

## DEPARTMENT OF HEALTH CARE FINANCE

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health Care Finance, pursuant to the authority set forth in An Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02 (2014 Repl. & 2015 Supp.)) and Section 6(6) of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6) (2012 Repl.)), hereby gives notice of the adoption of an amendment to Chapter 52 (Medicaid Reimbursement for Mental Health Rehabilitative Services) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

This final rulemaking establishes reimbursement rates and codes for two new MHRS services authorized through a Medicaid State Plan Amendment (SPA). They are Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Child-Parent Psychotherapy – Family Violence (CPP-FV). TF-CBT is designed primarily to help young children ages four to eighteen (4-18) who have suffered traumatic life events; CPP-FV is a relationship-based treatment designed for children ages zero to six (0-6) who have suffered trauma and, as a result, have difficulty regulating their behaviors and emotions.

Additionally, a new program has been developed that will train family members as peers to assist other families who have children with serious mental disorders. This assistance is a type of Community Support and the new code and rate reflect that particular service. The new rate has been added to reflect the new Certified Peer Specialist – Family Service. The Department of Behavioral Health (DBH) has established a Certified Peer Program for peers who are often critical to the engagement and success of people, including families with children, who have mental illness or serious emotional disorders.

The Medicaid State Plan Amendment (SPA) authorizing the delivery and reimbursement of these services was approved on November 14, 2014. A Notice of Emergency and Proposed Rulemaking was adopted on November 25, 2015 and published in the *D.C. Register* on December 4, 2015 at 62 DCR 015706. No comments were received and no changes have been made.

The Director adopted these rules as final on March 25, 2016. These rules shall become effective on the date of publication of this notice in the *D.C. Register*.

**Chapter 52, MEDICAID REIMBURSEMENT FOR MENTAL HEALTH REHABILITATIVE SERVICES, of Title 29 DCMR, PUBLIC WELFARE, is amended as follows:**

**Section 5213, REIMBURSEMENT, is amended to read as follows:**

**5213 REIMBURSEMENT**

5213.1 Medicaid reimbursement for Mental Health Rehabilitative Services (MHRS) provided to consumers other than consumers who are deaf or hearing-impaired shall be determined as follows:

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Diagnostic/ Assessment	T1023HE	An assessment, at least 3 hours in duration	\$256.02
	H0002	An assessment, 40 – 50 minutes in duration to determine eligibility for admission to a mental health treatment program	\$85.34
Medication Training & Support	H0034	15 minutes	\$44.65 – Individual
	H0034HQ	15 minutes	\$13.52 – Group
Counseling	H0004	15 minutes	\$26.42 – Individual
	H0004HQ	15 minutes	\$8.00 – Group
	H0004HR	15 minutes	\$26.42 – Family with Consumer On-Site
	H0004HS	15 minutes	\$26.42 – Family without Consumer On- Site
	H0004HETN	15 minutes	\$27.45 – Individual Off- Site
Community Support	H0036	15 minutes	\$21.97 – Individual

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
	H0036HQ	15 minutes	\$6.65 – Group
	H0036UK	15 minutes	\$21.97 – Collateral
	H0036AM	15 minutes	\$21.97 – Physician Team Member
	H0038	15 minutes	\$21.97 – Self- Help Peer
	H0038HQ	15 minutes	Support
	H0038HS	15 minutes	\$6.65 –Self- Help Peer Support Group
	H0038HQHS	15 minutes	\$21.97 – Family/Couple Peer Support
	H0036HR	15 minutes	without Consumer
	H0036HS	15 minutes	\$6.65 –
	H0036U1	15 minutes	Family/Couple Peer Support Group Without Consumer
			\$21.97 – Family with Consumer
			\$21.97 – Family without Consumer
			\$21.97– Community Residence Facility
	H2023	15 minutes	\$18.61–

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
			Supported Employment (Therapeutic)
Crisis/ Emergency	H2011	15 minutes	\$36.93
Day Services	H0025	One day, at least 3 hours in duration	\$123.05
Intensive Day Treatment	H2012	One day, at least 5 hours in duration	\$164.61
Community- Based Intervention (Level I – Multi-Systemic Therapy)	H2033	15 minutes	\$57.42
Community- Based Intervention (Level II and Level III)	H2022	15 minutes	\$35.74
Community- Based Intervention (Level IV – Functional Family Therapy)	H2033HU	15 minutes	\$57.42
Assertive Community Treatment	H0039	15 minutes	\$38.04 – Individual
	H0039HQ	15 minutes	\$11.51 – Group
Trauma Focused	H004ST	15 minutes	\$35.74

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Cognitive Behavioral Therapy			
Child-Parent Psychotherapy for Family Violence	H004HT	15 minutes	\$35.74
5213.2 Medicaid reimbursement for MHRS provided to consumers who are deaf or hearing-impaired shall be determined as follows:			

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Diagnostic/ Assessment	T1023HEHK	An assessment, at least 3 hours in duration	\$345.63
	H0002HK	An assessment, 40 – 50 minutes in duration to determine eligibility for admission to a mental health treatment program	\$115.21
Medication Training & Support	H0034HK	15 minutes	\$60.28 – Individual
	H0034HQHK	15 minutes	\$18.25 – Group
Counseling	H0004HK	15 minutes	\$35.67 – Individual
	H0004HQHK	15 minutes	\$10.80 – Group
	H0004HRHK	15 minutes	\$35.67 – Family with Consumer On-Site

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
	H0004HSHK	15 minutes	\$35.67 – Family without Consumer On- Site
Community Support	H0036HK	15 minutes	\$29.66 – Individual
	H0036HQHK	15 minutes	\$8.98 – Group
	H0036UKHK	15 minutes	\$29.66 – Collateral
	H0036AMHK	15 minutes	\$29.66 – Physician Team Member
	H0038HK	15 minutes	\$29.66 – Self- Help Peer
	H0038HQHK	15 minutes	Support
	H0038HSHK	15 minutes	\$8.98 –Self-Help Peer Support Group
	H0038HQHK	15 minutes	\$29.66 – Family/Couple Peer Support
	H0036HRHK	15 minutes	without Consumer
	H0036HSHK	15 minutes	\$8.98 –
	H0036U1HK	15 minutes	Family/Couple Peer Support Group Without Consumer
			\$29.66 – Family without Consumer

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
			\$29.66— Community Residence Facility
	H2023HK	15 minutes	\$25.12 Supported Employment (Therapeutic)
Crisis/ Emergency	H2011HK	15 minutes	\$49.85
Day Services	H0025HK	One day, at least 3 hours in duration	\$166.12
Intensive Day Treatment	H2012HK	One day, at least 5 hours in duration	\$222.22
Community- Based Intervention (Level I – Multi-Systemic Therapy)	H2033HK	15 minutes	\$77.52
Community- Based Intervention (Level II and Level III)	H2022HK	15 minutes	\$48.25
Community- Based Intervention (Level IV – Functional Family Therapy)	H2033HUHK	15 minutes	\$77.52
Assertive Community	H0039HK	15 minutes	\$51.35 Individual

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Treatment	H0039HCHK	15 minutes	\$15.54 – Group
Trauma Focused Cognitive Behavioral Therapy	H004STHK	15 minutes	\$48.25
Child-Parent Psychotherapy for Family Violence	H004HTHK	15 minutes	\$48.25

5213.3 DBH shall be responsible for payment of the District's share or the local match for all MHRS in accordance with the terms and conditions set forth in the Memorandum of Understanding between Department of Health Care Finance (DHCF) and Department of Behavioral Health (DBH). DHCF shall claim the federal share of financial participation for all MHRS services.

5213.4 Providers shall not bill the client or any member of the client's family for MHRS services. DBH shall bill all known third-party payors prior to billing the Medicaid Program.

5213.5 Medicaid reimbursement for MHRS is not available for:

- (a) Room and board costs;
- (b) Inpatient services (including hospital, nursing facility services, intermediate care facility for persons with mental retardation services, and Institutions for Mental Diseases services);
- (c) Transportation services;
- (d) Vocational services;
- (e) School and educational services;
- (f) Services rendered by parents or other family members;
- (g) Socialization services;

- (h) Screening and prevention services (other than those provided under Early and Periodic, Screening Diagnostic Treatment requirements);
- (i) Services which are not medically necessary, or included in an approved Individualized Recovery Plan for adults or an Individualized Plan of Care for children and youth;
- (j) Services which are not provided and documented in accordance with DBH-established MHRS service-specific standards; and
- (k) Services furnished to a person other than the Medicaid client when those services are not directed exclusively to the well-being and benefit of the Medicaid client.