

DEPARTMENT OF HEALTH CARE FINANCE

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health Care Finance (DHCF), 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 (2006 Repl. & 2011 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)(2008 Repl.)), hereby gives notice of the adoption, on an emergency basis, of a new chapter 91, Medicaid Reimbursement for Adult Substance Abuse Rehabilitative Services, of title 29, Public Welfare, of the District of Columbia Municipal Regulations (DCMR).

The emergency and proposed rule implements the State Plan amendment that provides adult Medicaid beneficiaries in the District of Columbia with access to a core set of services that are designed to reduce and/or ameliorate substance use disorder. The Adult Substance Abuse Rehabilitative Services (ASARS) Program was created in accordance with federal requirements set forth in 42 C.F.R. § 440.130(d). To ensure maximum effectiveness of treatment, the ASARS Program offers varying levels of care within each of seven (7) service categories, based upon individual need. DHCF developed the ASARS Program in collaboration with the Addiction Prevention and Recovery Administration (APRA) of the Department of Health.

This emergency rulemaking is required to ensure prompt provision of ASARS to Medicaid beneficiaries with a demonstrated medical need. Emergency action is necessary for the immediate preservation of the health, safety, and welfare of Medicaid beneficiaries who are in need of substance abuse treatment services, particularly adults who are over-utilizing certain other health services because the current Medicaid program does not cover more permanent solutions for those who exhibit an immediate need for treatment for substance use disorder.

The corresponding amendment to the District of Columbia State Plan for Medical Assistance (State Plan) must be approved by the Council of the District of Columbia (Council) and the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). The State Plan was approved by the Council on January 8, 2012, and is awaiting approval by CMS. (See PR19-0478 entitled, "Medicaid Adult Substance Abuse Rehabilitative Services State Plan Amendment Approval Resolution of 2011").

The emergency rulemaking was adopted on March 1, 2012, and shall become effective on March 16, 2012 if the corresponding State Plan amendment has been approved by CMS with an effective date of March 16, 2012, or the effective date established by CMS in its approval of the corresponding State Plan amendment, whichever is later. The emergency rules will remain in effect for one hundred and twenty days (120) or until June 28, 2012, unless superseded by publication of a Notice of Final Rulemaking in the *D.C. Register*.

The Director also gives notice of the intent to take final rulemaking action to adopt these rules not less than thirty (30) days after the date of publication of this notice in the *D.C. Register*.

Chapter 91, MEDICAID REIMBURSEMENT FOR ADULT SUBSTANCE ABUSE REHABILITATIVE SERVICES, of title 29 PUBLIC WELFARE is added to read as follows:

CHAPTER 91 MEDICAID REIMBURSEMENT FOR ADULT SUBSTANCE ABUSE REHABILITATIVE SERVICES

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 ASARS shall be available to reduce and ameliorate substance use disorder which includes both substance abuse and substance dependence.
- 9100.3 The Department of Health, Addiction Prevention and Recovery Administration (APRA) shall be responsible for determining each adult Medicaid beneficiary's eligibility for treatment under the ASARS program pursuant to the requirements set forth in chapter 23 of title 29 DCMR.
- 9100.4 Adult Medicaid beneficiaries may present for treatment under the ASARS Program through either of the following:
- (a) A beneficiary may self-elect ASARS treatment;
 - (b) A legally authorized representative may select treatment under ASARS on behalf of an eligible Medicaid beneficiary; or
 - (c) The beneficiary has a legal obligation to seek medically necessary substance abuse treatment services.
- 9100.5 Medicaid reimbursement for ASARS treatment shall not be available for the following:
- (a) Treatment for inmates in public institutions, as defined in 42 C.F.R. § 435.1010;
 - (b) Services provided in nursing facilities, intermediate care facilities for persons with intellectual disabilities and institutions for mental diseases, as defined in section 1919(a) of the Social Security Act and 42 C.F.R. §§ 440.150 and 435.1010;
 - (c) Room, board, and transportation costs;

- (d) Services delivered as a component of human subjects research and/or clinical trials;
- (e) Educational, vocational, and job training services;
- (f) Services rendered by parents or other family members;
- (g) Legal services;
- (h) Strictly social or recreational services;
- (i) Services covered elsewhere in the District's State Plan, including habilitative and mental health rehabilitative services; and
- (j) Services which are not medically necessary.

9100.6 All services that require prior authorization shall be requested through the beneficiary's Clinical Care Coordinator.

9100.7 Each beneficiary receiving ASARS treatment shall be present at the time services are rendered.

9100.8 The following services are available for Medicaid reimbursement under the ASARS program:

- (a) Assessment and Diagnostic Services as described in § 9103;
- (b) Clinical Care Coordination as described in § 9104;
- (c) Crisis Intervention as described in § 9105;
- (d) Medically Managed Intensive Inpatient Detoxification as described in § 9106;
- (e) Substance Abuse Counseling as described in § 9107;
- (f) Medication Management as described in § 9108; and
- (g) Medication Assisted Treatment as described in § 9109.

9101 PROVIDER QUALIFICATIONS AND FACILITY CERTIFICATION STANDARDS

9101.1 In accordance with 42 C.F.R. § 440.130(d), ASARS shall be recommended by qualified physicians or other practitioners of the healing arts who are qualified to deliver substance abuse treatment services in accordance with the District of

Columbia Health Occupations Revision Act of 1985, as amended, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)) and implementing rules.

- 9101.2 The following types of practitioners shall be eligible to diagnose substance use disorder:
- (a) Physicians;
 - (b) Psychologists;
 - (c) Licensed Independent Clinical Social Workers; and
 - (d) Advanced Practice Registered Nurses when working collaboratively with a physician to provide assessment and diagnostic services.
- 9101.3 ASARS shall be delivered in substance abuse treatment facilities and programs that are APRA-certified in one (1) of more of the following categories:
- (a) Non-hospital inpatient detoxification as defined in chapter 23 of title 29 DCMR;
 - (b) Non-hospital residential treatment;
 - (c) Intensive Outpatient Treatment;
 - (d) Narcotic/Opioid Outpatient Treatment; or
 - (e) Outpatient Treatment.
- 9101.4 Each substance abuse treatment facility and program shall be enrolled as a Medicaid provider in order to be eligible for reimbursement under the Medicaid program.

9102 TREATMENT FRAMEWORK

- 9102.1 The ASARS treatment framework shall be based on four (4) levels of care established by the American Society for Addiction Medicine (ASAM). Treatment under the ASARS Program shall also support continuity of services across multiple levels of care. Delivery of ASARS shall be based on the beneficiary's level of care and length of the treatment episode.
- 9102.2 Levels of care under the ASARS program are as follows:
- (a) Level IV shall represent beneficiaries who are at high risk of experiencing withdrawal due to a diagnosed substance use disorder. Beneficiaries who

present for Level IV treatment shall require twenty-four (24) hour psychiatric care with related addiction treatment;

- (b) Level III shall represent beneficiaries who are at risk of experiencing withdrawal due to a diagnosed substance use disorder, but who do not require the full resources of a licensed hospital. Beneficiaries who present for Level III treatment shall require placement in facilities that offer twenty-four (24) structured settings;
- (c) Level II shall represent beneficiaries who are at minimal or moderate risk of severe withdrawal. Beneficiaries who present for Level II treatment shall require near-daily programs offering intensive engagement in order to progress after exhibiting signs of readiness to change; and
- (d) Level I shall represent beneficiaries who experience minimal or no risk of significant or severe withdrawal. Beneficiaries who present for Level I treatment shall be able to maintain abstinence from substances while pursuing recovery goals with minimal support.

9102.3 The average lengths of ASARS treatment episodes, by level of care, shall be as follows:

- (a) Level IV: Three (3) to five (5) days;
- (b) Level III: Approximately twenty-eight (28) days;
- (c) Level II: Thirty (30) to forty-five (45) days; and
- (d) Level I: Approximately one hundred twenty (120) days (excluding Medication Assisted Treatment).

9102.4 Prior authorization shall be required if a beneficiary experiences a relapse that requires him or her to repeat treatment at a level of care that was previously received during the same twelve (12)-month period.

9103 ASSESSMENT AND DIAGNOSTIC SERVICES

9103.1 Assessment and diagnostic services shall include the initial evaluation, initial and ongoing collection of relevant information and subsequent monitoring of information about a beneficiary who needs access to ASARS treatment.

9103.2 Assessment and diagnostic services shall include the following categories:

- (a) Initial assessment and diagnostic services;
- (b) Comprehensive assessment and diagnostic services;

- (c) Ongoing assessment and diagnostic services shall not exceed ninety-two (92) units; and
 - (d) Brief assessment and diagnostic services shall not exceed eight (8) units.
- 9103.13 Initial assessment and diagnostic services shall be delivered by the following qualified practitioners:
- (a) Registered nurses;
 - (b) Licensed Independent Social Workers;
 - (c) Licensed Professional Counselors; and
 - (d) Certified Addiction Counselors I and II.
- 9103.14 Comprehensive, ongoing, and brief assessment and diagnostic services shall be delivered by the following qualified practitioners:
- (a) Physicians;
 - (b) Psychologists;
 - (c) Licensed Independent Clinical Social Workers; and
 - (d) Advanced Practice Registered Nurses.

9104 CLINICAL CARE COORDINATION

- 9104.1 Each Medicaid beneficiary receiving ASARS treatment shall be assigned a Clinical Care Coordinator.
- 9104.2 Clinical Care Coordinators shall participate in a beneficiary's interdisciplinary team meetings in order to identify opportunities to further develop and/or update the treatment plan. The interdisciplinary team shall meet the requirements set forth in 29 DCMR § 2334.4.
- 9104.3 A unit of clinical care coordination service shall be one (1), fifteen (15) minute increment, pursuant to DHCF's billing criteria.
- 9104.4 Clinical care coordination service shall be subject to limitations on scope, frequency, and duration. Beneficiaries who require services in excess of established limits shall require prior authorization from DHCF.
- 9104.5 Limitations for clinical care coordination services, by level of care, per treatment episode are as follows:

- (c) Ongoing assessment and diagnostic services; and
 - (d) Brief assessment and diagnostic services.
- 9103.3 The assessment instruments shall incorporate American Society for Addiction Medicine (ASAM) patient placement criteria.
- 9103.4 The initial assessment and diagnostic services shall be required to determine an individual's need for substance treatment.
- 9103.5 The comprehensive assessment and diagnostic services shall be required to initiate a treatment episode.
- 9103.6 Initial, comprehensive, and ongoing assessment and diagnostic services shall include referrals, as well as development and refinement of treatment plans.
- 9103.7 Brief assessment and diagnostic services shall be used to incorporate updates to a beneficiary's diagnosis or treatment plan prior to transfer into a different level of care. Brief assessment and diagnostic services shall also be used to pre-screen for hospitalization and prior to a beneficiary's discharge from ASARS treatment.
- 9103.8 Initial and comprehensive assessment and diagnostic services shall be performed once per treatment episode.
- 9103.9 Clinical care coordinators shall determine the frequency of ongoing and brief assessment and diagnostic services and note this information in the beneficiary's treatment plan.
- 9103.10 A unit of assessment and diagnostic service shall be one (1), fifteen (15) minute increment, pursuant to Department of Health Care Finance's (DHCF) billing criteria.
- 9103.11 Assessment and diagnostic services shall be subject to limitations on scope, frequency, and duration. Beneficiaries who require services in excess of established limits shall require prior authorization from DHCF.
- 9103.12 Limitations for assessment and diagnostic services, per treatment episode are as follows:
- (a) Initial assessment and diagnostic services shall not exceed four (4) units;
 - (b) Comprehensive assessment and diagnostic services shall not exceed sixteen (16) units;

- (a) Level IV shall not exceed sixteen (16) units;
- (b) Level III shall not exceed sixty-four (64) units;
- (c) Level II shall not exceed ninety-six (96) units; and
- (d) Level I shall not exceed one-hundred ninety two (192) units. Beneficiaries at Level I and receiving long-term Medication Assisted Treatment shall be allowed an additional sixteen (16) units.

9104.6 Beneficiaries entering ASARS treatment at Level IV shall have clinical care coordination services provided by either qualified physicians or psychologists.

9104.7 Beneficiaries entering ASARS treatment at Level III shall have clinical care coordination services provided by qualified physicians, psychologists, licensed independent clinical social workers, or advanced practice registered nurse.

9104.8 Beneficiaries entering ASARS treatment at Levels II and I shall have clinical care coordination services provided by any of the following qualified practitioners:

- (a) Licensed independent clinical social worker;
- (b) Advanced practice registered nurse;
- (c) Registered Nurse;
- (d) Licensed independent social worker;
- (e) Licensed professional counselor; or
- (f) Certified addiction counselor II.

9104.9 Clinical care coordinators, except physicians and psychologists, shall provide clinical care coordination services under the supervision of the following practitioners:

- (a) Licensed independent clinical social worker;
- (b) Advanced practice registered nurse;
- (c) Registered nurse certified in chemical dependency;
- (d) Supervisory certified addiction counselor II as defined in 17 DCMR § 8715; or

- (e) An individual with a Bachelor’s degree from an accredited college or university in social work, counseling, psychology, or a closely related field, and at least two (2) full years of experience.

9105 CRISIS INTERVENTION

9105.1 Crisis intervention service shall be an immediate, short-term substance abuse treatment approach that assists a beneficiary to resolve a personal crisis that significantly jeopardizes treatment, recovery progress, health, and/or safety.

9105.2 A unit of crisis intervention service shall be one (1), fifteen (15) minute increment, pursuant to billing criteria established by DHCF.

9105.3 Limitations for crisis intervention during a twelve (12) month period, by level of care are as follows:

- (a) Level IV: Thirty-two (32) units;
- (b) Level III: One hundred sixty (160) units;
- (c) Level II : One hundred twenty (120) units; and
- (d) Level I: Eighty (80) units.

9105.4 Crisis intervention services shall be delivered by the following qualified practitioners:

- (a) Physician;
- (b) Psychologist;
- (c) Licensed independent clinical social worker;
- (d) Advanced practice registered nurse;
- (e) Registered nurse;
- (f) Licensed independent social worker;
- (g) Licensed professional counselor; and
- (h) Certified addiction counselor I and II.

9106 MEDICALLY MANAGED INTENSIVE INPATIENT DETOXIFICATION

- 9106.1 Medically Managed Intensive Inpatient Detoxification (MMIID), or Level IV Care, shall be a twenty-four (24) hour, medically directed evaluation and withdrawal management. Beneficiaries who are eligible for MMIID shall exhibit severe signs and symptoms of withdrawal from psychoactive substances that necessitate access to necessary primary medical and nursing care services.
- 9106.2 A beneficiary who is discharged from MMIID treatment shall be directly admitted into a residential substance abuse program through a “bed-to-bed” transfer unless APRA previously authorized an exception, or the beneficiary refuses admission to a residential program.
- 9106.3 Beneficiaries discharged from MMIID who refuse admission to residential treatment programs shall not maintain eligibility under the ASARS program for a period of six (6) consecutive months.
- 9106.4 A unit of MMIID service shall be one (1) day as an inpatient.
- 9106.5 A beneficiary who requires an MMIID stay greater than five (5) days shall obtain prior authorization. MMIID services shall not exceed ten (10) units per treatment episode.
- 9106.6 MMIID treatment shall be provided in free-standing, non-hospital substance abuse treatment facilities or programs that meet the standards for medical detoxification, as set forth in 29 DCMR § 2364.
- 9106.7 MMIID treatment shall be delivered by the following qualified practitioners:
- (a) A physician; or
 - (b) A psychologist, registered nurse, licensed independent clinical social worker, advanced practice registered nurse, licensed professional counselor, or certified addiction counselor II under the direction and supervision of a qualified physician and in accordance with applicable District of Columbia professional licensing laws.

9107 SUBSTANCE ABUSE COUNSELING – INDIVIDUAL, GROUP AND FAMILY

- 9107.1 Substance abuse counseling services shall include individual, group, and family counseling. These services shall incorporate a face-to-face, interactive process focused on assisting a beneficiary who manifests substance use disorder.
- 9107.2 The goal of substance abuse counseling shall be the cultivation of awareness, skills, and supports that are necessary in order to facilitate long-term recovery from substance use disorder.

- 9107.3 Substance abuse counseling services shall address the specific issues identified in a treatment plan and shall meet applicable requirements established in chapter 23 of title 29 DCMR.
- 9107.4 A unit of substance abuse counseling service shall be one (1), fifteen (15) minute increment, pursuant to DHCF's billing requirement.
- 9107.5 Substance abuse counseling services shall not be provided in conjunction with Medication Management, described in § 9108 of this chapter.
- 9107.6 Group and family substance abuse counseling services shall be exclusively for the recovery of a Medicaid beneficiary enrolled in ASARS treatment.
- 9107.7 Limitations for substance abuse counseling services, by level of care, per treatment episode are as follows:
- (a) Level IV:
 - (1) Individual: Shall not exceed twenty (20) units;
 - (2) Group: Shall not exceed twelve (12) units; and
 - (3) Family: Shall not exceed four (4) units;
 - (b) Level III:
 - (1) Individual: Not to exceed thirty-two (32) units;
 - (2) Group: Not to exceed eight hundred ninety-six (896) units; and
 - (3) Family: Not to exceed sixteen (16) units;
 - (c) Level II:
 - (1) Individual: Not to exceed twenty-four (24) units;
 - (2) Group: Not to exceed two hundred sixteen (216) units; and
 - (3) Family: Not to exceed twenty-four (24) units;
 - (d) Level I for beneficiaries who are also receiving Medication Assisted Treatment:
 - (1) Individual: Not to exceed forty-eight (48) units;
 - (2) Group: Not to exceed one hundred ninety-two (192) units; and

- (3) Family: Not to exceed twelve (12) units;
- (e) Level I for beneficiaries who are not receiving Medication Assisted Treatment:
 - (1) Individual: Not to exceed thirty-two (32) units;
 - (2) Group: Not to exceed three hundred eighty-four (384) units; and
 - (3) Family: Not to exceed sixteen (16) units and
- (f) Additional units for substance abuse counseling services shall be prior authorized through a request from the clinical care coordinator, subject to the beneficiary's level of care.

9107.8 Substance abuse counseling services shall be provided in APRA-certified substance abuse treatment facilities/programs; community-based settings otherwise approved or designated by APRA; and private practices with qualified practitioners authorized to provide substance abuse counseling according to their licensure pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.))

9107.9 Substance abuse counseling services shall be delivered by the following practitioners who shall be certified in substance abuse counseling:

- (a) Physician;
- (b) Psychologist;
- (c) Licensed independent clinical social worker;
- (d) Advanced practice registered nurse;
- (e) Registered nurse;
- (f) Licensed independent social worker;
- (g) Licensed professional counselor; and
- (h) Certified addiction counselor I and II.

9108 MEDICATION MANAGEMENT

- 9108.1 Medication management shall include the coordination and evaluation of medications consumed by beneficiaries, and shall include monitoring potential side effects, drug interactions, compliance with doses, and efficacy of medications.
- 9108.2 Medication management shall also include evaluation of a patient's need for Medication Assisted Treatment as described in § 9109, the provision of prescriptions, and ongoing medical monitoring and evaluation related to the use of the psychoactive drugs.
- 9108.3 A unit of medication management service shall be one (1), fifteen (15) minute increment, pursuant to billing criteria established by DHCF.
- 9108.4 Medication management shall not be conducted in conjunction with substance abuse counseling.
- 9108.5 Medication management shall not exceed ninety-six (96) units per treatment episode.
- 9108.6 Medication management services shall be provided at substance abuse treatment facilities and programs certified by APRA; community-based setting otherwise approved or designated by APRA; and private practice offices of individuals authorized to provide medication management services according to their licensure pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.))
- 9108.7 Medication management shall be delivered by the following qualified practitioners:
- (a) A physician; and
 - (b) An advance practice registered nurse and physician assistant who are supervised by qualified physicians.

9109 MEDICATION ASSISTED TREATMENT

- 9109.1 Medication Assisted Treatment (MAT) is the use of pharmacotherapy as long-term treatment for opiate or other forms of dependence. MAT shall include medication dosing used in conjunction with substance abuse counseling.
- 9109.2 Beneficiaries enrolled in MAT shall also be enrolled in substance abuse counseling.
- 9109.3 A unit of MAT shall be one (1) dose of medication per day.

- 9109.4 MAT shall be prior authorized, subject to the beneficiary's level of care and meet the following requirements:
- (a) Beneficiaries receiving MAT shall require two (2) prior authorizations before long-term maintenance can be authorized;
 - (b) A beneficiary new to ASARS treatment shall have an initial authorization of up to ninety (90) units of daily medications; and
 - (c) The provider may then request prior authorization for an additional ninety (90) units, if appropriate, after which the patient may receive authorization for long-term MAT up to one hundred eighty (180) units.
- 9109.5 Additional limitations for MAT are as follows:
- (a) MAT shall not exceed three hundred sixty-five (365) units per twelve (12) month period;
 - (b) Except for MAT covering the administration of buprenorphine, MAT shall be provided in substance abuse treatment facilities or programs certified by APRA, or other community-based settings approved or designated by APRA; and
 - (c) MAT that includes the administration of buprenorphine shall be limited to private practice offices of individuals authorized to prescribe buprenorphine according to their licensure pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)).
- 9109.6 Qualified physicians or advance practice registered nurses, and physician assistants who are supervised by qualified physicians shall deliver MAT.

9110 REIMBURSEMENT

- 9110.1 Medicaid reimbursement shall be available for the seven (7) categories of services described under this section. ASARS shall be reimbursed according to a fee schedule rate for each service included in an approved treatment plan.
- 9110.2 Separate reimbursement rates shall be established for services eligible to be rendered in community-based, group, and family settings.
- 9110.3 The fee schedule shall be published on the DHCF's website at www.dc-medicaid.com.

9199 DEFINITIONS

9199.1 When used in this chapter, the following terms and phrases shall have the following meanings:

Advanced Practice Registered Nurse - A person who is licensed or authorized to practice as an advance practice registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)).

Certified Addiction Counselor - A person who is licensed or authorized to practice as a certified addiction counselor pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)).

Licensed Independent Clinical Social Worker - A person who is licensed or authorized to practice as a licensed independent clinical social worker pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)).

Licensed Independent Social Worker - A person who is licensed or authorized to practice as a licensed independent social worker pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)).

Licensed Professional Counselor - A person who is licensed or authorized to practice as a licensed professional counselor pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)).

Pharmacotherapy - Medical treatment conducted through the use of pharmaceuticals.

Physician - A person who is licensed or authorized to practice medicine pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)).

Psychologist - A person who is licensed or authorized to practice as a psychologist pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)).

Registered Nurse - A person who is licensed or authorized to practice as a registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2007 Repl. & 2011 Supp.)).

Substance Abuse - A maladaptive pattern of substance use, including alcohol, illicit drugs, and pharmaceuticals. Substance Abuse is manifested by recurrent and significant adverse consequences, including: 1) failure to fulfill obligations; 2) repeatedly subjecting one's self to physical hazards; 3) multiple legal problems; and 4) social and interpersonal issues. A Substance Abuse diagnosis requires a beneficiary to have had persistent, substance-related problem(s) within a twelve (12)-month period.

Substance Dependence - A cluster of cognitive, behavioral, and physiological symptoms that indicate persistent use of a substance. Substance Dependence is manifested by a repeated pattern of self-administration of substances that results in physical tolerance, withdrawal symptoms, and compulsive substance consumption. A diagnosis of Substance Dependence requires a beneficiary to have had persistent, substance-related problem(s) within a twelve (12)-month period.

Treatment Episode - The period between a beneficiary'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) (2008 Repl.).

Comments on the proposed rules shall be submitted in writing, to Linda Elam, Ph.D., Deputy Director/Medicaid Director, Department of Health Care Finance, 899 North Capitol Street, N.E., Sixth Floor, Washington, D.C. 20002, via telephone on (202) 442-9115, via email at DHCFPubliccomments@dc.gov, or online at www.dcregs.dc.gov, within thirty (30) days after the date of publication of this notice in the *D.C. Register*. Copies of the proposed rules may be obtained from the above address.