

Reimbursement Methodology: Other Diagnostic, Screening, Preventive and Rehabilitative Services, i.e., Other Than Those Provided Elsewhere in this Plan

- A. The following services, when provided by agencies certified by the Department of Behavioral Health (“DBH”) are available for all Medicaid eligible individuals who elect to receive, or have a legally authorized representative to select on their behalf, Rehabilitation Option services and who are in need of behavioral health services and/or mentally ill or seriously emotionally disturbed:
1. Diagnostic/Assessment
 2. Medication/Somatic Treatment (Individual and Group)
 3. Counseling and Psychotherapy (Individual On-Site, Individual Off-Site and Group)
 4. Community Support (Individual and Group)
 5. Crisis/Emergency
 6. Day Services
 7. Intensive Day Treatment
 8. Community-Based Intervention
 9. Assertive Community Treatment
 10. Child-Parent Psychotherapy for Family Violence
 11. Trauma Focused Cognitive-Behavioral Therapy
- B. Mental health rehabilitation services (“MHRS”) shall be reimbursed according to a fee schedule rate for each MHRS identified in an approved service plan (i.e., Individualized Recovery Plan (“IRP”) or Individualized Plan of Care (“IPC”) and rendered to eligible consumers.
- C. A fee schedule rate for each MHRS shall be established based on analysis of comparable services rendered by similar professionals in the District of Columbia and other states.

The reimbursable unit of service for Diagnostic/Assessment shall be per assessment.

The reimbursable unit of service of Medication/Somatic Treatment, Counseling and Psychotherapy, Community Support, Crisis/Emergency, Community-Based Intervention and Assertive Community Treatment, shall be fifteen (15) minutes. Separate reimbursement rates shall be established for services eligible to be rendered either off-site or in group settings.

The reimbursable unit of service for Day Services and Intensive Day Treatment shall be one (1) day.

Rates shall be reviewed annually.

- D. Reimbursement for Child-Parent Psychotherapy for Family Violence and Trauma Focused Cognitive-Behavioral Therapy services, and defined in Supplement 6 to Attachment 3.1A and Supplement 3 to Attachment 3.1B, shall be paid based upon a state-developed fee schedule. Providers for both services are also defined in both Supplements. Reimbursement for both services is paid per one fifteen (15) minute unit of service.

The agency's fee schedule rate is set as of October 1, 2014 and is effective for services provided on or after that date. All rates are published on the agency's website at www.dc-medicaid.com. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private providers.

- E. Rates shall be consistent with efficiency, economy and quality of care.
- F. The fee development methodology will primarily be composed of provider cost modeling, through DC provider compensation studies, cost data, and fees from similar State Medicaid programs may also be considered. The following list outlines the major components of the cost model to be used in developing the fee methodology:
- (a) Staffing Direct Wages, including but not limited to:
Salaries, fringe benefits (e.g., health and dental insurance, Medicare tax, employment tax), and contract costs for eligible direct care service providers;
 - (b) Direct Program Costs, including but not limited to:
Materials, supplies, staff travel and training costs, program clinical and support salary and benefit costs, and additional allocable direct service costs unique to a provider;
 - (c) Indirect Costs, including but not limited to:
Administrative personnel cost, management personnel costs, occupancy costs, security costs, and maintenance and repair costs;
 - (d) Service utilization statistics, including but not limited to:
The total units of service provided and data related to service volume;
 - (e) Productivity Factors, including but not limited to hours of service; and
 - (f) Unique Program Costs.

Reimbursement Methodology: Other Diagnostic, Screening, Preventive and Rehabilitative Services, i.e., Other Than Those Provided Elsewhere in this Plan (continued)

- A. The following Adult Substance Abuse Rehabilitative Services (ASARS), as described in Supplement 3 to Attachment 3.1-B, p. 1 and pp 11-18; Supplement 6 to Attachment 3.1-A, p. 1 and pp 11-18; Supplement 1 to Attachment 3.1-A, p. 20; and Supplement 1 to Attachment 3.1-B, p. 19, when provided by facilities or programs certified by the Addiction Prevention and Recovery Administration (APRA) in the Department of Behavioral Health (formerly the Department of Mental Health), are available to all Medicaid eligible individuals who elect to receive, have a legally authorized representative select on their behalf, or are otherwise legally obligated to seek rehabilitative services for substance use disorder. Medicaid-reimbursable ASARS include the following categories of services:
- i. Assessment/Diagnostic and Treatment Plan
 - ii. Clinical Care Coordination
 - iii. Crisis Intervention
 - iv. Substance Abuse Counseling
 - v. Short Term Medically Monitored Intensive Withdrawal Management
 - vi. Medication Management
 - vii. Medication Assisted Treatment
- B. ASARS shall be reimbursed according to a fee schedule rate for each ASARS identified in an approved treatment plan. Reimbursement shall not be allowed for any costs associated with room and board.
- C. Rates shall be consistent with efficiency, economy and quality of care.
- D. The fee development methodology will primarily be composed of provider cost modeling, through DC provider compensation studies, cost data, and fees from similar State Medicaid programs may also be considered. The following list outlines the major components of the cost model to be used in developing the fee methodology:
- (a) Staffing Direct Wages, including but not limited to:
Salaries, fringe benefits (e.g., health and dental insurance, Medicare tax, employment tax), and contract costs for eligible direct care service providers;
 - (b) Direct Program Costs, including but not limited to:
Materials, supplies, staff travel and training costs, program clinical and support salary and benefit costs, and additional allocable direct service costs unique to a provider;
 - (c) Indirect Costs, including but not limited to:
Administrative personnel costs, management personnel costs, occupancy costs, security costs, and maintenance, insurance and repair costs;
 - (d) Service utilization statistics, including but not limited to:
The total units of service provided and data related to service volume;
 - (e) Productivity Factors, including but not limited to hours of service; and
 - (f) Unique Program Costs

- E. The reimbursable unit of service for Short Term Medically Monitored Intensive Withdrawal Management (MMIWM) shall be one (1) day.

The reimbursable unit of service for Medication Assisted Treatment shall be one (1) dose per day.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of adult substance abuse rehabilitative services. The DHCF fee schedule is effective for services provided on or after October 1, 2015. All rates are published on the state agency's website at www.dc-medicaid.com.