

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



District Medicaid Section 1115 Behavioral Health Transformation Waiver
Frequently Asked Questions (FAQ)
Last Updated: February 11, 2020

This document provides frequently asked stakeholder questions and District agency answers regarding the District’s Medicaid Section 1115 Behavioral Health Transformation Demonstration and its implementation. This document will be updated periodically. Dates next to the question indicate when the question was added to the FAQ or when the question was last updated- and the most recently added or edited questions have the date italicized.

Overall

1. How will the Medicaid 1115 Behavioral Health Transformation Demonstration waiver affect behavioral health care in the District for Medicaid beneficiaries? 1/17/20

A: The demonstration will expand the range and availability of services targeted to treat individuals with serious mental illness, serious emotional disturbance, substance use disorder, or those experiencing a behavioral health crisis, and promote broader Medicaid behavioral health system changes. Specifically, the Medicaid-funded services provided under the waiver will:

- Improve access to residential, inpatient, crisis, and community-based services for treatment and recovery support;
- Improve transition of care planning and implementation for individuals being discharged from emergency, inpatient hospital, or residential stays;
- Decrease patient costs for prescriptions for medication assisted treatment (MAT);
- Increase opportunities for improved coordination of physical and behavioral health services; and
- Promote a more comprehensive understanding of District behavioral health system strengths and areas of need through required annual system assessments, which will in turn inform future actions to improve care for beneficiaries.

2. Who is eligible for services under the waiver? 1/17/20

A: Any Medicaid beneficiary with a serious mental illness, serious emotional disturbance, or substance use disorder may be eligible for services under the demonstration. Additionally, recovery support services will be available to beneficiaries without a formal substance use disorder diagnosis, and certain crisis and outreach services are available to individuals experiencing a behavioral health crisis.

3. What changes does the waiver make to peer-supported services? 1/17/20

A: The demonstration provides multiple opportunities for peers to play a role in providing behavioral health services and supports. For example, the waiver proposes to create and expand services where certified peer specialists play a role. These include psychosocial rehabilitation (or “Clubhouse”) services, where peers are part of the model, or recovery support services, which can be delivered by peers.

Rates and Reimbursement

1. When will billing codes and reimbursement be established for new services? 1/17/20

A: Billing codes and reimbursement rates for Demonstration services that began January 1 have been established and were published online on December 9, 2019 at the following [link](#). Rates for services that begin later in 2020 will be published prior to the start date of the service and will be posted to the Waiver Initiative [webpage](#).

2. Can any Medicaid provider bill for recovery support services (RSS)? 1/17/20

A: No. Recovery Support Services (RSS) support services are only provided by certified Adult Substance Abuse Rehabilitation Services (ASARS) providers. If a provider is interested in providing recovery support services, they will need to become certified through the Adult Substance Abuse Rehabilitation Services (ASARS) program in Medicaid. Certification requirements for ASARS are found in Chapter 63 of Title 22-A of the District of Columbia Municipal Regulations (DCMR).

3. For IMD claims, after the authorization and audit process, do IMD providers use any special codes on claims to identify an IMD Waiver claim? 2/11/20

A: At this time, there are no special coding requirements for claims from an IMD. DHCF reserves the right to revise the coding process at a later date if determined necessary for tracking purposes.

4. There are two billing codes available for psychosocial rehabilitation services (Clubhouse). Which of the codes should we bill? 2/11/20

A: In order to bill for psychosocial rehabilitation services, providers must be certified through the Department of Behavioral Health to provide these services. There are two rates that providers can use to bill for psychosocial rehabilitation services: H2031 and H2031HK. H2031 will be used for providing psychosocial rehabilitation services to most individuals; H2031HK will only be used for providing services to individuals who are deaf or hard of hearing.

5. Is billing for waiver services routed directly to DHCF or does it require billing through DBH? 2/11/20

A: All Medicaid eligible waiver services should be billed to DHCF.

Provider Certification

1. When will provider certification standards be published for waiver-covered services? 1/17/20

A: Certification is required to provide services under the waiver for reimbursement. All certification standards must be met prior to providing services allotted under the waiver. The DHCF [Rule, Chapter 86 of Title 29 of the DCMR refers to the Department of Behavioral Health’s certification standards, which will be outlined](#) forthcoming rule(s) published by the Department of Behavioral Health. Additional guidance on certification standards is available in [Transmittal 19-25](#).

2. Is there a must-enroll date for psychologists and other licensed behavioral health providers? 1/17/20

A: While there is no must-enroll date, providers must be an enrolled Medicaid provider before rendering services for payment. Psychologists and other licensed behavioral health providers have been eligible to enroll in the Medicaid FFS program since Saturday, December 21, 2019, as detailed in the posted [Transmittal #19-25](#).

3. Can provider enrollment for new waiver services be backdated to January 1, 2020? 2/11/20

A: No, provider enrollment cannot be backdated. Providers should enroll ASAP. Providers may begin billing for allowable services upon approval of the provider agreement with DHCF.

Provider Access

- 1. To provide RSS services, do providers need a human care agreement with DBH?** 1/17/20
A: No, human care agreements with DBH are not required to provide Medicaid-funded RSS services. RSS providers do need to be certified by DBH under Chapter 63, though.
- 2. Does an IMD need to be located in the District? Can facilities in Virginia and Maryland be reimbursed for DC Medicaid beneficiaries? What capacities exist in the District for IMDs?** 1/17/20
A: No, an IMD does not need to be located in the District. However, an IMD must be a District of Columbia Medicaid-enrolled provider in order to receive DC Medicaid reimbursement.
- 3. Who will perform claims audits of DHCF-provided services? We want to make sure DBH and DHCF don't have different standards for claims.** 1/17/20
A: DHCF will be responsible for paying all Medicaid claims. There will be no duplication or overlap in auditing as each claim paid under the waiver through Medicaid funding will be processed by DHCF through its auditing processes as explained in Chapter 86 of Title 29 of the DCMR.
- 4. Does the elimination of the \$1 MAT copay under the waiver include DBH-provided MAT as well?** 1/17/20
A: There is currently no copay for DBH-provided MAT so the waiver of the \$1 MAT copay will not affect DBH-provided MAT.
- 5. Can Free Standing Mental Health Clinics (FSMHC) bill for crisis stabilization services under the waiver?** 2/11/20
A: No, FSMHCs cannot bill for crisis stabilization services under the waiver. Crisis stabilization services included in the waiver are mobile crisis and outreach, crisis stabilization beds, and changes to existing payment methodologies for services delivered in a Comprehensive Psychiatric Emergency Program (CPEP). There is no office-based crisis service under the waiver that would be applicable to a FSMHC. A certification regulation for this suite of crisis stabilization services will be published this Spring.

Finance

- 1. How will funds that are currently utilized for services that were billed to local funds now be redistributed?** 1/17/20
A: Medicaid is a federal-state partnership. The federal government currently provides funding for 70% of eligible District Medicaid costs. The remaining 30% of costs must be paid using local funds. Any local funding that was previously used for comparable services will be committed to providing the local share associated with waiver services and additional behavioral health services, if possible.

Reporting

- 1. Are providers responsible for any enhanced reporting requirements if they deliver waiver services?** 1/17/20
A: Additional guidance is forthcoming on reporting requirements.
- 2. Are reporting requirements reduced once services move to the State Plan Amendment?** 1/17/20
A: DHCF is still assimilating new reporting requirements and will share additional information as it is available. Note that waiver reporting is not narrowly confined to services authorized through the

waiver and will extend toward monitoring of the behavioral system widely, so some reporting on behavioral health services may be needed for the lifetime of the waiver, regardless of whether a service is waiver-funded.

3. What is the mental health services assessment and how does it affect mental health providers? 1/17/20

A: The mental health services assessment (MHSA) is a requirement imposed by CMS for all states that apply for the waiver under the SMI guidance. The intent of the DC MHSA is to gain an understanding of the number of providers of certain services related to mental health in the District. This assessment will be made yearly and will assist CMS in understanding the evolution of services provided under the waiver and systems implemented by each state. As soon as the DC MHSA is final, it will be posted on the District website.

4. Will there be a “Phase 2” of waiver development where additional services will be considered? 1/17/20

A: DBH and DHCF continue to have ongoing discussions about opportunities to improve the behavioral health system for District residents. DHCF is committed to a phase two and is exploring the best approach to implement improvements to the system. This may include amendments to the current waiver but may also include other approaches available to the agencies. DHCF will collect provider feedback about potential improvements through ongoing stakeholder engagement to determine whether additional services or other changes are needed.

5. The State Opioid Response (SOR) grant is expiring this year. What things in the waiver could support continuing SOR grant programs such as the ED induction program? 1/17/20

A: The SOR funding is a federal grant specifically targeted to opioid and substance use disorder services, many of which may be beyond the scope of what Medicaid can cover. DHCF and DBH continue to work collaboratively to determine opportunities to leverage Medicaid funding to support critical behavioral health services for District residents, including substance use disorder services. DHCF and DBH welcome additional input and ideas on opportunities to further leverage Medicaid through the waiver email address and future stakeholder meetings.

Stakeholder Engagement

1. What can stakeholders expect in terms of stakeholder engagement in the future? 1/17/20

A: The District plans to continue active outreach to stakeholders we identify, including by holding stakeholder calls, attending relevant stakeholder meetings, reviewing comments to waiver-related Rules, and sending transmittals to clarify operational issues within the waiver.

The District will send waiver-related correspondence quarterly, hold twice-yearly public meetings, post waiver-related data publicly, and provide technical assistance to providers eligible for the SUD Provider Capacity Grant noticed [here](#). If you have additional ideas for forums, please email dhcf.waiverinitiative@dc.gov

Managed Care Organizations (MCOs)

1. How will this waiver interact with the MCOs and DBH? 1/17/20

A: MCOs will pay for some waiver services required by their beneficiaries, including IMD stays up to the “in lieu of” limit, and services provided by psychologists and other licensed behavioral health providers. They will also deliver care coordination services for eligible beneficiaries. Additional detail

is available in [Transmittal #19-26](#). DBH is a sponsor and collaborator on the waiver and, as the District's authority for behavioral health services, will oversee delivery of most waiver services and provider certification

2. Would Trauma Systems Therapy (TST) and Trauma Recovery and Empowerment Model (TREM) be an MHRS service or an MCO-covered service? 1/17/20

A: Under the waiver, TST and TREM will be able to be billed by MHRS-certified providers and TREM can be billed by ASARS-certified providers. Because these MHRS- and ASARS-covered services are currently carved out of MCO contracts, MCOs will not provide reimbursement for them. These services will be reimbursable by Medicaid after guidance is issued, expected in March 2020.

3. Will providers newly eligible through the waiver be in the MCO networks? If so, will the process for becoming paneled be the same as that for current Core Services Agencies (CSAs)? 1/17/20

A: Providers wishing to be a part of the MCO networks should contact each individual MCO.

4. How will you determine the role of the current MCOs in terms of current members and new enrollees in terms of access to the new services? 1/17/20

A: Currently, the District's Medicaid MCOs play a significant role in providing behavioral health services to beneficiaries. They are responsible for providing lower acuity behavioral health services including, but not limited to, diagnosis, counseling, and medication monitoring. MCOs also cover "in lieu of" stays in an IMD. All of these services will continue after the demonstration begins. Providing these services and ensuring referral to appropriate waiver services, will be a critical role in ensuring beneficiaries have access to the full continuum of Medicaid-covered behavioral health services.

5. Since the District is moving toward a 100% Medicaid managed care environment, are there assurances that MCOs will include waiver services in their plans? 1/17/20

A: DHCF staff will monitor claims, work with MCOs, and make sure their members are receiving the behavioral health services they need. DHCF will be monitoring service delivery and beneficiary outcomes for MCO members through the extensive waiver reporting requirements. As indicated in a recent [Transmittal](#), MCOs will continue to be responsible for authorization of IMD stays for their enrollees. DHCF will not require MCOs to contract with all IMDs or specific IMD providers. The MCO contracts govern and detail MCO responsibility to maintain adequate provider networks for services outlined under the contract.

6. If a psychologist or other licensed behavioral health provider is already enrolled with MCOs but is newly enrolled in the Medicaid FFS program because of the waiver, will MCOs still be able to pay those providers? 1/17/20

A: Yes

7. Does DHCF have any clarifications related to authorizations related to detox? Should MCOs do the prior authorizations, or should the MCOs accept the DBH determination of medical necessity? 2/11/20

A: Authorizations for MCO beneficiary detox stays will be made by DBH. MCOs will rely on the DBH determination. DHCF will work with DBH and MCOs to establish reliable information sharing regarding detox authorizations to ensure proper care coordination and protect patient privacy. Determinations related to detox will be made by DBH. MCOs will rely on the DBH determination.

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Questions may be submitted to the DHCF 1115 Waiver email address at dhcf_waiver-initiative@dc.gov. More information on the 1115 Behavioral Health Transformation Waiver can be found at: <https://dhcf.dc.gov/1115-waiver-initiative>.