
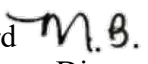




MEMORANDUM

TO: DBH Provider Partners

FROM: Barbara J. Bazron, Ph.D. 
Director, Department of Behavioral Health

Melisa Byrd 
Senior Deputy Director and State Medicaid Director,
Department of Health Care Finance

DATE: June 21, 2023 (**UPDATED July 28, 2023**)

RE: Updates for Assertive Community Treatment

UPDATE (July 28, 2023)

We write to update the operationalization and implementation plan for the Assertive Community Treatment (ACT) based on your ongoing feedback. We appreciate our continuing partnership and collaboration as we move forward in implementing the new ACT rate.

As a reminder, all policy changes detailed in this memorandum will take effect upon the promulgation of updated regulations and the approval of amendments to the District of Columbia Medicaid State Plan by the Centers for Medicare & Medicaid Services.

- *Monthly Billing Cycle: the monthly billing cycle will be based on the calendar month (e.g., August) instead of thirty days.*
- *Same Day / Same Provider: Providers may submit ACT claims for same beneficiary, same service, and same rendering practitioner on September 1, 2023. Up to two services by the same rendering practitioner on the same day will count toward the required eight contacts per month.*
- *Effective Date for Service and Rate Changes: The implementation date of the new ACT rate is September 1, 2023. This change is necessary to allow sufficient time for MMIS system reconfigurations to support the change to the same day/same provider billing and the calendar month billing cycle.*

Changes are denoted below in *italics* and ~~striketrough~~.

We appreciate the time and attention you have devoted in our work together to fully integrate behavioral health services into the District of Columbia's managed care program to support whole person care. Together, we are focusing attention on strengthening access and quality of care and ensuring appropriate reimbursement rates for services. You participated in the rate study by the Public Consulting Group (PCG) through the Behavioral Health Provider Survey, a provider focus group and ongoing discussion about proposed rate changes. The Department of Behavioral Health (DBH) and the Department of Health Care Finance (DHCF) are committed to public involvement in decisions that impact access to and delivery of high-quality services and have jointly incorporated your feedback in the updated Assertive Community Treatment (ACT) reimbursement methodology and rate.

We write to clarify the operationalization and implementation plan for the updated ACT rate.

All policy changes detailed in this memorandum will take effect upon the promulgation of updated regulations and the approval of amendments to the District of Columbia Medicaid State Plan by the Centers for Medicare & Medicaid Services. We will discuss these plans at our Provider Meeting on June 22, 2023. Please bring any questions or comments you have to the meeting so we can have a rich discussion.

Currently, approximately 2,300 consumers are receiving ACT services in the District.

As part of the behavioral health integration in Medicaid managed care, DBH and DHCF contracted with PCG to conduct a comprehensive rate study of DBH-certified behavioral health services, including ACT. As part of the rate study, PCG utilized data from Fiscal Years 2018 through 2021, input from providers through the Behavioral Health Provider Survey, a provider focus group and discussions with providers, DBH and DHCF subject matter experts, program staff and leadership to advise about the adoption of a proposed rate changes.

Currently, the District reimburses ACT providers through a fee-for-service model billed in fifteen minute units. DBH and DHCF are amending the ACT reimbursement methodology to a proposed \$2,375.43 monthly rate, effective ~~September 1, 2023~~ ~~August 1, 2023~~. A final rate review will be conducted to ensure the changes to the ACT requirements align with the rate assumptions. Once completed, DHCF will publish a provider transmittal announcing the final rate. In support of the monthly rate, ACT providers must document at least eight contacts with a consumer during a thirty-day billing cycle. ACT providers may submit up to two contacts per day. The following activities constitute one contact each:

1. Daily Team Meeting – The ACT provider may submit one daily team meeting per consumer as a contact within the *calendar month* ~~thirty-day billing cycle~~;
2. Contact with an Advanced Practice Registered Nurse (APRN) or Medical Doctor (MD) – The ACT provider must ensure that each consumer has at least one scheduled appointment per thirty-day billing cycle with an APRN or MD. The ACT provider must document whether a consumer attends the scheduled APRN/MD appointment in their electronic health record. If the consumer attends, the appointment will count as one contact. If a consumer fails or refuses to attend the provider will not be

penalized, but the appointment will not count towards the eight monthly contacts. Collateral contacts initiated by the APRN or MD and daily team meetings attended by the APRN or MD shall not be sufficient to meet this requirement;

3. Any face-to-face contact with a member of the ACT team during which the ACT team member delivers services consistent with the consumer's Individual Plan of Care (IPC);
4. A crisis/emergency service;
5. Hospital engagement including face-to-face contact with the consumer or a collateral contact with the hospital social worker, the psychiatrist, or the discharge planning team;
6. A contact with a consumer's natural support;
7. Psychotherapy services;
8. Psychoeducation services delivered to the consumer or to their natural support;
9. Independent skills teaching;
10. Case management episode;
11. Engagement episode; and
12. Collateral contact.

During the *calendar month* ~~thirty-day~~ billing cycle, the ACT provider must deliver at least five contacts face-to-face and may deliver up to three contacts via telehealth, including collateral contacts and the monthly MD/APRN contact. At least three contacts must be delivered by distinct qualified practitioners eligible to deliver ACT services pursuant to Title 22-A DCMR Chapter 34.

We understand the enormity of the changes to ACT and that a transition period is necessary to ensure Medicaid beneficiaries continued access to care while providers implement new service requirements. Effective *September 1, 2023* ~~August 1, 2023~~, DBH and DHCF expect adherence to the new ACT requirements. However, we also appreciate that full compliance may not be immediately achievable given the changes in service delivery, staffing, and billing requirements. DBH and DHCF will partner with providers during a transition period from *September 1, 2023* ~~August 1, 2023~~ through January 31, 2024 to ensure the successful implementation of ACT. Specifically, we are putting measures in place to support the transition to the new requirements, including the following:

1. *Provider Readiness*: To assist ACT providers with operationalizing these changes, DBH will offer grants of up to \$10,000.00 per ACT team to be used for start-up costs,

including staffing, staff retention, and training. DBH released a short grant application June 20, 2023. All applications will be due by close of business on June 28, 2023. DBH anticipates announcing all awards by no later than July 1, 2023. Please contact Michael Neff, Chief Operating Officer (Michael.Neff@dc.gov) for more information about ACT grants.

2. *Provider Sustainability and Payment Continuity:* To support the transition from the fee-for-service payment to the new monthly ACT payment, providers can bill at the beginning of the month and receive a partial payment for ACT services provided in August 2023. The partial payment will be equal to half of the ACT monthly rate. Providers can bill for the remainder of the monthly rate after completing the service requirements within the thirty-day billing cycle.
3. *Provider Technical Assistance:* DBH and DHCF will monitor service implementation during the transition period to identify technical assistance needs or potential modifications to the service delivery requirements. Providers should not rely solely on DBH and DHCF to identify challenges but rather should engage DBH and DHCF on any implementation challenges you experience.

DBH and DHCF will publish an updated ACT memorandum *and or issue a provider transmittal* by August 15, 2023 ~~June 27 2023~~, including billing guidance. In addition, DBH and DHCF anticipate publishing updated ACT regulations by August 4, 2023, ~~with an August 1, 2023 effective date.~~