



## **Medicaid Behavioral Health System Changes Occurring October 1, 2020: Frequently Asked Questions**

### **1. What changes are forthcoming October 1 in Medicaid Behavioral Health Services?**

The transition happening October 1, 2020 is focused on **people**. DHC is moving 19,000 individuals from Medicaid FFS to Medicaid MCOs. This group includes individuals aged 21 or older who are receiving Medicaid SSI or SSI-related Medicaid because of a disability OR who previously opted-out of managed care. The group moving to an MCO does not include anyone living in an institution or a nursing home, enrolled in a home and community-based waiver services program,<sup>1</sup> or enrolled in both Medicare and Medicaid. Individuals already enrolled in a Medicaid MCO (including children) will be auto-assigned to one of the MCOs.

The transition happening October 1, 2021 is focused on **benefits**. DHC will modify the MCO contracts to integrate a more comprehensive array of behavioral health services into the managed care benefit package.

### **2. Which behavioral health services are Medicaid MCOs responsible for administering starting October 1, 2020?**

The MCO behavioral health benefit is not changing come October 2020. MCOs will continue to administer the following:

- i. Any medically necessary clinic-based (i.e. FSMHC, FQHC, etc.) mental health or substance use service
- ii. In-lieu of services (i.e., IMD stays  $\leq$  15 days in a calendar month), excluding Room & Board
- iii. Inpatient hospital MH/SUD services (up to sixty (60) days for inpatient psychiatric stays)
- iv. MH/SUD pharmacy benefits, excluding Methadone administration and related services when provided by a DBH certified Methadone provider
- v. MH/SUD services provided by psychologists or other licensed behavioral health practitioners

### **3. Which behavioral health services are Medicaid MCOs not responsible for administering starting October 1, 2020?**

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<sup>1</sup> DHC manages two Home and Community-Based Services (HCBS) waivers, one for the elderly and persons with disabilities (EPD) and one for people with intellectual and developmental disabilities (IDD).

The MCO behavioral health benefit is not changing come October 2020. The following services will remain carved out from the MCO benefit:

- i. MHRS/CSA (DBH Ch. 34 certified providers)
  - a. Diagnostic/Assessment
  - b. Medication/Somatic Treatment
  - c. Counseling
  - d. Community Support
  - e. Assertive Community Treatment (ACT)
  - f. Community Based Intervention (CBI)
    - a. Level 1: Multisystemic Therapy (MST)
    - b. Levels 2 and 3
    - c. Level 4: Functional Family Therapy (FFT)
  - g. Rehabilitation Day Services
  - h. Intensive Day Treatment
  - i. Therapeutic Supported Employment Services for Mental Health
  - j. Child-Parent Psychotherapy for Family Violence (CPP-FV)
  - k. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - l. Crisis/Emergency Services
- ii. Adult Substance Abuse Rehabilitative Services (ASARS) (DBH Ch. 63 certified providers)
  - a. Assessment/Diagnostic and Treatment Planning
  - b. Clinical Care Coordination
  - c. Crisis Intervention
  - d. Short-Term Medically Monitored Intensive Withdrawal Management (MMIWM) in non-IMD residential treatment settings
  - e. Substance Abuse Counseling
  - f. Medication Management
  - g. Opioid Treatment Program Services (i.e., medication-assisted treatment with methadone)
- iii. 1115 Behavioral Health Demonstration Waiver Services:
  - a. Psychosocial Rehabilitation Clubhouse
  - b. Trauma Recovery and Empowerment Model (TREM)
  - c. Trauma Systems Therapy (TST)
  - d. Vocational Supported Employment for Mental Health
  - e. Vocational and Therapeutic Supported Employment for SUD
  - f. Recovery Support Services for SUD
  - g. Residential SUD Treatment in IMDs for individuals ages 21-64, where a stay in calendar month exceeds 15 days
  - h. Inpatient hospital services in IMDs for individuals ages 21-64, where a stay in calendar month exceeds 15 days
  - i. MMIWM in IMDs for individuals ages 21-64, where a stay in calendar month exceeds 15 days

- j. Crisis Stabilization (Comprehensive Psychiatric Emergency Program (“CPEP”); Psychiatric Crisis Stabilization Programs; Youth Mobile Crisis Intervention; and Adult Mobile Crisis and Behavioral Health Outreach)
- k. Transition Planning Services

**4. Which MCOs were awarded a DHCF contract starting October 1, 2020?**

- a. AmeriHealth Caritas
- b. CareFirst Community Health Plan DC (formerly known as Trusted Health Plan)
- c. MedStar Family Choice

**5. Which Medicaid MCO plans are subcontracting administration of behavioral health services to a Managed Behavioral Health Organization (MBHO)?**

Two of the three Medicaid MCOs have plans to subcontract behavioral health services to an MBHO:

- i. CareFirst Community Health Plan DC is contracting with Beacon Health Options
- ii. MedStar Family Choice is contracting with Magellan Healthcare

**6. Will providers need to credential with both the MCO and its MBHO, where applicable?**

Providers should confirm with each Medicaid MCO about the proper credentialing process.

**7. If a provider has an existing contract with AmeriHealth or CareFirst, is it necessary to get credentialed again?**

If a provider has an existing contract with one of the incumbent MCOs, they should clarify with the MCO of any need to amend their existing contract.

**8. Are the MCOs required to contract with all DBH-certified CSAs come October 2020?**

No MCOs are not required to contract with all DBH certified CSA. Nonetheless, there are no changes to the billing process.

**9. Will the October 2020 transition only impact the 19,000 individuals being transitioned from FFS to MCO?**

- a. No. Approximately thirty (30) days prior to the start date of the MCO contracts, all eligible enrollees currently enrolled in the managed care program will be auto assigned to a new MCO on an equal and random basis. An incumbent MCO will not retain all existing enrollees.
- b. If an individual is receiving a MCO behavioral health benefit (see question #2) from a provider who is no longer in-network with their assigned MCO’s network,
  - i. The provider can seek a single case agreement with that MCO. Single case agreements are for 60 days only.

- ii. The provider can seek enrollment with the MCO.
- iii. The enrollee has ninety (90) days from the date of managed care enrollment to transfer to another MCO with which their provider is in-network. A reason for the transfer is not required. The enrollment broker can assist a client in making that transfer.
- iv. After the ninety-day (90) days, an MCO enrollee can seek a “with cause” transfer by stating the reason for the transfer. The enrollment broker is the first point of contact for that transfer.

**10. How will the “in-lieu” of requirement for IMDs providing psychiatric hospital, SUD residential treatment, and MMIWM services be operationalized for those providers not in-network with an MCO?**

- a. MCOs are responsible for payment for these services that do not exceed fifteen (15) days in a calendar month for services rendered by an in-network provider. If a provider is not in an MCO’s network, the provider should pursue a Single Case Agreement or Letter of Agreement prior to rendering services.
- b. If an individual, ages 21-64, enrolled in an MCO requires more than 15 cumulative "in lieu" of days per month (or, if a continuous length of stay crosses two calendar months, for up to thirty (30) cumulative days total but no more than 15 days in any given month), the provider and the MCO shall each send a request to the District of Columbia's Quality Improvement Organization (QIO) to authorize additional days.

**11. If an MHRS or ASARS client notifies a provider that they are having a problem obtaining services, is there anyone at DHCF or DBH the client can contact?**

If an MHRS or ASARS client is unable to get their concerns addressed by their MCO, they can contact either:

- i. DHCF’s Office of the Health Care Ombudsman at 202-724-7491 or
- ii. DBH’s Office of the Ombudsman at 1-844-698-2924 between 9am and 5pm Monday- Friday.

**12. Has DHCF issued communication regarding the new Medicaid MCOs or the transitions occurring?**

Yes, the FAQs and other information can be found [here](#)