

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



**Office of the Senior Deputy Director/
Medicaid Director**

Transmittal # 20-37

TO: District of Columbia Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director, DHCF

DATE: October 21, 2020

SUBJECT: Delivering Psychosocial Rehabilitation Clubhouse Services via Telemedicine

Purpose

The purpose of this transmittal is to provide specific guidance to Psychosocial Rehabilitation Clubhouse (Clubhouse) providers regarding reimbursement for telemedicine services delivered to a beneficiary’s home as the originating site, pursuant to final rulemaking issued on August 14, 2020. This transmittal establishes the conditions by which Clubhouse services may be reimbursed when the Clubhouse functions via a telemedicine or virtual environment during the public health emergency.

Background

Historically, Clubhouse services have only been delivered in a face-to-face environment. In traditional Clubhouses, the individuals who receive care, referred to as Members, operate in Work Units where they are given assignments that facilitate the operation of the Clubhouse and further their rehabilitation. These tasks may be performed independently, collaboratively with other members, or under the direct supervision of clinical staff. The current reimbursement structure assumes that a consumer will be physically present in the Clubhouse for at least three contiguous hours, that a clinician is present in the facility, and that a single encounter note would be written to document the activities engaged in during the Work-Ordered Day.

In response to the current public health emergency due to COVID-19, Clubhouse International, the entity which developed the model, establishes standards, and accredits Clubhouse throughout the world, has issued guidance in the operation of “Virtual Clubhouses” in response to required social distancing.

On August 14, 2020, DHCF issued final rulemaking to amend Section 910 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations entitled “Medicaid-Reimbursable Telemedicine Services.” The rulemaking made changes to District Medicaid telemedicine requirements to:

- Allow services to be provided through telemedicine in a beneficiary’s home;
- Establish the requirements for technology to home-related telemedicine services; and

- Clarify that the standards set forth in Section 910, and any corresponding requirements set forth under the terms of the managed care contract, also apply to minimum program requirements implemented under the District's Medicaid managed care program.

Guidance issued on March 12, 2020 clarified that it is acceptable for providers who render services to do so remotely so long as telemedicine services can be rendered at the standard of care per requirements from the DC Department of Health (DC Health) and relevant professional licensure boards.

In consideration of the special circumstances surrounding the COVID-19 public health emergency, DHCF is issuing new standards for the virtual delivery of Clubhouse services during the public health emergency.

Delivering Clubhouse Services via Telemedicine

This guidance provides that Clubhouse services can be reimbursed by Medicaid when delivered via telemedicine during the public health emergency if they meet the following conditions. First, the services must meet the program requirement of three hours of contact delivered during the Work-Ordered Day, including both direct engagement and unsupervised assignments, as indicated in greater detail below. Second, the services must adhere to Clubhouse International guidance around the maintenance of Virtual Clubhouse communities. Third, the services must adhere to DBH Clubhouse guidance and DHCF telemedicine guidance and be documented in accordance with the standards outlined in this transmittal. Additional detail on these requirements is provided below.

When delivered via telemedicine and otherwise in accordance to the Department of Behavioral Health's (DBH) Chapter 39, Clubhouse providers must meet the following requirements to be eligible for Medicaid reimbursement for Clubhouse services:

- There must be three hours of engagement delivered during the Work-Ordered Day.
 - The three hours of service does not need to be contiguous.
 - Up to one hour of unsupervised assignments can count toward the three-hour requirement, if clinical staff engage members and document experience, as noted below.
- Services provided must adhere to Clubhouse International guidance regarding practices to maintain Virtual Clubhouse communities.
- Services provided must be documented consistent with the following requirements:
 - Consent to treatment when given verbally is documented in the electronic health record indicating the date and time consent was secured.
 - Unsupervised assignments must be documented in a separate encounter note with detailed information outlining staff engagement with members and indicating the status of the assignment, the time the member spent working on it, and the member's response to the assignment.
 - When provided non-contiguously, each service should be documented in a separate encounter note.
- Comply with general documentation requirements applicable to all telemedicine services, including use of the "GT" procedure modifier and place of service code "02".

Contact

For questions regarding this transmittal, please contact Jordan Kiszla, Project Manager, Department of Health Care Finance (DHCF) at jordan.kiszla@dc.gov or (202) 442-9055 and Randall Raybon, MHRs Coordinator, Department of Behavioral Health (DBH) at randall.raybon@dc.gov or (202) 673-7013.

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
Medical Society of DC