

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance and Department of Behavioral Health



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| <u>Meeting number (access code):</u><br>2308 364 9141 | <u>Meeting password:</u><br>7emQ4EeUBS4 | <u>Join by Phone</u><br>+1-202-860-2110, 23083649141## |
|---|---|--|

**Public Forum on Integrated Care**

March 8, 2023  
4:00 PM – 5:00 PM  
**WebEx Meeting**

**Link:** <https://dcnet.webex.com/dcnet/j.php?MTID=m9b5bf5e1700244941b4b4b1d31de6197>

**AGENDA**

**•Welcome & Opening Remarks**

*Dr. Barbara J. Bazron, Department of Behavioral Health (DBH)*  
*Melisa Byrd, Department of Health Care Finance (DHCF)*

**•DHCF/DBH Behavioral Health Integration Updates**

*Jennifer Joyce, DHCF*

**•Assertive Community Treatment**

*Dr. Barbara J. Bazron, Department of Behavioral Health (DBH)*  
*Melisa Byrd, Department of Health Care Finance (DHCF)*

**•Public Comment**

**•Next Steps**

**•Adjournment**

# Behavioral Health Integration

## Welcome & Opening Remarks



Dr. Barbara J. Bazron, *Director,*  
Department of Behavioral Health



# Behavioral Health Integration

## Welcome & Opening Remarks



Melisa Byrd, *State Medicaid Director*,  
Department of Health Care Finance



# Behavioral Health Integration

## Updates



Jennifer Joyce,  
*Behavioral Health Coordinator,*  
Department of Health Care Finance



# Medicaid Managed Care Contracts Will Be Implemented Effective April 1, 2023

- New contracts have been awarded to: Amerigroup, Amerihealth Caritas DC, and MedStar Family Choice DC.
- Led by DHCF, readiness is in final stage with Amerigroup for the April 1, 2023, start date.
- Transition activities are underway with CareFirst and will continue through September 30, 2024.
- Medicaid managed care enrollees were notified of changes in health plans on March 1, 2023.



# Provider Trainings



- Trainings available between January and September 2023
- Topics will include:
  - Person-Centered Care via *DBH Training Institute*  
**APRIL 27th & 28th 9am-12noon**
  - Clinical Documentation via *DBH Training Institute*  
**Supervising Encounter Notes - 3/17/23 1:00-4:30pm, April 6<sup>th</sup> 9:00am – 12:30pm**  
**Stages of Change – March 8<sup>th</sup> and April 3<sup>rd</sup> 9:00am-12:30pm**  
**Motivational Interviewing - 4/13/23 9:30-12:30pm**
  - Understanding Managed Care via *Integrated Care DC*  
**Planned for May 2023**

[DBH Training Institute | dmh \(dc.gov\)](https://dmh.dc.gov)

[Integrated Care DC Home | Integrated Care DC](#)

# New Service: Intensive Care Coordination

## Description

- Intensive Care Coordination services are based on the nationally recognized evidence-based High-Fidelity Wrap Around Model of care for children and adolescents (***See National Wraparound Initiative***).
- They include a collaborative, team-based care planning process where the family and team implement, track, and adapt an individualized Plan of Care (POC), and work toward the youth and family's long-term vision for the purpose to achieve positive outcomes in the home, school, and community.
- The process is coordinated and facilitated by a team leader (Wraparound Care Coordinator) who is trained in the Child and Family Team (CFT) process.

# New Service: Intensive Care Coordination

\* DHCF will ensure that the most up-to-date data on professional salaries is included in each rate model, which means that the actual rate is subject to change and providers should refer to the upcoming Medicaid fee schedule update/transmittal for the final rates.

| DRAFT* ICC RATES  |           |                             |                   |                             |
|---|-----------|-----------------------------|-------------------|-----------------------------|
| Service Type  | Rate Type | Current Fixed Contract Rate | New Medicaid Rate | Flex Funds (Locally Funded) |
| Intensive Care Coordination (Formerly High-Fidelity Wraparound) | Monthly   | \$884.39                    | \$1,553.44        | Up to \$1,000               |



# Rate Change: Community-Based Intervention (CBI)

## **Description**

Community Based Intervention (CBI) is time-limited, intensive, mental health intervention services delivered to children, youth, and their family.

Prevents utilization of an out-of-home therapeutic resource by the consumer.

Primarily focused on the development of consumer and family skills and is delivered in the family setting for the consumer to function in a family environment.

Eligible children or youth must be at risk for having a mental, behavioral, or emotional health diagnosis. Children and youth ages six (6) to twenty-one (21) are eligible for this service.

Prior authorization is required for enrollment and re-authorization is required for continued treatment beyond the initial prior authorized period.

# There are four levels of CBI service:

- Multisystemic Therapy (MST) model:
  - an intensive program for youth experiencing out of home placement.
  - Requires 24/7 availability and a caseload of 4-6 consumers per clinician.
- CBI Level II and CBI Level III:
  - In-Home and Community Based Services (IHCBS) model for youth with Child and Family Services Agency (CFSA) or the Department of Youth Rehabilitation Services (DYRS) involvement, negative behavioral related issues in school or a history of negative behavior.
  - Requires 24/7 availability and a caseload of 4-6 consumers per clinician. CBI level II and level III require a comparable level of input from providers. CBI Level III is typically authorized for 90 days while CBI Level II is typically authorized for a period of six months.
- Functional Family Therapy (FFT) model:
  - program for youth ages ten to eighteen (10-18yrs) with a history of moderate to serious behavioral problems which impair functioning in at least one (1) area. Requires a minimum caseload of 10-12 consumers per clinician.

| Service Type                                      | Unit       | Procedure Code and Modifier | Current Rate | New Draft* Rate |
|---|------------|-----------------------------|--------------|-----------------|
| Multi-Systemic Therapy (formerly CBI Level 1)     | 15 Minutes | H2033                       | \$55.18      | \$63.04         |
| Community-Based Intervention Levels II and III    | 15 Minutes | H2022                       | \$55.18      | \$60.45         |
| Functional Family Therapy (formerly CBI Level IV) | 15 Minutes | H2033-HU                    | \$55.18      | \$58.50         |

\*DHCF will ensure that the most up-to-date data on professional salaries is included in each rate model, which means that the actual rate is subject to change. Providers should refer to the upcoming Medicaid fee schedule update/transmittal for the final rates.

# Rate and Payment Modality Change: Assertive Community Treatment (ACT)

## **Description**

ACT is an intensive, integrated, rehabilitative, treatment and community-based service provided by an interdisciplinary team to individuals with serious and persistent mental illness.

Multidisciplinary ACT teams involve specific and dedicated staff to consumer ratios.

Service coverage by the ACT team is required to be available for crisis services 24 hours per day, seven days per week. At least sixty percent (60%) of services are required to be provided to the individual in non-office settings in the community.

| Service Type     | Procedure Code | Modifier | Current Rate (per 15 min unit) |
|------------------|----------------|----------|--------------------------------|
| ACT - Individual | H0039          |          | \$39.45                        |
| ACT - Group      | H0039          | HQ       | \$9.88                         |

| New Draft* Rate - Monthly |
|---------------------------|
| \$2,469.90                |

\*DHCF will ensure that the most up-to-date data on professional salaries is included in each rate model, which means that the actual rate is subject to change. Providers should refer to the upcoming Medicaid fee schedule update/transmittal for the final rates.

# Assertive Community Treatment (ACT)

## Discussion



Dr. Barbara J. Bazron, *Director*,  
Melisa Byrd, *Director*



# Discussion

1. Is the monthly rate requirement to provide a minimum of 8 hours of service reasonable?
2. What quality measures should be established for ACT?
3. Should additional training on the ACT fidelity model be provided?
4. Should we establish specific requirements for in-person vs. virtual treatment for service delivery?

# Public Comment



Public Forum on Integrated Care  
March 8, 2023





# Next Public Forum



April 26, 2023  
4:00-5:30pm



# Adjourn



Public Forum on Integrated Care  
March 8, 2023

