

## DEPARTMENT OF HEALTH CARE FINANCE

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health Care Finance (Director), 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 (2014 Repl. & 2016 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) (2012 Repl.)), hereby gives notice of the adoption of an amendment to Section 5213 (Reimbursement) of Chapter 52 (Medicaid Reimbursement for Mental Health Rehabilitative Services) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

This rulemaking establishes a new reimbursement rate for Rehabilitation/Day Services (Rehab Day). Rehab Day is a structured clinical program offered under the Mental Health Rehabilitative Services (MHRS) program that is intended to develop skills and foster social role integration through a range of social, psycho-educational, behavioral and cognitive mental health interventions.

A Notice of Proposed Rulemaking was published in the *D.C. Register* on September 30, 2016 at 63 DCR 011901. One comment was received in regard to the new reimbursement rate for Rehab Day. The commenter proposed that the Department of Health Care Finance (DHCF) not implement the rate change at this time since the proposed rate change does not reflect the cost of delivering Rehab Day services. The commenter further explains that providers have seen costs increase with no corresponding increase to the rates. The commenter additionally asserts that the cost of these services is likely to be studied by the Department of Behavioral Health (DBH) in Fiscal Year (FY) 2017, which may result in a reversal of the decreased rate. DHCF and DBH thoroughly reviewed and considered the comment received and determined that no substantive changes to the rulemaking should be made. Based on a rate study report that DBH completed in October 2013, the recommended reimbursement rate for Rehab Day was \$103.53, which was a median between greatly disparate provider charges. Following discussions with providers, the original reimbursement rate was set at \$123.05, which was well above the recommended rate. The five percent (5%) decrease from the original \$123.05 to the proposed \$116.90 still leaves the reimbursement rate well above the recommended rate. DBH does intend to initiate a rate reimbursement review in the next year. At this time, there is no way to anticipate if the recommended rate for Rehab Day will increase; thus, there is no justification for delaying the establishment of the new reimbursement rate. Therefore, no substantive changes were made to the text of the proposed rulemaking.

The Director has adopted these rules as final on December 14, 2016 and they shall become effective on the date of publication of this rulemaking in the *D.C. Register*.

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

Section 5213, REIMBURSEMENT, is amended to read as follows:

**5213 REIMBURSEMENT**

5213.1 Medicaid reimbursement for Mental Health Rehabilitative Services (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
	H0038HS	15 minutes	\$21.97 – Family/Couple Peer Support without Consumer
	H0038HQHS	15 minutes	\$6.65 – Family/Couple Peer Support Group Without Consumer
	H0036HR	15 minutes	\$21.97 – Family with Consumer
	H0036HS	15 minutes	\$21.97 – Family without Consumer
	H0036U1	15 minutes	

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
			\$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	\$116.90
Intensive Day Treatment	H2012	One day, at least 5 hours in duration	\$164.61
Community- Based Intervention (Level I – Multi-Systemic Therapy)	H2033	15 minutes	\$57.42
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	H0039	15 minutes	\$38.04 –

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Community Treatment	H0039HQ	15 minutes	Individual \$11.51 – Group
Trauma Focused Cognitive Behavioral Therapy	H004ST	15 minutes	\$35.74
Child-Parent Psychotherapy for Family Violence	H004HT	15 minutes	\$35.74

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 eligibility for admission to a mental health treatment program	\$115.21
Medication Training & Support	H0034HK	15 minutes	\$60.28 – Individual
	H0034HQHK	15 minutes	\$18.25 – Group
Counseling	H0004HK	15 minutes	\$35.67 – Individual

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
	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
	H0038HSHK	15 minutes	\$29.66 – Family/Couple Peer Support without Consumer
	H0036HRHK	15 minutes	\$8.98 – Family/Couple Peer Support Group Without Consumer
	H0036HSHK	15 minutes	\$29.66 – Family
	H0036U1HK	15 minutes	

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
			with Consumer
			\$29.66 – Family without Consumer
			\$29.66– Community Residence 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)	H2033HUK	15 minutes	\$77.52

SERVICE	CODE	BILLABLE UNIT OF SERVICE	RATE
Family Therapy)			
Assertive Community Treatment	H0039HK	15 minutes	\$51.35 Individual
	H0039HQHK	15 minutes	\$15.54 – Group
Trauma Focused Cognitive Behavioral Therapy	H004STHK	15 minutes	\$48.25
Child-Parent Psychotherapy for Family Violence	H004HTHK	15 minutes	\$48.25

5213.3 The Department of Behavioral Health (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 Department of Health Care Finance (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 used exclusively for the well-being and benefit of the Medicaid client.