

## 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 (District) to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes (SSA) approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02 (2016 Repl. & 2019 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) (2018 Repl.)), hereby gives notice of the adoption, on an emergency basis, of a new Chapter 86 (Behavioral Health Transformation Demonstration Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations.

DHCF, in partnership with the Department of Behavioral Health (DBH), submitted a Section 1115 Behavioral Health Transformation Demonstration Program (demonstration program) application to the Centers for Medicare and Medicaid Services (CMS) on June 3, 2019 and received federal approval on November 6, 2019. Under the demonstration program, the District received authority to provide new behavioral health services reimbursed by the Medicaid program between January 1, 2020 and December 31, 2024. Waiver expenditure authority for services not covered under Section 8608 will expire by December 31, 2021. The District plans to seek CMS approval to convert authority for Medicaid coverage of expiring services to the District of Columbia Medicaid State Plan.

The goals of this demonstration program are to increase access to a broader continuum of behavioral health services for District Medicaid beneficiaries, advance the District's goals in the Opioid Strategic Plan, *Live.Long.DC*, and support movement towards a more person-centered system of physical and behavioral health care. The demonstration program will test whether the expenditure authority granted, in addition to other concurrent behavioral health delivery system enhancements and re-design efforts, results in increased access to behavioral health care services and improved behavioral health outcomes for District Medicaid beneficiaries diagnosed with substance use disorders (SUD), serious mental illness (SMI), and serious emotional disturbance (SED). Further information on the demonstration program, including CMS' notice of approval and the special terms and conditions governing District of Columbia's implementation of the demonstration program, are available on DHCF's website at <https://dhcf.dc.gov/1115-waiver-initiative>.

Under the demonstration program, DHCF is authorized to claim federal financial participation for a broad array of behavioral health services including: (1) services provided to non-elderly adults in an institution for mental disease (IMD); (2) crisis stabilization services; (3) trauma-informed behavioral health services; (4) transition planning services for individuals leaving inpatient and residential settings; (5) recovery support services; and (6) psychosocial rehabilitation services (also known as "Clubhouse" services); and (7) supported employment services. Additionally, DHCF is eliminating the one-dollar (\$1) copayment for prescriptions related to the provision of medication assisted treatment (MAT) services.

DHCF estimates that Medicaid expenditures under this demonstration program will total \$37,599,200 in demonstration year (DY) 2020 and \$40,110,911 in DY 2021.

The purpose of this emergency and proposed rulemaking is to set forth requirements governing beneficiary eligibility, provider participation, and Medicaid fee-for-service reimbursement for behavioral health services authorized under the demonstration program. Services and program changes authorized under the demonstration program will be phased in during the first demonstration year. The proposed rulemaking sets forth requirements for service and program changes to be implemented beginning January 1, 2020. Sections 8610, 8611, and 8612 are reserved for additional demonstration program services DHCF will provide in subsequent rulemaking. This rulemaking also corresponds to changes to the District's local authority to oversee behavioral health services being proposed by DBH under Title 22-A of the DCMR.

Emergency action is necessary for the immediate preservation of the health, safety, and welfare of District residents. This demonstration program was conceived, in large part, as a response to the crisis unfolding in the District relating to opioid use and abuse. DHCF and DBH expect implementation of the proposed changes to improve the quality of health outcomes for individuals diagnosed with SMI/SED and increase access to potentially life-saving treatment for individuals diagnosed with SUD.

The emergency rulemaking was adopted on November 27, 2019 and shall become effective on the date of publication of this notice in the *D.C. Register*. The emergency rules will remain in effect for one hundred and twenty (120) days or until March 26, 2019, 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 this emergency and proposed rule not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

## **CHAPTER 86            BEHAVIORAL HEALTH TRANSFORMATION DEMONSTRATION PROGRAM**

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**8600        GENERAL PROVISIONS**

8600.1       The purpose of this chapter is to establish standards governing the administration of the Medicaid Section 1115 Behavioral Health Transformation Demonstration Program (demonstration program) as authorized by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) under Section 1115 of the Social Security Act (SSA).

8600.2       Services and requirements set forth in this chapter shall be effective January 1, 2020 through December 31, 2024, in accordance with the Special Terms and Conditions (STCs), as set forth by CMS, in its approval of the demonstration program. The STCs are available on the Department of Health Care Finance's (DHCF) website at <https://dhcf.dc.gov/1115-waiver-initiative>.

8600.3       Except for services identified in § 8608, expenditure authority under this demonstration program will expire on December 31, 2021.

8600.4       Medicaid services authorized under this chapter are subject to evaluation and monitoring requirements consistent with the STCs and policy guidance published to the DHCF website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).

8600.5       The demonstration program may be terminated by CMS, or withdrawn, extended, or amended by DHCF in accordance with the requirements set forth in the approved STCs.

8600.6       DHCF shall publish and maintain provider guidance that supports implementation of the demonstration program on the DHCF website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).

**8601        ELIGIBILITY REQUIREMENTS**

8601.1       The demonstration program does not amend or change District of Columbia Medicaid eligibility requirements, standards, or methodologies set forth under the

District of Columbia Medicaid State Plan and applicable regulations under Title 29 of the District of Columbia Municipal Regulation (DCMR).

- 8601.2 Services outlined in this chapter will be available to individuals enrolled in District of Columbia Medicaid Program to the extent that the individual meets the criteria established for the service in this chapter.

**8602 REIMBURSEMENT**

- 8602.1 In order to receive Medicaid reimbursement, each demonstration program services provider shall enter into a provider agreement with DHCF and comply with the screening and enrollment requirements set forth in Chapter 94 (Medicaid Provider and Supplier Screening, Enrollment, and Termination) of Title 29 DCMR.
- 8602.2 Effective January 1, 2020, reimbursement for services set forth in this chapter shall be made according to the District of Columbia Medicaid fee schedule available online at [www.dc-medicaid.com](http://www.dc-medicaid.com). All future updates to Medicaid reimbursement rates for demonstration program services shall comply with the public notice requirements set forth under Section 988 of Chapter 9 of Title 29 DCMR and be posted to the DHCF website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).
- 8602.3 A public notice of demonstration program rate changes shall be published in the *D.C. Register* at least thirty (30) calendar days in advance of any changes and shall include a link to the Medicaid fee schedule.
- 8602.4 For services outlined in this chapter, the Department of Behavioral Health (DBH) shall be responsible for payment of the non-federal share of total expenditures in accordance with the terms and conditions set forth in the Memoranda of Understanding between DHCF and DBH.

**8603 PROGRAM SERVICES: PSYCHOSOCIAL REHABILITATION (CLUBHOUSE)**

- 8603.1 Psychosocial rehabilitation (also known as “Clubhouse”) services are behavioral, cognitive, or supportive interventions that assist individuals with the development of social networking, independent living, budgeting, self-care, and other skills to enable independent living and ongoing employment. Services under this section shall become effective January 1, 2020.
- 8603.2 Individuals eligible to receive psychosocial rehabilitation services are Medicaid recipients who meet the requirements set forth in Chapter 34 and Chapter 39 of Title 22-A DCMR.
- 8603.3 Psychosocial rehabilitation services shall be delivered in accordance with the requirements set forth in Chapters 34 and 39 of Title 22-A DCMR.

8603.4 Psychosocial rehabilitation service providers shall be certified in accordance with the requirements set forth in Chapters 34 and 39 of Title 22-A DCMR.

**8604 PROGRAM SERVICES: TRAUMA RECOVERY EMPOWERMENT MODEL**

8604.1 Trauma Recovery Empowerment Model (“TREM”) is a structured group therapy intervention for individuals who have survived trauma and have substance use disorders or mental health conditions.

8604.2 Effective March 1, 2020, individuals eligible to receive TREM services shall be Medicaid beneficiaries who meet requirements set forth in Chapter 34 or Chapter 63 of Title 22-A DCMR.

8604.3 Medicaid reimbursable TREM services shall include therapy sessions focused on:

- (a) Empowerment, self-comfort, and accurate self-monitoring, as well as ways to establish safe physical and emotional boundaries;
- (b) The trauma experience and its consequences; and
- (c) Skills building, including emphases on communication style, decision-making, regulating overwhelming feelings, and establishing safer, more reciprocal relationships.

8604.4 TREM services shall be furnished by a TREM provider certified in accordance with the requirements set forth in Chapter 34 or Chapter 63 of Title 22-A DCMR. TREM provider staff must complete DBH-approved TREM training.

**8605 PROGRAM SERVICES: TRAUMA SYSTEMS THERAPY**

8605.1 Trauma Systems Therapy (TST) is a comprehensive, phase-based treatment program for children and adolescents who have experienced traumatic events or who live in environments with ongoing stress or traumatic reminders.

8605.2 Effective March 1, 2020, Medicaid reimbursable TST services shall include:

- (a) Psychotherapy;
- (b) Home or community-based stabilization;
- (c) Emotion regulation skills training; and
- (d) Consultation with the psychopharmacologic treatment team.

8605.3 Medicaid beneficiaries who meet the requirements set forth in Chapter 34 of Title 22-A DCMR shall be eligible to receive Trauma Systems Therapy (TST) services, as provided under the Demonstration Program.

8605.4 TST services shall be furnished by providers that have been certified by DBH in accordance with requirements set forth in Chapter 34 of Title 22-A DCMR. TST provider staff must complete DBH-approved TST training.

**8606 PROGRAM SERVICES: RECOVERY SUPPORT SERVICES**

8606.1 Recovery support Services are non-clinical services and supports designed to support and maintain ongoing recovery from a substance use disorder (SUD). Services under this section shall become effective January 1, 2020.

8606.2 Medicaid reimbursable recovery support services shall include:

- (a) Recovery Support evaluation;
- (b) Goal setting;
- (c) Case management;
- (d) Coaching;
- (e) Counseling; and
- (f) Other services designed to assist individuals with SUD with successful implementation of their recovery plan in either individual or group settings, provided in accordance requirements set forth in Chapter 63 of Title 22-A DCMR.

8606.3 Medicaid beneficiaries eligible to receive recovery support services shall meet the following criteria:

- (a) Have a diagnosis of a SUD who are currently in treatment or have moved into recovery from substance use disorder; or
- (b) Be self-identified with having a SUD, but assessed, in accordance with Chapter 63 of Title 22-A DCMR, as not needing treatment.

8606.4 Recovery support services shall be furnished by Medicaid-enrolled providers certified as recovery support service providers in accordance with Chapter 63 of Title 22-A DCMR.

8606.5 Recovery support provider qualified staff include:

- (a) Certified recovery coaches;
- (b) Certified peer specialists; and
- (c) Other qualified providers authorized under Chapter 63 of Title 22-A DCMR.

**8607            PROGRAM SERVICES: SUPPORTED EMPLOYMENT SERVICES FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS**

8607.1           Supported employment is an evidence-based practice that:

- (a) Provides ongoing work-based vocational assessment, job development, job coaching, treatment team coordination, and vocational and therapeutic follow-along supports;
- (b) Involves community-based employment, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the consumer;
- (c) Provides services at various work sites; and
- (d) Provides part-time and full-time job options that are diverse, competitive, and integrated with co-workers without disabilities; are based in business or employment settings that have permanent status rather than temporary or time-limited status; and which pay at least minimum wage.

8707.2           Effective February 1, 2020, Medicaid reimbursable vocational supported employment services shall include the following, as defined in Chapter 37 of Title 22-A DCMR:

- (a) Intake;
- (b) Vocational Assessment;
- (c) Individualized Work Plan Development;
- (d) Treatment Team Coordination;
- (e) Disclosure Counseling;
- (f) Job Development;
- (g) Job Coaching; and
- (h) Vocational Follow-Along Supports for the beneficiary and employer.

- 8607.3 In accordance with the eligibility requirements set forth in Chapter 37 of Title 22-A DCMR, individuals eligible for vocational supported employment services shall:
- (a) Be a Medicaid beneficiary at least eighteen (18) years of age;
  - (b) Indicate an interest in employment;
  - (c) Have supported employment identified as a needed service on a current, person-centered plan of care that has been reviewed by DBH; and
  - (d) Be determined by DBH as meeting the following needs-based criteria set forth in Chapter 37 of Title 22-A DCMR.
- 8607.4 Individuals shall be assessed for supported employment services by an entity designated by DBH.
- 8607.5 The designated assessment entity shall conduct the needs-based assessment in accordance with the requirements set forth in Chapter 37 of Title 22-A DCMR and shall conduct a reassessment at least every one-hundred eighty (180) days or upon significant change in the beneficiary's condition.
- 8607.6 The designated assessment entity shall also be responsible for developing the person-centered plan of care, as identified in § 8607.3(c), in accordance with federal regulations under 43 CFR § 441.725 and requirements set forth in Chapter 37 of Title 22-A DCMR.
- 8607.7 The person-centered plan of care must be reviewed and revised by the designated assessment entity in accordance with the requirements set forth in Chapter 37 of Title 22-A DCMR.
- 8607.8 The designated assessment entity shall also assist the Medicaid beneficiary in identification and selection of a supported employment provider.
- 8607.9 The assessment and the person-centered plan of care shall be reviewed by DBH, consistent with the requirements set forth in Chapter 37 of Title 22-A DCMR prior to initiation of supported employment services.
- 8607.10 Following review and approval of the assessment information and person-centered plan of care, DBH shall issue an authorization for the initiation of supported employment services by the beneficiary-selected supported employment provider, in accordance with the requirements set forth in Chapter 37 of Title 22-A DCMR.
- 8607.11 The designated assessment entity shall inform the beneficiary of his or her eligibility for supported employment services.



- 8607.12 Supported employment providers shall be certified in accordance with the requirements set forth in Chapter 37 of Title 22-A DCMR.
- 8607.13 A supported employment provider shall develop an Individualized Work Plan for each Medicaid beneficiary receiving supported employment services, in accordance with the requirements set forth in Chapter 37 of Title 22-A DCMR.
- 8607.14 A Medicaid beneficiary shall not receive supported employment services if they reside in an institutional setting or any setting that is not in compliance with the Home and Community-Based Services (HCBS) setting requirements consistent with 42 CFR § 441.301.
- 8608 PROGRAM SERVICES: SERVICES PROVIDED IN INSTITUTIONS FOR MENTAL DISEASE FOR MEDICAID BENEFICIARIES AGED 21-64**
- 8608.1 Medicaid reimbursable treatment provided in inpatient or residential treatment settings that qualify as institutions for mental disease (IMD) shall include services which:
- (a) Are medically necessary to diagnose, treat, or stabilize the underlying illness, condition, or disease;
  - (b) Identified within and provided in accordance with an individualized plan of care; and
  - (c) Authorized under the District of Columbia Medicaid State Plan or a waiver thereof.
- 8608.2 Medicaid beneficiaries are eligible for services provided within an IMD under the demonstration program, when they:
- (a) Are aged twenty-one (21) to sixty-four (64);
  - (b) Require short-term inpatient or residential treatment to resolve or ameliorate the symptoms associated with the acute phase of a behavioral health crisis, as determined by a qualified practitioner practicing in accordance with licensure requirements, as set forth under the District of Columbia Health Occupations Revision Act of 1985 and applicable regulations.
- 8608.3 The individualized plan of care, identified in § 8608.1(b) shall be developed by a multi-disciplinary team of practitioners following diagnosis of the beneficiaries underlying condition and comprehensive assessment of the beneficiary's treatment needs.

- 8608.4 The multi-disciplinary team shall include psychiatrists, psychologists, advanced practice registered nurses, and other qualified providers practicing in accordance with licensure requirements, as set forth under the District of Columbia Health Occupations Revision Act of 1985 and applicable regulations.
- 8608.5 District inpatient and residential behavioral health service providers shall be licensed or certified in accordance with the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48, D.C. Official Code §§ 44- 501 *et seq.*) or otherwise applicable licensure or certification requirements as set forth under District law.
- 8608.6 Eligible providers must meet the definition of an institution for mental disease as set forth at 42 CFR § 435.1010.
- 8608.7 Inpatient mental health and SUD treatment shall be delivered by a facility that meets the conditions of participation set forth in 42 CFR § 482 and be either:
- (a) A licensed or certified facility that meets the conditions of participation; or
  - (b) Accredited by nationally recognized accreditation entity by a national accrediting organization whose psychiatric hospital accreditation program or acute hospital accreditation program has been approved by CMS.
- 8608.8 Residential SUD treatment shall be delivered by a certified facility that, as assessed by the District or a nationally recognized accreditation entity, delivers care consistent with requirements under Chapter 63 of Title 22-A DCMR.
- 8608.9 Residential mental health treatment shall be delivered by a facility that, as assessed by the District or a nationally recognized accreditation organization, delivers care consistent with nationally recognized, mental health-specific program standards for residential treatment facilities.
- 8608.10 To be eligible for Medicaid reimbursement, inpatient and residential SUD treatment providers must provide Medication Assisted Treatment (MAT) services directly or facilitate the provision of MAT services by providing transportation for beneficiaries to obtain medications at a MAT provider and participating in the coordination of care in conjunction with MAT providers.
- 8608.11 Effective January 1, 2020, Medicaid reimbursement for services provided in an IMD located in the District of Columbia shall be made according to the District of Columbia Medicaid fee schedule available online at <https://www.dc-medicaid.com/dcwebportal/home>.
- 8608.12 DHCF shall reimburse IMD providers located outside the District of Columbia at the rate established by the Medicaid State Agency where the IMD is located.

- 8608.13 For Medicaid beneficiaries enrolled in a District Medicaid Managed Care Plan, DHCF shall only provide fee-for-service reimbursement to eligible providers for IMD stays that exceed the stays reimbursed by the Medicaid Managed Care Plan, pursuant to “in lieu of” requirements set forth under 42 CFR § 438 and subject to provider guidance provided by DHCF on its website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).
- 8608.14 DHCF will provide services for a targeted statewide average length of stay of thirty (30) days in inpatient and residential treatment settings.
- 8608.15 IMD stays for the treatment of SMI that exceed sixty (60) days are not Medicaid reimbursable.
- 8608.16 Medicaid fee-for-service reimbursement for IMD stays shall be authorized by DHCF or its designee. DHCF or its designee shall provide oversight of total length of stay by conducting concurrent utilization reviews.
- 8608.17 Inpatient SUD treatment services shall be billed on a per diem basis. Residential SUD treatment services shall be billed on a per unit basis.
- 8608.18 Inpatient SMI treatment services shall be billed on a per diem basis.
- 8608.19 Reimbursement under this section is available for acute inpatient or residential treatment provided in settings that qualify as IMDs. Medicaid reimbursement for long-term residential or long-term inpatient treatment is not available under this section.
- 8608.20 Effective April 1, 2020, IMD providers are required, as a condition of reimbursement for services authorized under this chapter, to participate through a formal agreement with a registered HIE entity of the DC Health Information Exchange (DC HIE), defined in Chapter 87 of Title 29 DCMR. Once they become a participating provider, IMD providers must also participate in a reporting process via the DC HIE throughout the demonstration period, in accordance with provider guidance published to the DHCF website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).
- 8608.21 Medicaid reimbursement for services provided in general hospitals, intermediate care facilities, nursing facilities, or skilled nursing facilities is not governed or authorized under this section.
- 8608.22 Medicaid reimbursement is not available for services provided to beneficiaries who are involuntarily residing in an inpatient or residential treatment facility by operation of criminal law.

**8609            PROGRAM SERVICES: LICENSED BEHAVIORAL HEALTH PRACTITIONERS**

8609.1            Effective January 1, 2020, the following licensed behavioral health providers shall be eligible to enroll in the District of Columbia Medicaid Program and provide behavioral health services, regardless of program affiliation:

- (a)      Psychologists;
- (b)      Licensed Independent Clinical Social Workers;
- (c)      Licensed Professional Counselors; and
- (d)      Licensed Marriage and Family Therapists.

8609.2            Medicaid reimbursement will be available for the following services, when provided to an eligible Medicaid beneficiary by a licensed behavioral health practitioner identified in § 8609.1, practicing within the scope of their licensure, in accordance with requirements set forth under the District of Columbia Health Occupations Revision Act of 1985, District of Columbia Official Code Title 3, Chapter 12 Sections 3-1201.01-3-1213.13, 3-1251.01-3.1251.16 and applicable regulations:

- (a)      Assessment, Diagnostic, and Screening services; and
- (b)      Psychological Testing.

8609.3            Medicaid reimbursement will be available for the following services, when provided to an eligible Medicaid beneficiary diagnosed with a serious emotional disturbance, SMI, or SUD by a licensed behavioral health practitioner identified in § 8609.1 practicing within the scope of their licensure, in accordance with requirements set forth under the District of Columbia Health Occupations Revision Act of 1985 District of Columbia Official Code Title 3, Chapter 12 Sections 3-1201.01-3-1213.13, 3-1251.01-3.1251.16 and applicable regulations:

- (a)      Counseling and Psychotherapy; and
- (b)      Treatment Planning and Care Coordination.

8609.4            Medicaid reimbursement rates for fee-for-service behavioral health services provided in accordance with this section shall be eighty percent (80%) of the rates paid by the Medicare Program. The reimbursement rates for behavioral health services shall be posted on Department of Health Care Finance's website at [www.dc-medicaid.com](http://www.dc-medicaid.com) and updated annually.

- 8609.5 For services identified in §§ 8609.2 and 8609.3, where the procedure code does not fall within the Medicare fee schedule, the methodology set forth § 8609.6 shall be used to establish the Medicaid reimbursement rate.
- 8609.6 DHCF shall consider the following factors to establish the Medicaid reimbursement rate for procedure codes that do not fall within the Medicare fee schedule:
- (a) Practitioner fees;
  - (b) Fee schedules from other states;
  - (c) Similar procedures with established fees; or
  - (d) Private insurance payments.
- 8610 CRISIS STABILIZATION SERVICES [RESERVED]**
- 8611 SUPPORTED EMPLOYMENT SERVICES FOR BENEFICIARIES WITH A SUBSTANCE USE DISORDER [RESERVED]**
- 8612 TRANSITION PLANNING SERVICES [RESERVED]**
- 8613 MEDICATION ASSISTED TREATMENT BENEFICIARY COST SHARING**
- 8613.1 Medicaid amount, duration and scope requirements, as set forth under § 1902(a)(10)(B) of the SSA, and comparability requirements, as set forth under §§ 1902(a)(10) and 1902(a)(17) are waived under this demonstration program to enable the DHCF to exempt beneficiaries receiving SUD treatment under this demonstration from one-dollar (\$1) pharmacy cost-sharing requirements when they are receiving prescriptions associated with MAT.
- 8613.2 There shall be no Medicaid beneficiary cost-sharing for prescriptions associated with the provision of MAT services.
- 8613.3 Medicaid reimbursement for prescriptions associated with the provision of MAT services shall increase by the cost-sharing amount set forth in the District of Columbia Medicaid State Plan fee-for-service pharmacy services.
- 8613.4 Effective January 1, 2020, DHCF shall increase fee-for-service pharmacy provider reimbursement rates for prescriptions associated with provision of MAT services by the cost-sharing amount identified in § 8613.3.

**8614 RECORDKEEPING**

- 8614.1 Each provider of demonstration program services shall establish and implement a privacy plan to protect the privacy and confidentiality of a beneficiary's records.
- 8614.2 The disclosure of information by a provider of demonstration program services shall be subject to all provisions of applicable District and federal laws governing the privacy and security of health and personal information.
- 8614.3 Each provider of demonstration program services shall maintain complete beneficiary records, financial records covering its operations, and individual treatment plans, in accordance with the service requirements set forth in this chapter, and shall maintain each record for a period of no less than ten (10) years.

**8615 ACCESS TO RECORDS**

- 8615.1 Each Medicaid-enrolled provider of waiver services 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, DHCF, DBH, and their authorized designees or agents. Providers must allow appropriate DHCF personnel, DBH personnel, representatives of the U.S. Department of Health and Human Services, and other authorized designees or officials of the District of Columbia government and federal government full access to all records upon request and during announced or unannounced audits or reviews.

**8616 AUDITS AND REVIEWS**

- 8616.1 This section sets forth the requirements for audits and reviews of demonstration program services set forth in this chapter. DHCF, or its designee, shall perform regular audits of eligible 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.
- 8616.2 DHCF, or its designee, shall perform routine audits of claims, by statistically valid scientific sampling, to determine the appropriateness of inpatient and residential 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.
- 8616.3 The audit process may utilize statistically valid sampling methods to ensure that a statistically valid sample is drawn when the audit is based on claims sampling. The audit process may review all claims by type, time-period, or other criteria established by DHCF or other entities. Statistically valid and commonly accepted

standards methods for calculating overpayments will be followed. If DHCF denies a claim during an audit, DHCF shall recoup, by the most expeditious means available, those monies erroneously paid to the provider for denied claims, following the process for administrative review as outlined below:

- (a) DHCF shall issue a Notice of Proposed Medicaid Overpayment Recovery (NPMOR), which sets forth the reasons for the recoupment, including the specific reference to the particular sections of the statute, rules, or provider agreement, the amount to be recouped, and the procedures for requesting an administrative review.
- (b) The Provider shall have thirty (30) days from the date of the NPMOR to submit documentary evidence and written argument to DHCF against the proposed action;
- (c) The documentary evidence and written argument shall include a specific description of the item to be reviewed, the reason for the request for review, the relief requested, and documentation in support of the relief requested;
- (d) Based on review of the documentary evidence and written argument, DHCF shall issue a Final Notice of Medicaid Overpayment Recovery (FNMOR);
- (e) Within fifteen (15) days of receipt of the FNMOR, the Provider may appeal the written determination by filing a written notice of appeal with the Office of Administrative Hearings (OAH), 441 4th Street, N.W., Suite 450 North, Washington, D.C. 20001; and
- (f) Filing an appeal with the OAH shall not stay any action to recover any overpayment.

8616.4 All participant, personnel, and program administrative and fiscal records shall be maintained so that they are accessible and readily retrievable for inspection and review by authorized government officials or their agents, as requested. DHCF shall retain the right to conduct audits or reviews at any time and audits or reviews may be announced or unannounced.

8616.5 All records and documents required to be kept under this chapter and other applicable laws and regulations which are not maintained or accessible in the operating office visited during an audit shall be produced for inspection within twenty-four (24) hours, or within a shorter reasonable time if specified, upon the request of the auditing official.

8616.6 The failure of a provider to release or to grant access to program documents and records to the DHCF auditors in a timely manner, after reasonable notice by

DHCF to the provider to produce the same, shall constitute grounds to terminate the Medicaid Provider Agreement. This provision in no way limits DHCF's ability to terminate any Medicaid Provider Agreement for any other reason.

8616.7 As part of the audit process, documents providers shall grant access, which may include, but is not limited, to the following:

- (a) Relevant financial records;
- (b) Statistical data to verify costs previously reported;
- (c) Program documentation;
- (d) A record of all service authorization and prior authorizations for services;
- (e) A record for all request for change in services;
- (f) Any records listed in § 8614, in addition to any other records relating to the adjudication of claims, including, the number of units of the delivered service, the period during which the service was delivered and dates of service, and the name, signature, and credentials of the service provider(s); and
- (g) Any record necessary to demonstrate compliance with rules, requirements, guidelines, and standards for implementation and administration of demonstration program services.

8616.8 Nothing in this rule effects a provider's independent legal obligation under this chapter and federal and District law to self-identify overpayments and repay within sixty (60) days of discovery.

## **8617 QUALITY OVERSIGHT AND PROVIDER REPORTING**

8617.1 Medicaid reimbursement for services provided under this chapter are authorized under Section 1115(a)(2) of the SSA and are subject to evaluation and monitoring requirements consistent with the terms and conditions of the authorized demonstration.

8617.2 As a condition of reimbursement for services authorized under this chapter, providers are required to report any clinical, billing, or utilization information related to provision of service authorized under this chapter to DHCF, its designee, or CMS upon request.

8617.3 DHCF shall publish and maintain provider guidance with regard to quality oversight and provider reporting requirements, or subsequent changes, on the DHCF website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).



**8699 DEFINITIONS**

8699.1 For purposes of this chapter, the following terms shall have the meanings ascribed:

**Case Management** – A collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet the beneficiary's behavioral health needs through communication and available resources.

**Clubhouse** – See Psychosocial Rehabilitation Services.

**Counseling** - Individual, group, or family face-to-face services for symptom and behavior management, development, restoration, or enhancement of adaptive behaviors and skills, and enhancement or maintenance of daily living skills.

**Department of Behavioral Health (DBH)** - District of Columbia, Department of Behavioral Health.

**Department of Health Care Finance (DHCF)** - The executive department responsible for administering the Medicaid program within the District of Columbia effective October 1, 2008.

**Institutions for Mental Disease (IMD)** – A hospital or other institution of more than sixteen (16 ) beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for Individuals with Intellectual Disabilities is not an institution for mental diseases.

**Medication Assisted Treatment (MAT)** - The use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

**Medicaid Fee Schedule** - A comprehensive list of fee maximums used to reimburse providers on a fee-for-service basis located at [www.dc-medicaid.com](http://www.dc-medicaid.com).