Ongoing Assessments, pursuant to billing criteria established by DBH.

B. Limitations: Additional units require prior authorization from DBH. Limitations for Assessment/Diagnostic services, per treatment episode, are as follows:

1. Initial Assessment/Diagnostic services determine an individual's need for substance abuse treatment, determine the initial level of care, and initiate the course of treatment, and shall not exceed one occurrence per episode. Initial Assessments shall not be billed during Short-term MMIWM;
2. Comprehensive Assessment/Diagnostic services results in a diagnosis and is necessary for the development of a treatment plan. A Comprehensive Assessment/Diagnostic service may initiate the course of treatment if the individual did not receive an Initial Assessment. A Comprehensive Diagnostic/Assessment service shall not be billed on the same day as an Ongoing Assessment. A service shall not exceed one (1) occurrence per level of care, except that an individual in Short-term MMIWM may receive an additional Comprehensive Assessment/Diagnostic;
3. Ongoing Assessment/Diagnostic services occur at regularly scheduled intervals, and are used to refine the diagnosis and update the treatment plan. An Ongoing Assessment/Diagnostic service shall not be billed on the same day as a Comprehensive Assessment. A service shall not exceed two (2) occurrences per sixty (60) days. Ongoing Assessments shall not be billed during Short-term MMIWM; and
4. Brief Assessment/Diagnostic services shall not exceed three (3) occurrences in Level III; four (4) occurrences in Level II; and six (6) in Level I. Brief Assessments shall not be billed during Short-term MMIWM.

C. Location/Setting: DBH-certified substance abuse treatment programs or community-based settings

D. Qualified Practitioners: Assessment/Diagnostic services may be provided by qualified practitioners as follows: Qualified Physicians; Psychologists; Licensed Independent Clinical Social Workers ("LICSWs"); Licensed Graduate Social Workers ("LGSWs"); Licensed Professional Counselors ("LPCs"); Licensed

Marriage and Family Therapist (LMFT's); Advanced Practice Registered Nurses ("APRNs") and CACs I and II.

ii. **Clinical Care Coordination ("CCC")** is the initial and ongoing process of identifying, planning, coordinating, implementing, monitoring, and evaluating options and services to best meet an individual's health needs during ASARS treatment. CCC focuses on linking beneficiaries across the levels of care indicated in the treatment plan, and is intended to facilitate specified outcomes that will restore an individual's functional status in the community. CCC includes the identification of interventions that are consistent with the diagnosis, and monitoring compliance with appointments and participation in activities defined in the treatment plan.

Each Medicaid beneficiary receiving ASARS treatment shall be assigned a Clinical Care Coordinator. Clinical Care Coordinators are required to participate in an individual's interdisciplinary team meetings in order to identify opportunities to further develop and/or update the treatment plan.

A. Unit of Service: A unit of service is fifteen (15 minutes), pursuant to billing criteria established by DBH.

B. Limitations: Limitations for CCC, per level of care, are as follows:

1. Level III: One hundred- twenty-eight (128) units
2. Level II: One hundred thirty-two (132) units
3. Level I: One-hundred ninety two (192) units

Beneficiaries at level I and receiving long-term Medication Assisted Treatment (MAT) are allowed an additional sixteen (16) units per level of care.

C. Location/Setting: DBH-certified substance abuse treatment programs or community-based setting.

D. Qualified Practitioners: Qualified substance abuse counselors, limited to: Qualified Physicians, Psychologists, LICSWs, LGSWs, APRNs, RNs, LISWs, LPCs, and LMFT's.

iii. **Crisis Intervention** is an immediate, short-term substance abuse treatment approach that is intended to assist an individual to resolve a personal crisis. Crises are events that significantly jeopardize treatment, recovery progress, health, and/or safety.

A. Unit of Service: A unit of service is one 15-minute increment, pursuant to billing criteria established by DBH

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B. Limitations: Allowable units per single course of treatment are based on the following level of care structure:

1. Level III: One hundred sixty (160) units
2. Level II : One hundred twenty (120) units
3. Level I (MAT): One hundred forty-four (144) units
4. Level I: Eighty (80) units

C. Location/Setting: DBH-certified substance abuse treatment facilities/programs and community-based settings.

D. Qualified Practitioners: Qualified substance abuse counselors, including: Qualified Physicians, Psychologists, LICSWs, LGSWs, APRNs, RNs, LISWs, LPCs, LMFT's, and CACs I and II.

iv. **Short-term Medically Monitored Intensive Withdrawal Management ("Short-term MMIWM"),** is 24-hour, medically directed evaluation and withdrawal management. The service is for beneficiaries 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. Beneficiaries discharged from Short-term MMIWM treatment shall be directly admitted into a residential substance abuse program through a "bed-to-bed" transfer unless DBH previously authorized an exception, or the client refuses admission to a residential program.

A. Unit of Service: A unit of service is equivalent to one (1) day as an inpatient

B. Limitations: An MMIWM stay shall not exceed five (5) days without prior authorization from DBH. The maximum for Short-term MMIWM services is ten (10) days per admission. Additional units shall be prior authorized by DBH. Only Comprehensive Assessment/Diagnosis service and Substance Abuse Counseling services may be billed on the same day as Short-term MMIWM. Clinical Care Coordination, Crisis Intervention, Medication Management and Medication Assisted Treatment may not be billed on the same day as Short-term MMIWM.

C. Location/Setting: Free-standing, non-hospital, facility with a DBH-certified substance abuse treatment program meeting the standards for inpatient withdrawal management, as set forth in District regulations.

D. Qualified Practitioners:

1. Licensed Physicians; or Psychologists, PAs, RNs, LICSWs, LISWs, LGSWs, APRNs, LPCs, LMFT's, or CACs I and II under the direction and supervision of a Qualified Physician and in accordance with applicable District of Columbia professional licensing laws.

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v. **Substance Abuse Counseling (Individual, Group, and Family)** is a face-to-face, interactive process conducted in individual, group, or family settings and focused on assisting an individual who is manifesting SUD.

The aim of Substance Abuse Counseling is to cultivate the awareness, skills, and supports to facilitate long-term recovery from substance abuse. Substance Abuse Counseling addresses the specific issues identified in a treatment plan. Substance Abuse Counseling shall be conducted in accordance with the requirements established in District regulations as follows:

Individual Substance Abuse Counseling is face-to-face interaction with an individual for the purpose of assessment or supporting the patient's recovery.

Group Substance Abuse Counseling 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 pressure, structured confrontation and constructive feedback.

Family Substance Abuse Counseling is planned, goal-oriented therapeutic interaction between a qualified practitioner, the beneficiary, and his or her family. Family Counseling may also occur without the beneficiary present if it is for the benefit of the beneficiary and related to substance use disorder recovery. A family member is an individual identified by the beneficiary as a person with whom the beneficiary has a significant relationship and whose participation is important to the beneficiary's recovery.

A. Unit of Service: A unit of service is one 15-minute increment, pursuant to billing criteria established by DHCF

B. Limitations: Substance Abuse Counseling shall not be provided as part of a Medication Management service. Group and Family Counseling services shall be directed exclusively toward the recovery of a Medicaid beneficiary enrolled in ASARS treatment. Limitations for Substance Abuse Counseling, per level of care, are as follows:

1. Level III: A clinically appropriate combination of individual, group, and family substance abuse counseling not to exceed one hundred (100) units per week.
2. Level II: A clinically appropriate combination of individual, group, and family substance abuse counseling not to exceed eighty (80) units per week.
3. Level I: (Beneficiaries also receiving medication assisted treatment): A clinically appropriate combination of individual, group, and family substance abuse counseling not to exceed thirty-two (32) units per week.
4. Level I: A clinically appropriate combination of individual, group, and family substance abuse counseling not to exceed thirty –two (32) units per week.

Additional allowances for Substance Abuse Counseling services shall be

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established by the Clinical Care Coordinator, subject to the beneficiary's level of care.

C. Location/Setting: DBH-certified substance abuse treatment programs; community-based setting otherwise approved or designated by DBH.

D. Qualified Practitioners: Substance abuse counselors, including: Qualified Physicians, Psychologists, LICSWs, LGSWs, APRNs, RNs, LISWs, LPCs, LMFT's and CACs I and II.

vi. **Medication Management** is the coordination and evaluation of medications consumed by beneficiaries. It includes monitoring of potential side effects, drug interactions, compliance with doses, and efficacy of medications. Medication Management includes the evaluation of a patient's need for MAT, the provision of prescriptions, and ongoing medical monitoring/evaluation related to the use of the psychoactive drugs.

A. Unit of Service: A unit of service is one 15-minute increment, pursuant to billing criteria established by DBH

B. Limitations: Medication Management shall not be provided as part of a Substance Abuse Counseling service. The maximum for Medication Management is ninety-six (96) units per level of care. Medication Management shall not be billed on the same day as MMIWM.

C. Location/Setting: Substance abuse treatment program certified by DBH; or community-based setting otherwise approved or designated by DBH;

D. Qualified Practitioners: Qualified Physicians, APRNs, RNs, LPNs, PAs, LICSWs, LISWs, LGSWs, LPCs and CACs I and II within the scope of their respective licenses.

vii. **Medication Assisted Treatment ("MAT")** is the use of pharmacotherapy as long-term treatment for opiate or other forms of dependence. MAT includes medication dosing used in conjunction with Substance Abuse Counseling. Beneficiaries enrolled in MAT shall also be enrolled in Substance Abuse Counseling. MAT is described in Supplement 1 to Attachment 3.1-B, page 19.

1. If a beneficiary, who is enrolled in the Medicaid Managed Care Organization (MCO) and is also required to participate in its Pharmacy Lock-In Program, subsequently becomes enrolled in the Medicaid Fee-For-Service Program, that beneficiary will be automatically enrolled in the Medicaid Fee-For-Service Pharmacy Lock-In Program. The lock-in will remain in force for a period not to exceed the length of the initial lock-in period first imposed by the MCO, or twelve (12) months, whichever is less.

(10) Medication Assisted Treatment (MAT) under DUL Substance Abuse Rehabilitative Services (described in Supplement 6 to Attachment 3.1-A).

a. MAT is the use of pharmacotherapy as long-term treatment for opiate or other forms of dependence. A beneficiary who receives MAT must also receive SUD Counseling. Use of this service should be in accordance with ASAM service guidelines and practice guidelines issued by the Department of Behavioral Health.

b. Unit of Service: A beneficiary can be prescribed a maximum of one (1) does/unit per day.

c. Limitations: An initial and second authorization cover a period of ninety (90) days each; subsequent authorizations must not exceed one hundred and eighty (180) days each. The maximum number of MAT services over a twelve (12) month period is two hundred-fifty (250) units of medication and up to fifty-two units of administration. Any dosing over two hundred–fifty units will require DBH review and authorization.

d. Location/Setting: In accordance with 42 CFR part 8, Certification of Opioid Treatment Programs, MAT providers must also be certified by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and accredited by a national body that has been approved by SAMHSA.

SUD treatment programs providing MAT with opioid replacement therapy shall comply with Federal; requirements for opioid treatment, as specified in 21 CFR, part 291, and shall comply with District and Federal regulations for maintaining controlled substances as specified in Chapter 10, Title 22 of the District of Columbia Municipal Regulations and 21 CFR, part 1300, respectively. Each MAT program shall submit applications to the District of Columbia Department of Behavioral Health and to the U.S. Food and Drug Administration (FDA), respectively, and shall require the approval of both agencies prior to its initial operation.

(e) Qualified Practitioners: Qualified Physicians; APRNS; Physicians Assistants, supervised by Qualified Physicians; RNs; or LPNs, supervised by an MD, RN or APRN.

1. If a beneficiary, who is enrolled in the Medicaid Managed Care Organization (MCO) and is also required to participate in its Pharmacy Lock-In Program, subsequently becomes enrolled in the Medicaid Fee-For-Service Program, that beneficiary will be automatically enrolled in the Medicaid Fee-For-Service Pharmacy Lock-In Program. The lock-in will remain in force for a period not to exceed the length of the initial lock-in period first imposed by the MCO, or twelve (12) months, whichever is less.

(10) Medication Assisted Treatment (MAT) under DUL Substance Abuse Rehabilitative Services (described in Supplement 3 to Attachment 3.1-B).

a. MAT is the use of pharmacotherapy as long-term treatment for opiate or other forms of dependence. A beneficiary who receives MAT must also receive SUD Counseling. Use of this service should be in accordance with ASAM service guidelines and practice guidelines issued by the Department of Behavioral Health.

b. Unit of Service: A beneficiary can be prescribed a maximum of one (1) does/unit per day.

c. Limitations: An initial and second authorization cover a period of ninety (90) days each; subsequent authorizations must not exceed one hundred and eighty (180) days each. The maximum number of MAT services over a twelve (12) month period is two hundred-fifty (250) units of medication and up to fifty-two units of administration. Any dosing over two hundred–fifty units will require DBH review and authorization.

d. Location/Setting: In accordance with 42 CFR part 8, Certification of Opioid Treatment Programs, MAT providers must also be certified by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and accredited by a national body that has been approved by SAMHSA.

SUD treatment programs providing MAT with opioid replacement therapy shall comply with Federal; requirements for opioid treatment, as specified in 21 CFR, part 291, and shall comply with District and Federal regulations for maintaining controlled substances as specified in Chapter 10, Title 22 of the District of Columbia Municipal Regulations and 21 CFR, part 1300, respectively. Each MAT program shall submit applications to the District of Columbia Department of Behavioral Health and to the U.S. Food and Drug Administration (FDA), respectively, and shall require the approval of both agencies prior to its initial operation.

(e) Qualified Practitioners: Qualified Physicians; APRNS; Physicians Assistants, supervised by Qualified Physicians; RNs; or LPNs, supervised by an MD, RN or APRN.

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

A. The following Adult Substance Abuse Rehabilitative Services (ASARS), as described in Supplement 3 to Attachment 3.1-B, p. 1 and pp 11-18; Supplement 6 to Attachment 3.1-A, p. 1 and pp 11-18; Supplement 1 to Attachment 3.1-A, p. 20; and Supplement 1 to Attachment 3.1-B, p. 19, when provided by facilities or programs certified by the Addiction Prevention and Recovery Administration (APRA) in the Department of Behavioral Health (formerly the Department of Mental Health), are available to all Medicaid eligible individuals who elect to receive, have a legally authorized representative select on their behalf, or are otherwise legally obligated to seek rehabilitative services for substance use disorder. Medicaid-reimbursable ASARS include the following categories of services:

i. Assessment/Diagnostic and Treatment Plan
ii. Clinical Care Coordination
iii. Crisis Intervention
iv. Substance Abuse Counseling
v. Short Term Medically Monitored Intensive Withdrawal Management
vi. Medication Management
vii. Medication Assisted Treatment

B. ASARS shall be reimbursed according to a fee schedule rate for each ASARS 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. 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 costs, management personnel costs, occupancy costs, security costs, and maintenance, insurance 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

E. The reimbursable unit of service for Short Term Medically Monitored Intensive Withdrawal Management (MMIWM) shall be one (1) day.

The reimbursable unit of service for Medication Assisted Treatment shall be one (1) dose per day.

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 services provided on or after October 1, 2015. All rates are published on the state agency's website at www.dc-medicaid.com.