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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 Mental Health ("DMH"), 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 mental health services and/or are 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

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 an 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 for 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.

Service rates and coverage limitations shall be as set forth in the District of Columbia Code of Municipal Regulations. Rates shall be reviewed annually.

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

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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), when provided by facilities or programs certified by the Addiction Prevention and Recovery Administration (APRA) in the Department of 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
- ii. Clinical Care Coordination
- iii. Crisis Intervention
- iv. Substance Abuse Counseling
- v. Medically Managed Intensive Inpatient Detoxification
- 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 (i.e., rehabilitation plan, as defined in D.C. Official Code §7-3002(10)). Reimbursement shall not be allowed for any costs associated with room and board.

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

The reimbursable unit of service for Assessment/Diagnostic; Clinical Care Coordination; Crisis Intervention; Substance Abuse Counseling; and Medication Management shall be fifteen (15) minutes. Separate reimbursement rates shall be established for services eligible to be rendered in community-based, group, and family settings.

The reimbursable unit of service for Medically Managed Intensive Inpatient Detoxification 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 17, 2011. All rates are published on the state agency's website at www.dc-medicaid.com.

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