

## **Table of Contents**

**State/Territory Name: DC**

**State Plan Amendment (SPA) #: 23-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

January 8, 2024

Melisa Byrd  
Senior Deputy Director/Medicaid Director  
441 4<sup>th</sup> Street, NW, 9<sup>th</sup> Floor, South  
Washington, DC 20001

RE: TN 23-0013

Dear Director Byrd:

We have reviewed the proposed D.C. State Plan Amendment (SPA) to Attachment 4.19-B which was received by the Centers for Medicare & Medicaid Services (CMS) on October 19, 2023. This plan amendment to update rates for Mental Health Rehabilitative Services and Adult Substance Use Rehabilitative Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2023. We are enclosing the approved CMS-179 and the state plan pages.

If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or [Lindsay.michael@cms.hhs.gov](mailto:Lindsay.michael@cms.hhs.gov)

Sincerely,




Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>DC 23-0013</b>	2. STATE: <b>District of Columbia</b>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.225	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY 2024 <u>\$261,189.20</u> b. FFY 2025 <u>\$272,205.53</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, p. 13a Supplement 2 to Attachment 4.19-B, p. 1-2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): TN # 21-0013 Attachment 4.19-B, p. 13a TN # 23-0007 Supplement 2 to Attachment 4.19-B, p. 1-2	
9. SUBJECT OF AMENDMENT: To update rates for Mental Health Rehabilitative Services and Adult Substance Use Rehabilitative Services.		

10. GOVERNOR'S REVIEW (Check One)

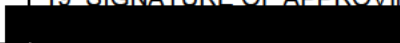
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: D.C. Act: 22-434
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO  Melisa Byrd Interim Director Department of Health Care Finance 441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South Washington, DC 20001
12. TYPED NAME Melisa Byrd	
13. TITLE Interim Director	
14. DATE SUBMITTED 10/19/2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED 10/19/23	17. DATE APPROVED January 8, 2024
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**PLAN APPROVED – ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/23	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, FMG
22. REMARKS	

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medicaid services set forth below. DHCF's fee schedule rate was set as of April 1, 2021 and is effective for services provided on or after that date. All rates are published on DHCF's website at <https://www.dcmedicaid.com/dcwebportal/home>.

- I. The DHCF fee schedule for dentist and orthodontist services, referenced at subparagraph iii.b. of paragraph 21. Fee-for-Service Providers, was set as of June 1, 2018 and is effective for services provided on or after that date.
- II. The DHCF fee schedule for transportation services, referenced at subparagraph iii.l. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2018 and is effective for services provided on or after that date.
- III. The DHCF fee schedule for home health services, referenced at subparagraph iii.h. of paragraph 21. Fee-for-Service Providers, was set as of July 1, 2021 and is effective for services provided on or after that date.
- IV. The DHCF fee schedule for medical supplies and equipment services, referenced at subparagraph iii.i. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2020 and is effective for services provided on or after that date.
- V. The DHCF fee schedule for physician services, referenced at subparagraph iii.a. of paragraph 21. Fee-for-Service Providers, was set as of December 1, 2020 and is effective for services provided on or after that date.
- VI. The DHCF fee schedule for Independently Licensed Behavioral Health Practitioners, referenced at 3.1-A Independently Licensed Behavioral Health Practitioners, was set as of January 1, 2022 and is effective for services provided on or after that date.
- VII. The DHCF fee schedule for Clinic services, referenced at paragraph 9 was set as of October 1, 2023 and is effective for services provided on or after that date.

Reimbursement Methodology: Other Diagnostic, Screening, Preventive, and Rehabilitative Services, i.e., Other Than Those Provided Elsewhere in the Plan

I. Mental Health Rehabilitation Services (MHRS)

A. The following Mental Health Rehabilitation Services (MHRS), when rendered by providers certified by the Department of Behavioral Health, are available for all Medicaid eligible individuals who elect to receive, or have a legally authorized representative elect on their behalf, Rehabilitation Option services and who have mental illness or a serious emotional disturbance:

1. Screening, Assessment, and Diagnosis
2. Medication/Somatic Treatment
3. Counseling/Therapy
4. Community Support
5. Crisis/Emergency Services
6. Clinical Care Coordination
7. Rehabilitation Day Services
8. Intensive Day Treatment
9. Community Based Intervention
10. Assertive Community Treatment
11. Child-Parent Psychotherapy
12. Trauma-Focused Cognitive Behavioral Therapy
13. Functional Family Therapy
14. Trauma Recovery and Empowerment Services
15. Trauma Systems Therapy
16. Psychosocial Rehabilitative Services (“Clubhouse”)

B. MHRS shall be reimbursed according to a fee schedule rate for each MHRS identified in an individualized Plan of Care and rendered to eligible consumers. The DHCF fee schedule is effective for services provided on or after October 1, 2023. All rates are published on the state agency’s website at [www.dc-medicaid.com/dcwebportal/home](http://www.dc-medicaid.com/dcwebportal/home). Effective October 1, 2022, rates shall be increased by the Market Basket Medicare Economic Index established by the Centers for Medicare and Medicaid Services.

C. A fee schedule rate for each MHRS shall be established based on analysis of comparable services rendered by similar professionals in the District of Columbia and other states. Rates shall be reviewed annually.

D. The reimbursable unit of service for Screening, Assessment, and Diagnosis services shall be per occurrence.

1. The reimbursable unit of service of Medication/Somatic Treatment, Counseling/Therapy, Community Support, Crisis/Emergency Services, Clinical Care Coordination, Community Based Intervention, Child-Parent Psychotherapy, Trauma-Focused Cognitive Behavioral Therapy, Functional Family Therapy, Trauma Recovery and Empowerment Services, and Trauma Systems Therapy shall be fifteen

- (15) minutes. Separate reimbursement rates shall be established for services eligible to be rendered either off-site or in group settings.
2. The reimbursable unit of service for Rehabilitation Day Services, Intensive Day Treatment, and Clubhouse shall be one (1) day.
  3. The reimbursable unit of service for Targeted Case Management and Assertive Community Treatment shall be one (1) month.
- E. Rates shall be consistent with efficiency, economy, and quality of care.

## II. Adult Substance Use Rehabilitative Services (ASURS)

- A. The following Adult Substance Use Rehabilitative Services (ASURS), when provided by programs certified by the Department of Behavioral Health, are available to all Medicaid eligible individuals eighteen (18) years of age and older who elect to receive, have a legally authorized representative elect on their behalf, or are otherwise legally obligated to seek rehabilitative services for substance use disorder. Medicaid-reimbursable ASURS include the following categories of services:
1. Screening, Assessment, and Diagnosis
  2. Clinical Care Coordination
  3. Crisis Intervention
  4. Counseling/Therapy
  5. Trauma Recovery Empowerment Services
  6. Medication/Somatic Treatment
  7. Medication Management
  8. Recovery Support Services
  9. Methadone Services in Opioid Treatment Programs
  10. Medically Monitored Inpatient Withdrawal Management
- B. ASURS shall be reimbursed according to a fee schedule rate for each ASURS identified in an approved treatment plan. Reimbursement shall not be allowed for any costs associated with room and board.
- C. Rates shall be consistent with efficiency, economy, and quality of care.
- D. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of adult substance abuse rehabilitative services. The DHCF fee schedule is effective for service provided on or after October 1, 2023. All rates are published on the state agency's website at [www.dc-medicaid.com/dcwebportal/home](http://www.dc-medicaid.com/dcwebportal/home).

## III. Behavioral Health Stabilization Services

TN No. 23-0013Approval Date January 8, 2024 Effective Date October 1, 2023

Supersedes

TN No. 23-0007