

DEPARTMENT OF HEALTH CARE FINANCE

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health Care Finance, 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 (2012 Repl.) 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) (2012 Repl.)), hereby gives notice of the adoption, on an emergency basis, of an amendment to Section 5213 of Chapter 52 (Medicaid Reimbursement for Mental Health Rehabilitative Services) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

The purpose of this amendment is to establish reimbursement rates to Department of Behavioral Health-certified mental health providers for Mental Health Rehabilitation Services (MHRS) provided to consumers who are deaf or hearing-impaired. Working with individuals who are deaf or hearing impaired often requires either a clinician with specific additional skills such as the ability to use American Sign Language (ASL) or the need to have an interpreter who can translate ASL. Additionally, in order to make the physical environment ADA-compliant, welcoming, and therapeutically appropriate for individuals who are hearing-impaired, buildings and offices require specific accommodations. Recognizing the costs of these requirements, reimbursement rates for providing MHRS to individuals who are deaf or hearing impaired have been modified from the regular MHRS rates to ensure providers with the specific skills to treat individuals in this population can continue to operate.

Additionally, the section has been updated to reflect the current name of the District of Columbia's State Medicaid agency, the Department of Health Care Finance (DHCF), formerly known as the Medicaid Assistance Administration (MAA); and the current name of the Department of Behavioral Health (DBH), formerly the Department of Mental Health (DMH).

Issuance of these rules on an emergency basis is necessary to ensure the continued provision of these critical mental health services to District residents with mental illness who are deaf or hearing-impaired. Service providers are unable to continue such services without sufficient reimbursement rates that allow the providers to provide services with the additional trained personnel and adjustments to the physical environment. Thus emergency action is necessary for the immediate preservation of the health, welfare, and safety of children, youth, and their families with mental illness who are also deaf or hearing-impaired and in need of mental health services.

The emergency rulemaking was adopted on November 18, 2014, and became effective on that date. The emergency rules shall remain in effect for one hundred and twenty (120) days, expiring March 18, 2015, unless superseded by publication of a Notice of Final Rulemaking in the *D.C. Register*. The Director also gives notice of intent to take final rulemaking action to adopt the proposed rules in not less than thirty (30) days after the date of publication of this notice in the *D.C. Register*.

Section 5213 of Chapter 52, MEDICAID REIMBURSEMENT FOR MENTAL HEALTH REHABILITATIVE SERVICES, of Title 29, PUBLIC WELFARE, of the DCMR is amended to read as follows:

5213 REIMBURSEMENT

5213.1 Medicaid reimbursement for MHRS provided to consumers other than consumers who are deaf or hearing-impaired shall be determined as follows:

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Diagnostic/ Assessment	T1023HE	An assessment, at least 3 hours in duration	\$256.02
	H0002	An assessment, 40 – 50 minutes in duration to determine eligibility for admission to a mental health treatment program	\$85.34
Medication Training & Support	H0034	15 minutes	\$44.65 – Individual
	H0034HQ	15 minutes	\$13.52 – Group
Counseling	H0004	15 minutes	\$26.42 – Individual
	H0004HQ	15 minutes	\$8.00 – Group
	H0004HR	15 minutes	\$26.42 – Family with Consumer On-Site
	H0004HS	15 minutes	\$26.42 – Family without Consumer On-Site

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
	H0004HETN	15 minutes	\$27.45 – Individual Off-Site
Community Support	H0036	15 minutes	\$21.97 – Individual
	H0036HQ	15 minutes	\$6.65 – Group
	H0036UK	15 minutes	\$21.97 – Collateral
	H0036AM	15 minutes	\$21.97 – Physician Team Member
	H0038	15 minutes	\$21.97 – Self-Help Peer Support
	H0038HQ	15 minutes	\$6.65 – Self-Help Peer Support Group
	H0036HR	15 minutes	\$21.97 – Family with Consumer
	H0036HS	15 minutes	\$21.97 – Family without Consumer
	H0036U1	15 minutes	\$21.97 – Community Residence Facility
	H2023	15 minutes	\$18.61 – Supported Employment (Therapeutic)
Crisis/ Emergency	H2011	15 minutes	\$36.93
Day Services	H0025	One day, at least 3 hours in duration	\$123.05
Intensive Day Treatment	H2012	One day, at least 5 hours in duration	\$164.61
Community-	H2033	15 minutes	\$57.42

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Based Intervention (Level I – Multi-Systemic Therapy)			
Community-Based Intervention (Level II and Level III)	H2022	15 minutes	\$35.74
Community-Based Intervention (Level IV – Functional Family Therapy)	H2033HU	15 minutes	\$57.42
Assertive Community Treatment	H0039	15 minutes	\$38.04 – Individual
	H0039HQ	15 minutes	\$11.51 – Group

5213.2 Medicaid reimbursement for MHRS provided to consumers who are deaf or hearing-impaired shall be determined as follows:

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Diagnostic/Assessment	T1023HEHK	An assessment, at least 3 hours in duration	\$345.63
	H0002HK	An assessment, 40 – 50 minutes in duration to determine	\$115.21

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
		eligibility for admission to a mental health treatment program	
Medication Training & Support	H0034HK	15 minutes	\$60.28 – Individual
	H0034HQHK	15 minutes	\$18.25 – Group
Counseling	H0004HK	15 minutes	\$35.67 – Individual
	H0004HQHK	15 minutes	\$10.80 – Group
	H0004HRHK	15 minutes	\$35.67 – Family with Consumer On- Site
	H0004HSHK	15 minutes	\$35.67 – Family without Consumer On-Site
Community Support	H0036HK	15 minutes	\$29.66 – Individual
	H0036HQHK	15 minutes	\$8.98 – Group
	H0036UKHK	15 minutes	\$29.66 – Collateral
	H0036AMHK	15 minutes	\$29.66 – Physician Team Member
	H0038HK	15 minutes	\$29.66 – Self-Help Peer Support
	H0038HQHK	15 minutes	\$8.98 – Self-Help Peer Support Group
	H0036HRHK	15 minutes	\$29.66 – Family with Consumer
	H0036HSHK	15 minutes	\$29.66 – Family without Consumer
	H0036U1HK	15 minutes	\$29.66 – Community Residence

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
			Facility
	H2023HK	15 minutes	\$25.12 - Supported Employment (Therapeutic)
Crisis/ Emergency	H2011HK	15 minutes	\$49.85
Day Services	H0025HK	One day, at least 3 hours in duration	\$166.12
Intensive Day Treatment	H2012HK	One day, at least 5 hours in duration	\$222.22
Community- Based Intervention (Level I - Multi-Systemic Therapy)	H2033HK	15 minutes	\$77.52
Community- Based Intervention (Level II and Level III)	H2022HK	15 minutes	\$48.25
Community- Based Intervention (Level IV - Functional Family Therapy)	H2033HUK	15 minutes	\$77.52

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Assertive Community Treatment	H0039HK	15 minutes	\$51.35 – Individual
	H0039HQHK	15 minutes	\$15.54 – Group

5213.3 DBH shall be responsible for payment of the District's share or the local match for all MHRS in accordance with the terms and conditions set forth in the Memorandum of Understanding between DHCF and DBH. DHCF shall claim the federal share of financial participation for all MHRS services.

5213.4 Providers shall not bill the client or any member of the client's family for MHRS services. DBH shall bill all known third-party payors prior to billing the Medicaid Program.

5213.5 Medicaid reimbursement for MHRS is not available for:

- (a) Room and board costs;
- (b) Inpatient services (including hospital, nursing facility services, intermediate care facility for persons with mental retardation services, and Institutions for Mental Diseases services);
- (c) Transportation services;
- (d) Vocational services;
- (e) School and educational services;
- (f) Services rendered by parents or other family members;
- (g) Socialization services;
- (h) Screening and prevention services (other than those provided under Early and Periodic, Screening Diagnostic Treatment requirements);
- (i) Services which are not medically necessary, or included in an approved Individualized Recovery Plan for adults or an Individualized Plan of Care for children and youth;
- (j) Services which are not provided and documented in accordance with DBH-established MHRS service-specific standards; and

- (k) Services furnished to a person other than the Medicaid client when those services are not directed exclusively to the well-being and benefit of the Medicaid client.

Comments on this proposed rulemaking shall be submitted in writing to Claudia Schlossberg, Acting Senior Deputy Director, Department of Health Care Finance, 441 4th Street, N.W., 9th Floor South, Washington, D.C. 20001, via email to DHCFPubliccomments@dc.gov, online at www.dcregs.dc.gov, or by telephone to (202) 442-8742, within thirty (30) days after the date of publication of this notice in the *D.C. Register*. Additional copies of this proposed rule may be obtained from the above address.