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9100 GENERAL PROVISIONS

9100.1 The purpose of this chapter is to establish requirements governing Medicaid reimbursement for Adult Substance Abuse Rehabilitative Services (ASARS).

9100.2 In order to be eligible for treatment in the ASARS program, beneficiaries shall be subject to the following:

- (1) Medicaid eligibility requirements set forth in Chapter 95 (Medicaid Eligibility) of Title 29 of the District of Columbia Municipal Regulations (DCMR); and
- (2) Substance Use Disorder (SUD) treatment eligibility factors set forth in § 6301 of Title 22-A DCMR.

9100.3 The Department of Behavioral Health (DBH) shall be responsible for establishing standards for determining each adult Medicaid beneficiary's eligibility for treatment under the ASARS program pursuant to the requirements set forth in Chapter 63 of Title 22-A DCMR.

9101 PROVIDER CERTIFICATION

9101.1 Each ASARS treatment provider shall be certified and comply with the certification requirements set forth by DBH pursuant to Chapter 63 (Certification Standards for Substance Use Disorder Treatment and Recovery Providers) of Title 22-A DCMR.

9102 PROVIDER SCREENING AND ENROLLMENT

9102.1 Prior to enrolling in Medicaid, each ASARS treatment provider shall first be certified by DBH in accordance with § 9101.1 of this chapter. Once certified, each ASARS treatment provider shall:

- (a) Be screened and enrolled in Medicaid pursuant to Chapter 94 (Medicaid Provider and Supplier Screening, Enrollment, and Termination) of Title 29 DCMR in order to be eligible for reimbursement under the Medicaid program; and
- (b) Include proof of certification in the application for enrollment in Medicaid.

9103 ADMINISTRATIVE ACTIONS

9103.1 Each Medicaid-enrolled ASARS treatment provider shall be subject to the administrative actions set forth under Chapter 13 (Medicaid Program Administrative Procedures) of Title 29 DCMR.

9104 REIMBURSEMENT

9104.1 ASARS shall be reimbursed according to a fee schedule rate for ASARS services included in an approved treatment plan, as described in Chapter 63 of Title 22-A DCMR. The fee schedule shall be published on the DHCF's website at www.dc-medicaid.com.

9105 RECORDS

9105.1 Each Medicaid-enrolled ASARS provider shall maintain beneficiary records and individual treatment plans in a manner that will render them amenable to audit and review by the U.S. Department of Health and Human Services, the Department of Health Care Finance (DHCF), DBH, and their authorized designees or agents.

9105.2 Each Medicaid-enrolled ASARS provider shall maintain, and make available complete financial records covering its operations upon request by the U.S. Department of Health and Human Services, DHCF, DBH and their authorized designees or agents.

9105.3 All required financial and treatment records and information shall be maintained in accordance with requirements set forth under Chapter 63 of Title 22-A DCMR.

9106 AUDITS AND REVIEWS

9106.1 This section sets forth the requirements for audits and reviews of ASARS services. DHCF shall perform regular audits of ASARS providers to ensure that Medicaid payments are consistent with efficiency, economy and quality of care, and made in accordance with federal and District conditions of payment. The audits shall be conducted at least annually and when necessary to investigate and maintain program integrity. DHCF may delegate the authority for audits and reviews described herein to DBH pursuant to a written memorandum of agreement. Any written memorandum of agreement shall require that DBH comply with the provisions of this section as DHCF's designee.

9106.2 DHCF shall perform routine audits of claims, by statistically valid scientific sampling, to determine the appropriateness of ASARS services rendered and billed to Medicaid to ensure that Medicaid payments can be substantiated by documentation that meets the requirements set forth in this rule, and made in accordance with federal and District rules governing Medicaid.

- 9106.3 If DHCF determines that claims are to be denied, DHCF shall recoup those monies erroneously paid to an ASARS provider for denied claims, following the period of Administrative Review as set forth in this rule.
- 9106.4 DHCF shall issue a Proposed Notice of Medicaid Overpayment Recovery (PNR) to the ASARS provider, which sets forth the reasons for the recoupment, the amount to be recouped, and the procedures and timeframes for requesting an Administrative Review of the PNR.
- 9106.5 The ASARS provider shall have thirty (30) calendar days from the date of the PNR to request an Administrative Review. The provider shall submit documentary evidence and/or written argument against the proposed action to DHCF in the request for an Administrative Review. If the provider fails to respond within thirty (30) calendar days, DHCF shall issue a Final Notice of Medicaid Overpayment Recovery (FNR), which shall include the procedures and timeframes for requesting an appeal.
- 9106.6 DHCF shall review the documentary evidence and/or written argument submitted by the ASARS provider against the proposed action described in the PNR. After this review, DHCF may cancel its proposed action, amend the reasons for the proposed recoupment and/or adjust the amount to be recouped. DHCF shall issue a FNR, which shall include the procedures and timeframes for requesting an appeal.
- 9106.7 Within fifteen (15) calendar days from date of the FNR, the ASARS provider may appeal the FNR by filing a written notice of appeal from the determination of recoupment with the Office of Administrative Hearings. The written notice requesting an appeal shall include a copy of the FNR, description of the item to be reviewed, the reason for review of the item, the relief requested, and any documentation in support of the relief requested.
- 9106.8 In lieu of the off-set of future Medicaid payments, the ASARS provider may choose to send a certified check made payable to the District of Columbia Treasurer in the amount of the funds to be recouped.
- 9106.9 Filing an appeal shall not stay any action to recover any overpayment.
- 9106.10 Each Medicaid-enrolled ASARS provider shall allow access during an onsite audit or review to DHCF, its designee, DBH, other authorized District of Columbia government officials, the Centers for Medicare and Medicaid Services (CMS), and representatives of the United States Department of Health and Human Services, to relevant records and program documentation.
- 9106.11 Each Medicaid-enrolled ASARS provider shall facilitate audits and reviews by maintaining the required records and by cooperating with the authorized personnel assigned to perform audits and reviews.