DEPARTMENT OF BEHAVIORAL HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Behavioral Health (Department), pursuant to the authority set forth in §§ 5113, 5115, 5117, and 5118 of the Department of Behavioral Health Establishment Act of 2013, effective December 24, 2013 (D.C. Law 20-61; D.C. Official Code §§ 7-1141.02, 7-1141.04, 7-1141.06 and 7-1141.07, hereby gives notice of the adoption of amendments to Chapter 30 (Free Standing Mental Health Clinic Certification Standards); Chapter 34 (Mental Health Rehabilitation Services Provider Certification Standards); Chapter 63 (Certification Standards for Substance Use Disorder Treatment and Recovery Providers); Chapter 65 (Transition Planning Eligibility, Provider Certification, and Service Standards); and Chapter 80 (Certification Standards for Behavioral Health Stabilization Providers) in Subtitle A (Mental Health) of Title 22 (Health) of the District of Columbia Municipal Regulations (DCMR). The Department also gives notice of the adoption of a new Chapter 52 (Community-Based Intervention Level IV – Functional Family Therapy – Reimbursement) in Subtitle A (Mental Health) of Title 22 (Health) of the DCMR.

The rulemaking requires, beginning on October 1, 2023, that all Department-certified Free Standing Mental Health Clinics (FSMHC), Mental Health Rehabilitation Services (MHRS), Substance Use Disorder (SUD), Transition Planning and Behavioral Health Stabilization providers (providers) maintain accreditation with at least one of the following organizations as a condition of their certification: (a) The Joint Commission; (b) The Council on Accreditation (COA); or (c) The Commission on Accreditation of Rehabilitation Facilities (CARF). This rulemaking also clarifies that the Department will retain authority to enforce and monitor provider compliance with all certification standards and establishes benchmarks that providers must meet in the process of becoming accredited. These changes are intended to promote quality service delivery for the Department's consumers and clients, reduce provider administrative burden and maintain Department oversight and enforcement of quality standards.

Further, this rulemaking provides notice of changes to the District of Columbia's (District's) Medicaid State Plan Amendment (SPA). On April 22, 2022, the Centers for Medicare and Medicaid Services approved SPA changes that: (a) established a new Clinical Care Coordination service as a core MHRS service in alignment with the previously-existing SUD Clinical Care Coordination Service; (b) created a Functional Family Therapy (FFT) specialty service distinct from the Community Based Intervention (CBI) service; (c) established the Crisis/Emergency service as a core MHRS service; (d) clarified that Medication/Somatic Treatment providers must offer consumers and their families "restorative information" instead of "education"; (e) renamed "Child-Parent Psychotherapy for Family Violence" to "Child-Parent Psychotherapy"; and (f) updated definitions to align with the SPA changes. These changes are intended to promote whole-person care and to improve the overall care quality for the Department's consumers.

In addition, this rulemaking updates MHRS services to align with current practices. First, two (2) new population-specific groups have been added to the list of approved Trauma Recovery and Empowerment Model (TREM) groups to reflect the current list of permitted TREM groups by the model's vendor. Second, this rulemaking requires that providers render services through "telehealth pursuant to 29 DCMR § 910" instead of "via telephone" to align with updated

telehealth regulations. Finally, this rulemaking removes CBI Level IV, as FFT is reclassified as a stand-alone specialty service.

Additionally, 22-A DCMR Chapter 52, CBI Level IV – Functional Family Therapy – Reimbursement is amended and republished in its entirety to: (a) replace references to CBI Level IV with FFT; and (b) update the fee schedule to state that DBH will reimburse providers for locally-funded FFT services at the same rates as the Department of Health Care Finance reimburses providers for Medicaid-covered FFT services.

A Notice of Emergency and Proposed Rulemaking was published in the *District of Columbia Register* on November 18, 2022, at 69 DCR 014303. On its own initiative, the Department made a technical change to § 3432.5 to correct a typographical error; and to § 3433.2 to clarify regulatory language. In response to the emergency and proposed rulemaking, the Department received comments from the District of Columbia Behavioral Health Association, the District of Columbia Primary Care Association, and La Clínica del Pueblo, which are addressed below.

A commenter requested that the Department provide a timetable for organizations that are not currently DBH-certified to receive initial certification without first becoming accredited by the Joint Commission, CARF, or COA. Specifically, the commenter suggested that organizations should have a minimum of eighteen (18) months from the time of initial certification to submit proof of accreditation with CARF, COA, or the Joint Commission to the Department. The Department disagrees with this comment. DBH has required that providers become accredited with CARF, COA, or the Joint Commission to promote quality service delivery and reduce provider administrative burden; eliminating this mandate would undermine these objectives. CARF, COA, and the Joint Commission all have procedures to accredit new providers. These processes differ across accrediting body. DBH encourages new providers to directly contact CARF, COA, or the Joint Commission for further information about the initial accreditation process.

Two (2) commenters requested that the Department extend the milestone dates for providers to obtain accreditation with CARF, COA, or the Joint Commission. The Department declines to accept this recommendation because: (1) many DBH-certified providers are on track to meet currently established accreditation milestone dates; and (2) DBH informed providers that they must be fully accredited with CARF, COA, or the Joint Commission beginning in 2021. The Department held multiple information sessions throughout 2021 and 2022 about the accreditation requirement and advised providers that they must be fully accredited by October 1, 2023. In addition, from April 2022 through September 2022, DBH offered grant funding to offset some of the accreditation application costs to all certified providers that met established grant criteria. The Department encourages any provider that may require additional time to obtain full accreditation to request an exemption from the Department pursuant to the applicable certification regulation. The Department will review and consider each exemption request on a case-by-case basis.

Two (2) commenters expressed concern that certification standards are duplicative of national accreditation standards. The Department will address this matter in subsequent rulemaking.

A commenter requested that the Department match the period between recertification cycles with national accreditation review cycles. The Department will address this matter in subsequent rulemaking.

Two (2) commenters suggested that the Department should eliminate local certification and rely entirely on accreditation by CARF, COA, or the Joint Commission. The Department disagrees with these comments. Accreditation with CARF, COA, or the Joint Commission serves a distinct but complimentary role to local DBH certification. Accrediting bodies ensure that programs and services are conducted in a manner that is consistent with established national standards, but do not serve as oversight or compliance bodies. The Department enforces and monitors provider compliance with local statutes and regulations through certification. The Department will further address the relationship between national accreditation and certification standards in a forthcoming rulemaking.

A commenter requested that the Department reopen its previously available financial assistance to support providers applying for accreditation with CARF, COA, or the Joint Commission. The Department agrees with this recommendation and will provide further information in a forthcoming Notice of Funding Opportunity in the *District of Columbia Register.*

A commenter requested that the Department permit providers that are on certification extensions to apply for financial assistance to support their accreditation applications. The Department does not agree with this recommendation. A provider that is operating under a certification extension is not currently meeting all regulatory requirements, which has been and will remain a requirement of the funding opportunity.

This rule was adopted as final by the Director of DBH on January 18, 2023 and will be effective on the date of publication of this notice in the *District of Columbia Register*.

Chapter 30, FREE STANDING MENTAL HEALTH CLINIC CERTIFICATION STANDARDS, of Title 22-A DCMR, MENTAL HEALTH, is amended as follows:

Section 3003, DENIAL AND DECERTIFICATION PROCESS, is amended as follows:

Subsection 3003.2 is amended as follows:

Paragraphs (g) and (h) are amended to read as follows:

(g) An applicant's failure to timely respond to the Department of Behavioral Health's (Department's) requests for information;

(h) History of poor performance; or

A new paragraph (i) is added to read as follows:

(i) Lack of behavioral health accreditation in accordance with § 3015.1.

Subsection § 3003.4 is amended to read as follows:

Paragraphs (g) and (h) are amended to read as follows:

(g) A provider's lack of financial resources to carry out its commitments and obligations under this chapter for the foreseeable future;

(h) Failure to cooperate with Department investigations or lack of timely response to information requests; or

A new paragraph (i) is added to read as follows:

(i) Failure to obtain or maintain in good standing national accreditation in accordance with § 3015.1 or meet the timelines in § 3015.2.

A new section 3015, BEHAVIORAL HEALTH ACCREDITATION, is added as follows:

3015 BEHAVIORAL HEALTH ACCREDITATION

3015.1 Effective October 1, 2023, all Free-Standing Mental Health Clinic (FSMHC) providers shall obtain and maintain in good standing behavioral health accreditation with at least one (1) of the following organizations: the Commission Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC).

3015.2 The timeline for FSMHC providers to obtain accreditation in accordance with § 3015.1 shall be as follows:

(a) By December 15, 2022, all FSMHC providers shall submit an accreditation application to CARF, COA, or TJC and provide proof of the submission to the Department;

(b) By April 30, 2023, all FSMHC providers shall obtain a letter of good standing from CARF, COA, or TJC and submit a copy to the Department; and

(c) By October 1, 2023, all FSMHC providers shall be fully accredited with CARF, COA, or TJC and submit proof of accreditation to the Department.

3015.3 Accreditation through CARF, COA, or TJC shall not provide a waiver to FSMHC providers for any of the standards delineated in this chapter. The Department shall retain authority to monitor for and enforce compliance with all standards established in this chapter.

Chapter 34, MENTAL HEALTH REHABILITATION SERVICES PROVIDER CERTIFICATION STANDARDS, of Title 22-A DCMR, MENTAL HEALTH, is amended as follows:

Section 3403, DENIAL OF CERTIFICATION OR DECERTIFICATION PROCESS, is amended as follows:

Subsection § 3403.3 is amended as follows:

Paragraphs (g) and (h) are amended to read as follows:

(g) An applicant's failure to timely respond to the Department's requests for information;

(h) History of poor performance; or

A new paragraph (i) is added to read as follows:

(i) Lack of behavioral health accreditation in accordance with § 3433.1.

Subsection § 3403.9 is amended as follows:

Paragraphs (g) and (h) are amended to read as follows:

(g) A provider's lack of financial resources to carry out its commitments and obligations under this chapter for the foreseeable future;

(h) Failure to cooperate with Department investigations or lack of timely response to information requests; or

A new paragraph (i) is added to read as follows:

(i) Failure to obtain or maintain in good standing national accreditation in accordance with § 3433.1 or meet the timelines in § 3433.2.

Section 3406, SERVICE COVERAGE, is amended as follows:

Subsection § 3406.4 is amended as follows:

Paragraphs (k), (l), (m), and (n) are amended to read as follows:

(k) Child-Parent Psychotherapy (CPP);

(l) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT);

(m) Trauma Recovery and Empowerment Model (TREM);

(n) Trauma Systems Therapy (TST);

New paragraphs (o) and (p) are added to read as follows:

(o) Clinical Care Coordination (CCC); and

(p) Functional Family Therapy (FFT).

Section 3413, MHRS PROVIDER QUALIFICATIONS – GENERAL, is amended as follows:

Subsection § 3413.22 is deleted in its entirety and replaced by the following:

3413.22 Providers who deliver the following specialty services shall make their services available as follows:

MHRS SPECIALTY SERVICE	HOURS OF OPERATION	OTHER AVAILABILITY REQUIREMENTS
Rehabilitation Day Services	Thirty (30) hours per week, no less than six (6) hours per day.	Consumers authorized and referred for service shall be admitted within seven (7) business days of the referral.
Intensive Day Treatment	Seven (7) days per week, no less than five (5) hours per day.	Programs shall offer a minimum of thirty-five (35) hours of active programming per week. Consumers authorized and referred for Intensive Day Treatment shall be admitted within forty-eight (48) hours of referral.
Community Based Intervention (CBI)	Levels I, II, and III - Twenty-four (24) hours per day, seven (7) days per week.	Consumers authorized and referred for all levels of CBI shall be admitted within forty-eight (48) hours of referral. A CBI Team member shall respond to a call from a family member or a significant other, either by telephone or face-to-face contact, within sixty (60) minutes of receiving the call. All CBI providers shall develop a crisis intervention plan for each consumer receiving CBI.

MHRS SPECIALTY SERVICE	HOURS OF OPERATION	OTHER AVAILABILITY REQUIREMENTS
Assertive Community Treatment (ACT)	Twenty-four (24) hours per day, seven (7) days per week, with emergency response coverage to include psychiatric availability.	Consumers authorized and referred for ACT shall be admitted within forty-eight (48) hours of referral. At least sixty percent (60%) of ACT services shall be provided in locations other than the office, according to consumer need, preference, and clinical appropriateness. An ACT team member shall respond to a call from family or a significant other, either by telephone or face-to-face contact within sixty (60) minutes of receiving the call.

Section 3414, CORE SERVICES AGENCY REQUIREMENTS, is amended as follows:

Subsection § 3414.6 is amended as follows:

Paragraph (c) is amended to read as follows:

(c) Each CSA shall, at a minimum, offer the core services as specified in § 3417.2. A CSA shall provide at least one (1) core service directly and may provide up to five (5) core services via contract with a sub-provider or subcontractor. A CSA may provide specialty services directly if certified by the Department as a specialty provider.

Subsection § 3414.11 is amended to read as follows:

3414.11 All MHRS providers certified for ACT, CPP, FFT, Multisystemic Therapy (MST), CBI Level II and III, TF-CBT, and TST shall obtain the Department's approval to add teams supported through a Human Care Agreement. Providers shall submit a written request which must include the staffing patterns, including supervisors, training plan and/or dates, staff-to-consumer ratio, and new capacity for the entire team including the new addition.

Section 3417, COVERED MENTAL HEALTH REHABILITATION SERVICES, is amended as follows:

Subsections §§ 3417.2 through 3417.3 are amended to read as follows:

3417.2 Covered core services shall be Diagnostic Assessment, Medication/Somatic Treatment, Counseling, Community Support, Crisis/Emergency Services, and Clinical Care Coordination.

3417.3 Covered specialty services shall be Rehabilitation Day Services, Intensive Day Treatment, CBI, ACT, Psychosocial Rehabilitation Clubhouse (Clubhouse), CPP, TF-CBT, TREM, TST, and FFT.

Section 3419, MEDICATION/SOMATIC TREATMENT, is amended as follows:

Subsection § 3419.2 is amended to read as follows:

3419.2 Medication/Somatic Treatment services include monitoring the side effects and interactions of a consumer's medications and the adverse reactions which a consumer may experience and providing restorative information and direction for symptom and medication self-management.

Subsection § 3419.4 is amended as follows:

Paragraph (b) is amended to read as follows:

(b) Consumer/family groups for restorative information, support, and enhancement of the therapeutic alliance between the consumer and the MHRS provider.

Section 3422, CRISIS/EMERGENCY SERVICES, is amended as follows:

Subsections § 3422.1 and 3422.2 are amended to read as follows:

3422.1 A Crisis/Emergency Service is an immediate response face-to-face or via telehealth in accordance with 29 DCMR § 910 to an emergency situation involving a consumer with mental illness or emotional disturbance that is available twenty-four (24) hours per day, seven (7) days per week.

3422.2 Crisis/Emergency Services are provided by a CSA to their enrolled consumers involved in an active mental health crisis and consist of immediate response to evaluate and screen the presenting situation, assist in immediate crisis stabilization and resolution, and provide the consumer's access to care at the appropriate level.

Section 3425, COMMUNITY BASED INTERVENTION, is deleted in its entirety and replaced by the following:

3425 COMMUNITY BASED INTERVENTION

3425.1 CBI services are time-limited, intensive, mental health services delivered to children and youth. CBI services are intended to prevent the utilization of an out-of-home therapeutic resource or a detention of the consumer. CBI services may be provided at the time a child or youth is identified for a service, particularly to meet an urgent or emergent need during their course of treatment.

3425.2 In order to be eligible for CBI services, a consumer shall have:

(a) Insufficient or severely limited individual or family resources or skills to cope with an immediate crisis; and

(b) Either individual or family issues, or a combination of individual and family issues, that are unmanageable and require intensive coordinated clinical and positive behavioral interventions.

3425.3 There shall be three (3) levels of CBI services available to children and youth. A provider may be certified to offer one (1) or more level(s) of CBI services. The three (3) levels of CBI services are:

(a) CBI Level I, delivered using the MST treatment model adopted by the Department;

(b) CBI Level II, delivered using the Intensive Home and Community-Based Services (IHCBS) model adopted by the Department; and

(c) CBI Level III, delivered using the IHCBS model adopted by the Department.

3425.4 The CBI provider shall be responsible for coordinating the treatment planning process for all consumers authorized to receive CBI for the duration of CBI services. CBI services shall be delivered primarily in natural settings and shall include in-home services.

3425.5 The basic goals of all levels of CBI services are to:

(a) Defuse the consumer's current situation to reduce the likelihood of a recurrence which, if not addressed, could result in the use of more intensive therapeutic interventions;

(b) Coordinate access to covered mental health services and other covered Medicaid services;

(c) Provide mental health services and support interventions for consumers that develop and improve consumer and family interaction and improve the ability of parents, legal guardians, or caregivers to care for the consumer; and

(d) Assess the needs of the consumer and transition the consumer to an appropriate level of care following the end of CBI treatment services.

3425.6 All levels of CBI services shall include the following services, as medically necessary and clinically appropriate for the consumer:

(a) Immediate crisis response for enrolled consumers;

(b) Stabilization and behavioral support services to:

(1) Reduce family conflict;

(2) Stabilize the family unit;

(3) Maintain the consumer in the home environment;

(4) Increase family support; and

(5) Monitor the consumer's medication compliance with prescribed psychiatric medications;

(c) Environmental assessment to:

(1) Identify risk factors that may endanger either the consumer or the consumer's family; and

(2) Assess the strengths of the consumer and the consumer's family;

(d) Individual and family support interventions that develop and improve the ability of parents, legal guardians, or significant others to care for the consumer's behavioral and emotional disturbance(s);

(e) Skills training related to:

(1) Consumer self-help;

(2) Parenting techniques to help the consumer's family develop skills for managing the consumer's emotional disturbance;

(3) Problem solving;

(4) Behavior management;

(5) Communication techniques, including the facilitation of communication and consistency of communication for both the consumer and their family;

(6) Medication management, monitoring, and follow-up for family members and other caregivers; and

(f) Coordination and linkages with other covered MHRS services, behavioral health services or supports and other covered Medicaid services to prevent the utilization of more restrictive residential treatment, including one (1) or more of the following activities:

(1) Referral of consumers to other MHRS providers;

(2) Assisting consumers in transition to less intensive or more intensive MHRS;

(3) Referral of consumers to providers of other Medicaid-covered services; or

(4) Supporting and consulting with the consumer's family or support system directed exclusively to the well-being and benefit of the consumer.

3425.7 Each level of CBI provider shall have policies and procedures included in its Service Specific Policies that address the provision of CBI (CBI Organizational Plan) which include the following:

(a) A description of the particular treatment models utilized, types of intervention practiced, and typical daily curriculum and schedule;

(b) A description of the staffing pattern and how staff is deployed to maintain the required staff-to-consumer ratios, including a plan for unplanned staff absences;

(c) A requirement to directly conduct or arrange for Diagnostic Assessment services within thirty (30) calendar days before or after the initiation of CBI services. The Department may approve alternative sources to serve as the diagnostic assessment instrument if similar assessments have been conducted within the past twelve (12) months of an individual's referral to CBI services; and

(d) A requirement to collect and submit clinical outcome data and any other requested information using the process, timeline, and tools specified or approved by the Department.

3425.8 CBI Level I services are intended for children and youth ages twelve (12) through seventeen (17) who are experiencing serious emotional disturbance with either of the following:

(a) A documented behavioral concern with externalizing (aggressive or violent) behaviors; or

(b) A history of chronic juvenile offenses that has resulted or may result in involvement with the juvenile justice system.

3425.9 CBI Level I services shall not be authorized for:

(a) Children or youth who require the safety of a hospital or other secure setting;

(b) Children or youth in independent living programs; or

(c) Children or youth without a long-term placement option.

3425.10 Eligible consumers of CBI Level I services shall have a permanent caregiver who is willing to participate with service providers for the duration of CBI Level I treatment services and be:

(a) At imminent risk for out-of-home placement within thirty (30) calendar days; or

(b) Currently in out-of-home placement due to the consumer's disruptive behavior, with permanent placement expected to occur within thirty (30) calendar days.

3425.11 Providers shall obtain prior authorization from the Department before rendering CBI Level I services. Authorizations shall not exceed one hundred eighty (180) calendar days.

3425.12 The Department may consider reauthorization of CBI Level I services after one hundred eighty (180) calendar days in accordance with medical necessity requirements specified by the Department. Providers must obtain prior authorization from the Department before rendering CBI Level I services after one hundred eighty (180) calendar days.

3425.13 CBI Level II is intended for consumers ages birth through twenty-one (21) who meet at least one (1) of the following criteria:

(a) A history of involvement with the Child and Family Services Agency (CFSA) or the Department of Youth Rehabilitation Services (DYRS);

(b) A history of negative involvement with schools for behavioral-related issues;

(c) A history of either chronic or recurrent episodes of negative behavior that has resulted or may result in out-of-home placement; or

(d) Recently discharged or being discharged within the next thirty (30) calendar days from an inpatient setting such as a hospital or psychiatric residential treatment facility.

3425.14 The Department shall not authorize CBI Level II services for children or youth who require the safety of a hospital or other secure setting.

3425.15 Providers shall obtain prior authorization from the Department before rendering CBI Level II services. Authorizations shall not exceed one hundred and eighty (180) calendar days.

3425.16 The Department may consider reauthorization of CBI Level II services in accordance with medical necessity criteria established by the Department. Providers shall obtain prior authorization from the Department before rendering CBI Level II services after one hundred and eighty (180) days.

3425.17 CBI Level III is intended for consumers ages birth through twenty-one (21) who meet at least one (1) of the following criteria:

(a) Have situational behavioral problems that require short-term, intensive treatment;

(b) Are currently dealing with stressor situations such as trauma or violence and require development of coping and management skills;

(c) Have recently experienced out-of-home placement and require development of communication and coping skills to manage the placement change;

(d) Are undergoing transition from adolescence to adulthood and require skills and supports to successfully manage the transition; or

(e) Were recently discharged or are being discharged within the next thirty (30) calendar days from an inpatient setting such as a hospital or psychiatric residential treatment facility.

3425.18 The Department shall not authorize CBI Level III services for children or youth who require the safety of a hospital or other secure setting.

3425.19 Providers shall obtain prior authorization from the Department before rendering CBI Level III services. Authorizations shall not exceed ninety (90) calendar days.

3425.20 The Department may consider reauthorization of CBI Level III services after ninety (90) calendar days in accordance with medical necessity requirements specified by the Department. Providers shall obtain prior authorization from the Department before rendering CBI Level III services after ninety (90) calendar days.

3425.21 Discharge from all levels of CBI services shall occur when the consumer has achieved the goals for CBI outlined in the Plan of Care, or the consumer no longer benefits from CBI services. Discharge decisions shall be based on one (1) or a combination of the following:

(a) The consumer is performing reasonably well in relation to goals contained in the Plan of Care and discharge to a lower level of care is indicated (for example, the consumer is not exhibiting risky behaviors or family functioning has improved);

(b) The consumer or their family or caregiver has developed the skills and resources needed to step down to a less intensive service;

(c) The consumer is not making progress or is regressing and all realistic CBI treatment options have been exhausted;

(d) A family member or caregiver requests discharge and the consumer is not imminently dangerous to self or others;

(e) The consumer requires a higher level of care (for example, inpatient hospitalization or psychiatric residential treatment facility); or

(f) The consumer does not reside in the District of Columbia (District) and:

(1) Is not eligible to participate in the District's Medicaid program;

(2) Is not within the physical or legal custody of the CFSA; or

(3) Is not within the physical or legal custody of the DYRS.

3425.22 Eligible providers of CBI Level I services shall:

(a) Be licensed MST providers in good standing;

(b) Be either a Network Partner that is providing the MST services and receiving MST consultation services from another MST Network Partner, or a non-Network Partner that is receiving MST consultant services from a MST Network Partner or MST Services;

(c) Have the capacity to provide or arrange for the non-Medicaid reimbursed wraparound services required by eligible consumers;

(d) Meet CBI Level I training requirements specified by the Department;

(e) Have the capacity to deliver CBI Level I services to four (4) to six (6) consumers for each full-time team member; and

(f) Be available to consumers twenty-four (24) hours per day, seven (7) days per week.

3425.23 Eligible providers of CBI Level II services shall:

(a) Meet CBI Level II training requirements specified by the Department;

(b) Have the capacity to provide or arrange for the non-Medicaid reimbursed wraparound services required by eligible consumers;

(c) Have the capacity to deliver CBI Level II services to at least four (4) to six (6) consumers for each full-time team member; and

(d) Be available to consumers twenty-four (24) hours per day, seven (7) days per week.

3425.24 Eligible providers of CBI Level III services shall:

(a) Meet CBI Level III training requirements specified by the Department;

(b) Have the capacity to provide or arrange for the non-Medicaid reimbursed wraparound services required by eligible consumers;

(c) Have the capacity to deliver CBI Level III services to at least four (4) to six (6) consumers for each full-time team member; and

(d) Be available to consumers twenty-four (24) hours per day, seven (7) days per week.

3425.25 Providers of all levels of CBI services shall:

(a) Individually design CBI services for each consumer and their family to minimize intrusion and maximize independence;

(b) Provide more intensive services at the beginning of treatment and decrease the intensity of treatment over time as the strengths and coping skills of the consumer and family develop;

(c) Provide services utilizing a team approach;

(d) Maintain appropriate back-up coverage for team member absences and facilitate substitution of team members, as necessary;

(e) Conduct face-to-face transition planning with consumers and their families no later than thirty (30) calendar days prior to the anticipated discharge date, including meetings with providers of more intensive or less intensive services;

(f) Conduct continuity of care planning with consumers and families prior to discharge from any level of CBI services, including facilitating follow-up mental health appointments and providing telephonic support until follow-up mental health services occur;

(g) Provide all of the components of treatment specified in § 3425.6, as appropriate, based on each consumer's needs;

(h) Provide CBI services with a family-focus;

(i) Assist the consumer and their family with the development of mental health relapse prevention strategies and plans, if none exist; and

(j) Assist the consumer and their family with the development of a safety plan to address risk factors identified during the environmental assessment.

3425.26 Each CBI Level I team shall include:

(a) A full-time CBI Level I clinical supervisor; and

(b) Two (2) to four (4) full-time CBI Level I clinicians.

3425.27 The CBI Level I team clinical supervisor shall be an independently licensed qualified practitioner pursuant to § 3425.39 practicing within the scope of their license. The clinical supervisor shall be experienced in providing individual, group, marital, or family counseling or psychotherapy, and have a minimum of two (2) years of post-graduate experience working with behaviorally challenged youth and their families in community-based settings.

3425.28 The CBI Level I team clinicians shall be qualified practitioners pursuant to § 3425.39 practicing within the scope of their license.

3425.29 Each CBI Level II team shall include:

(a) A full-time clinical supervisor dedicated at a minimum fifty percent (50%) to IHCBS; and

(b) At a minimum, two (2) full-time clinicians dedicated to IHCBS.

3425.30 The CBI Level II team clinical supervisor shall be a Master's level independently licensed qualified practitioner pursuant to § 3425.39 practicing within the scope of

their license. The clinical supervisor shall be experienced in providing individual, group, marital, or family counseling or psychotherapy and have a minimum of two (2) years of post-graduate experience working with behaviorally challenged youth and their families in community-based settings.

3425.31 The CBI Level II team clinicians shall be qualified practitioners pursuant to § 3425.39 practicing within the scope of their license and have a minimum of one (1) year of experience working with behaviorally challenged youth and their families in community-based settings.

3425.32 Each CBI Level III team shall include:

(a) A full-time clinical supervisor dedicated at a minimum fifty percent (50%) to IHCBS; and

(b) At a minimum, two (2) full-time clinicians dedicated to IHCBS.

3425.33 The CBI Level III team clinical supervisor shall be a Master's-level independently licensed qualified practitioner pursuant to § 3425.39 practicing within the scope of their license. The clinical supervisor shall be experienced in providing individual, group, marital, or family counseling or psychotherapy, with a minimum of two (2) years post-graduate experience working with behaviorally challenged youth and their families in community-based settings.

3425.34 The CBI Level III team clinicians shall be qualified practitioners pursuant to § 3425.39 practicing within the scope of their license and have a minimum of one (1) year of experience working with behaviorally challenged youth and their families in community-based settings.

3425.35 Providers of all levels of CBI services shall ensure referral to and coordination with any medically necessary substance use disorder treatment and recovery support services and any services to facilitate consumers' transition from adolescence to adulthood.

3425.36 CBI shall not be billed on the same day as:

(a) Counseling;

(b) FFT;

(c) ACT; or

(d) TF-CBT.

3425.37 CBI Level II and CBI Level III shall not be billed on the same day as TREM.

3425.38 CBI shall be provided:

(a) At the MHRS provider's service site; or

(b) In natural settings, including the consumer's home or community settings.

3425.39 The following are qualified practitioners of CBI:

(a) Psychiatrists;

(b) Psychologists;

(c) Licensed Independent Clinical Social Workers (LICSWs);

(d) Advanced Practice Registered Nurses (APRNs);

(e) Licensed Professional Counselors (LPCs);

(f) Licensed Marriage and Family Therapists (LMFTs);

(g) Licensed Graduate Social Workers (LGSWs);

(h) Licensed Graduate Professional Counselors (LGPCs);

(i) Licensed Independent Social Workers (LISWs); and

(j) Psychology Associates.

3425.40 The provider shall not render CBI services in excess of thirty-two (32) units in a twenty-four (24) hour period without prior authorization from the Department. The Department may conduct clinical record reviews to verify the medical necessity of services provided.

3425.41 CBI providers shall comply with training requirements:

(a) For CBI Level I through nationally recognized body;

(b) For CBI Level II and CBI Level III in accordance with the Department CBI Policy; and

(c) All other trainings provided through the Department's Training Institute during the calendar year as requested by the Department.

Section 3426, ASSERTIVE COMMUNITY TREATMENT, is amended as follows:

Subsection § 3426.4 is amended as follows:

Paragraph (a) is amended to read as follows:

(a) Medication prescription, administration, and monitoring, excluding Medication Assisted Treatment;

Paragraphs (i) and (j) are amended to read as follows:

(i) Money management and benefits counseling and acquisition;

(j) Coordination of medical and psychosocial services; and

A new paragraph (k) is added to read as follows:

(k) Referrals and linkages to other services that address the consumer's social determinants of health.

Subsection § 3426.14 is amended as follows:

Paragraphs (i) and (j) are amended to read as follows:

(i) TREM;

(j) TST; or

A new paragraph (k) is added to read as follows:

(k) FFT.

Section 3427, CHILD-PARENT PSYCHOTHERAPY FOR FAMILY VIOLENCE, is deleted in its entirety and replaced by the following:

3427 CHILD-PARENT PSYCHOTHERAPY

3427.1 Child-Parent Psychotherapy (CPP) is a relationship-based treatment intervention for young children with a history of trauma exposure or maltreatment, and their parents or caregivers. CPP helps restore developmental functioning and reduce trauma symptoms in the wake of trauma by focusing on restoring the attachment relationship that was negatively affected.

3427.2 Under CPP, clinicians assess and provide information on how parents' or caregivers' past experiences, including past insecure or abusive relationships, affect their relationships with their children. Sessions focus on parent/caregiver-child

interactions and clinicians provide support on healthy coping, affect regulation, and increased appropriate reciprocity between parent/caregiver and child, resulting in a stronger relationship between a child and their parent or caregiver, and improvement in the child's symptoms. CPP sessions may be longer in the first six (6) months of treatment (i.e., ninety (90) minutes per session) and decrease over time (to sixty (60) minutes per session) as the child improves their coping skills.

3427.3 The goals of CPP are to:

(a) Reduce post-traumatic stress reactions and symptoms in children;

(b) Improve both parent/caregiver and child functioning, as well as improve the parent/caregiver attachment relationships;

(c) Establish a sense of safety and trust within the parent/caregiver relationship;

(d) Return a child to a normal developmental trajectory; and

(e) Restore parental/caregiver sensitivity and responsiveness, in order to strengthen the child-parent/caregiver relationship.

3427.4 CPP is available to children ages birth through six (6) years with a mental health diagnosis who have experienced at least one (1) traumatic event including maltreatment, the sudden or traumatic death of a caregiver, a serious accident, medical traumas, sexual abuse, physical abuse, neglect, or exposure to domestic violence, and, as a result, are experiencing behavioral, attachment, and/or mental health problems, including post-traumatic stress symptoms.

3427.5 CPP shall only be provided with the participation of the parent or caregiver.

3427.6 Providers of CPP services shall meet and maintain certification as a CPP provider from the Department-approved training entity.

3427.7 All CPP clinicians shall complete the Department-approved CPP clinical training.

3427.8 Each CPP Team shall include one (1) clinical supervisor and no more than six (6) clinicians who have successfully completed the CPP training requirements. The clinical supervisor shall be an independently licensed qualified practitioner pursuant to § 3427.15 practicing within the scope of their license.

3427.9 CPP clinicians shall be qualified practitioners pursuant to § 3427.15 practicing within the scope of their license, and holding a Master's degree in psychology, social work, therapy, or other related field.

3427.10 CPP supervisors must be independently licensed qualified practitioners pursuant to § 3427.15 practicing within the scope of their license and trained in CCP in accordance with the CPP fidelity standards.

3427.11 CCP providers shall maintain an acceptable rating on an annual CPP fidelity audit.

3427.12 CPP may be provided without prior authorization from the Department.

3427.13 CPP shall not be billed on the same day as:

(a) TF-CBT; or

(b) TST.

3427.14 CPP shall be provided:

(a) At the MHRS provider's service site;

(b) In natural settings, including the consumer's home or community settings; or

(c) In a residential facility of sixteen (16) beds or less unless otherwise stated by the Department.

3427.15 The following are qualified practitioners of CPP:

(a) Psychiatrists;

(b) Psychologists;

(c) LICSWs;

(d) APRNs;

(e) LISWs;

(f) LPCs;

(g) LMFTs;

(h) LGSWs;

(i) LGPCs; and

(j) Psychology Associates.

Section 3429, TRAUMA RECOVERY AND EMPOWERMENT MODEL, is amended as follows:

Subsection § 3429.2 is amended as follows:

Paragraphs (d) and (e) are amended to read as follows:

(d) TREM for boys twelve (12) to seventeen (17) years of age;

(e) TREM for individuals who are lesbian, gay, bisexual, transgender, questioning, intersex, or asexual (groups for either individuals under eighteen (18) or individuals eighteen (18) and over);

New paragraphs (f) and (g) are added to read as follows:

(f) TREM for male Transition Aged Youth (TAY) ages sixteen (16) to twenty-five (25) years of age; and

(g) TREM for female TAY sixteen (16) to twenty-five (25) years of age.

Section 3430, TRAUMA SYSTEMS THERAPY, is amended as follows:

Subsection § 3430.8 is amended as follows:

Paragraphs (d), (e) and (f) are amended to read as follows:

(d) FFT;

(e) ACT;

(f) CPP; or

Section 3431, REIMBURSABLE SERVICES, is deleted in its entirety and is replaced by the following:

3431 FUNCTIONAL FAMILY THERAPY

3431.1 FFT is an evidence-based proprietary therapeutic service for youth and their families to prevent youth who are already involved or at risk of becoming involved in the juvenile justice system from further penetrating the system. FFT is a strength-based model that focuses on the risk and protective factors that impact the adolescent, family and their environment. FFT providers shall ensure that services are provided in accordance with FFT fidelity standards and maintain an acceptable rating on all FFT fidelity audits.

3431.2 The FFT model adopts a phase-based approach, which must include the following phases:

(a) Engagement;

(b) Motivation;

(c) Relational Assessment;

(d) Behavioral Change; and

(e) Generalization.

3431.3 FFT is available to youth ages eleven (11) years old to eighteen (18), who meet at least one (1) criteria from the first category, and both of the criteria from the second category:

(a) First category:

(1) Have a documented history of moderate to serious behavioral problems which impair functioning in at least one (1) area (for example school or home);

(2) Exhibit significant externalizing behavior which impairs functioning in at least one (1) area (for example school or home); or

(3) Be at risk of a disruption in placement; and

(b) Second category:

(1) Be willing to participate with service providers for the duration of FFT treatment services; and

(2) Be involved with a caregiver who is willing to participate with service providers for the duration of FFT treatment services.

3431.4 To qualify for FFT, youth must be residing with or returning within thirty (30) calendar days to the home of the family/caregiver who is willing to participate in FFT treatment services.

3431.5 FFT is not appropriate for:

(a) Children or youth who require the safety of a hospital or other secure setting;

(b) Children or youth in congregate living programs; or

(c) Children or youth in an emergency or respite placement.

3431.6 Eligible providers of FFT services shall:

(a) Be certified as an FFT provider by FFT LLC;

(b) Comply with the FFT trainings and site certification requirements specified by the Department;

(c) Have the capacity to deliver FFT services to at least ten (10) to twelve (12) consumers for each therapist;

(d) Be available to work a flexible schedule based on the needs of the consumer and the family or caregiver; and

(e) Develop a crisis intervention plan for after-hours response, which shall include a Mobile Crisis Response Team.

3431.7 Each FFT Team shall include:

(a) An FFT-trained supervisor who provides the clinical and administrative supervision of the FFT Team and has the capacity to carry up to five (5) cases; and

(b) Three (3) to eight (8) FFT clinicians who have satisfied the FFT requirements for a therapist.

3431.8 The FFT supervisor shall be a Master's level independently licensed qualified practitioner pursuant to § 3431.12 practicing within the scope of their license and experienced in providing individual, group, marital, or family counseling or psychotherapy. The FFT supervisor shall have a minimum of two (2) years of post-graduate experience working with behaviorally challenged youth and their families in community-based settings and must have satisfied the FFT requirement for a clinical supervisor.

3431.9 FFT clinicians shall be qualified practitioners pursuant to § 3431.12 practicing within the scope of their license and have a minimum of one (1) year of experience working with behaviorally challenged youth and their families in community-based settings. FFT clinicians must satisfy all FFT requirements for FFT therapists.

3431.10 FFT shall be provided in the family home or an outpatient clinic.

3431.11 FFT shall not be billed on the same day as:

(a) CBI;

(b) Community Support;

(c) TF-CBT; or

(d) TST.

3431.12 Qualified practitioners of FFT are:

(a) Psychiatrists;

(b) Psychologists;

(c) LICSWs;

(d) APRNS;

(e) LPCs;

(f) Psychology Associates;

(g) LISWs;

(h) LMFTs;

(i) LGSWs; and

(j) LGPCs.

Section 3432, NON-REIMBURSABLE SERVICES, is deleted in its entirety and is replaced by the following:

3432 CLINCIAL CARE COORDINATION

3432.1 Clinical Care Coordination (CCC) adopts a "whole-person" approach to address the consumer's needs related to their physical health, behavioral health, and social determinants of health. CCC involves coordination of care between the behavioral health clinician and the clinical personnel of an external provider (e.g., primary care, another behavioral health provider, payors, behavioral health authority, hospital).

3432.2 CCC is essential to ensuring that consumers receive both the appropriate level of care and that there is continuity of care when transitioning to a different level of care or to new providers of care. The reconciliation of medications, where appropriate, is a vital component of CCC.

3432.3 CCC may be rendered by a qualified practitioner pursuant to § 3432.8 practicing within the scope of their license in person or through telehealth in accordance with 29 DCMR § 910.

3432.4 Qualified practitioners providing CCC shall:

(a) Communicate treatment needs, assessments and treatment information to healthcare providers external to the consumer's CSA or specialty provider;

(b) Facilitate appropriate linkages for the consumer with other healthcare professionals external to the consumer's CSA or specialty provider; and

(c) Provide planning and Plan of Care implementation activities separate from the diagnostic assessment service when the clinician and consumer meet face-to-face or through telehealth pursuant to 29 DCMR § 910.

3432.5 Providers must document CCC in an encounter note that meets the requirements of § 3413.19 and indicates the intended purpose of the service, the modality of communication, time spent reviewing or preparing records, the actions taken, and the result(s) achieved.

3432.6 CCC shall be provided at a site pursuant to 29 DCMR § 910.7 or § 910.8.

3432.7 The provider may only submit a claim for one (1) service if multiple practitioners participated in rendering the CCC service.

3432.8 Qualified Practitioners of CCC are:

(a) Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) Registered Nurses;

(g) LISWs;

(h) LPCs;

(i) Physician Assistants;

(j) Psychology Associates;

(k) LMFTs; and

(l) LGPCs.

A new section 3433, BEHAVIORAL HEALTH ACCREDITATION, is added as follows:

3433 BEHAVIORAL HEALTH ACCREDITATION

3433.1 Effective October 1, 2023, all MHRS providers shall obtain and maintain in good standing behavioral health accreditation with at least one (1) of the following organizations: the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC).

3433.2 The timeline for MHRS providers to obtain accreditation in accordance with § 3433.1 shall be as follows:

(a) By December 15, 2022, all MHRS providers must submit an accreditation application to CARF, COA, or TJC and provide proof of the submission to the Department;

(b) By April 30, 2023, all MHRS providers must obtain a letter of good standing from CARF, COA, or TJC and submit a copy to the Department; and

(c) By October 1, 2023, all MHRS providers must be fully accredited with CARF, COA, or TJC and submit proof of accreditation to the Department.

3433.3 Accreditation through CARF, COA, or TJC shall not provide a waiver to MHRS providers for any of the standards delineated in this chapter. The Department shall retain authority to monitor for and enforce compliance with all standards established in this chapter.

Section 3434, REIMBURSABLE SERVICES, is added as follows:

3434 REIMBURSABLE SERVICES

3434.1 Reimbursement for the provision of MHRS shall be on a per unit basis as indicated in § 3434.4.

3434.2 Each covered service shall have a unique billing code as established by the Department.

3434.3 The actual start and stop time of the service shall be used to calculate the duration of the service rounded to the nearest fifteen-minute unit.

3434.4 Reimbursement shall be limited as follows:

MHRS	LIMITATIONS AND SERVICE SETTING	BILLABLE UNIT OF SERVICE
Diagnostic Assessment	• One (1) every one-hundred eighty (180) calendar days. • Additional units allowable when there is a significant change in the consumer's mental health status. • Shall not be billed the same day as ACT. • Provided only in an MHRS provider's service site, home or community setting, or residential facility of sixteen (16) beds or less unless otherwise stated by the Department.	An assessment, which is at least three (3) hours in duration
Medication/ Somatic Treatment	• No annual limits. • Shall not be billed the same day as ACT or Intensive Day Treatment (IDT). • Provided only in an MHRS provider's service site, home or community setting, via telemedicine, or in residential facility of sixteen (16) beds or less unless otherwise stated by the Department.	Fifteen (15) Minutes
Counseling	• One-hundred sixty (160) units per twelve (12) month period. • Additional units allowable with prior authorization. • Shall not be billed the same day as IDT, CBI, ACT, TF-CBT, or TST. • Shall not be billed during a Rehabilitation Day Services encounter. • Shall be rendered face-to-face, when consumer is present, unless there is adequate documentation to justify why the consumer was not present during the session. • May be provided in individual on-site, individual off-site, or group. • Provided only in an MHRS provider's service site, home or community setting, via telemedicine, or in a residential facility of sixteen (16) beds or less unless otherwise stated by the Department.	Fifteen (15) minutes

MHRS	LIMITATIONS AND SERVICE SETTING	BILLABLE UNIT OF SERVICE
Community Support	• Six-hundred (600) units per one-hundred eighty (180) calendar days. • Additional units allowable with prior authorization; each authorization cannot exceed two-hundred (200) units per one-hundred eighty (180) calendar days. • Shall not be billed on the same day as ACT. • Individual Community Support shall not be billed during a Rehabilitation Day Services encounter. • Group Community Support shall not be billed on the same day as Rehabilitation Day Services. • Provided only in an MHRS provider's service site, home, community setting, or residential facility of sixteen (16) beds or less unless otherwise stated by the Department.	Fifteen (15) minutes
Crisis/ Emergency Services	• No annual limits. • ACT providers shall not bill Crisis/Emergency Services when provided to one of their current consumers. • Provided only in an MHRS provider's service site, home or community setting, or via telehealth. • Provided by a CSA to their enrolled consumers.	Fifteen (15) minutes
Rehabilitation Day Services	• Ninety (90) units within a twelve (12) month period. • Additional units allowable with prior authorization; each authorization cannot exceed ninety (90) units per twelve (12) month period. • Shall not be billed on the same day as Group Community Support, ACT, IDT, TF-CBT, TREM, TST, or Clubhouse. • Shall not be billed during a Counseling or Individual Community Support encounter. • Provided only in an MHRS provider's service site.	One (1) day (which shall consist of at least three (3) hours of service, excluding appropriate time for breaks and administrative functions)

MHRS	LIMITATIONS AND SERVICE SETTING	BILLABLE UNIT OF SERVICE
Intensive Day Treatment (IDT)	• Prior authorization required. Initial and subsequent authorizations shall not exceed seven (7) days at a time. • Shall not be billed on the same day as Medication/Somatic Treatment, Counseling, Rehabilitation Day Services, ACT, TF-CBT, TREM, TST, Clubhouse, or Supported Employment Services as defined in Title 22-A DCMR Chapter 37. • Provided only in an MHRS provider's service site.	One (1) day (which shall consist of at least five (5) hours of IDT services, excluding appropriate time for breaks and administrative functions)
Community Based Intervention (CBI)	• Prior authorization required for enrollment and continued stay (*see* § 3425 for details). • Shall not be billed on the same day as Counseling, ACT, FFT, or TF-CBT. • CBI Level II and III shall not be billed on the same day as TREM. • Provided only in an MHRS provider's service site, or home or community setting.	Fifteen (15) minutes
Assertive Community Treatment (ACT)	• Prior authorization required. Initial and subsequent authorizations shall not exceed one-hundred eighty (180) calendar days and five-hundred (500) units. • Shall not be billed on the same day as Diagnostic Assessment, Medication/Somatic Treatment, Counseling, Community Support, Rehabilitation Day Services, IDT, CBI, FFT, TF-CBT, TREM, or TST. • ACT providers shall not bill Crisis/Emergency Services if provided to one of their current consumers. • Provided only in an MHRS provider's service site, home or community setting.	Fifteen (15) minutes
Child-Parent Psychotherapy (CPP)	• May be provided without prior authorization. • Shall not be billed on the same day as TF-CBT or TST. • Provided only in an MHRS provider's service site, home or community setting, or residential facility of sixteen (16) beds or less unless otherwise stated by the Department.	Fifteen (15) minutes up to ninety (90) minutes once (1) per week

MHRS	LIMITATIONS AND SERVICE SETTING	BILLABLE UNIT OF SERVICE
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	• May be provided without prior authorization. • Shall not be billed the same day as Counseling, Rehabilitation Day Services, IDT, CBI, FFT, ACT, CPP, or TST. • Provided only in an MHRS provider's service site, home or community setting, or residential facility of sixteen (16) beds or less unless otherwise stated by the Department.	Fifteen (15) minutes up to ninety (90) minutes once (1) per week
Trauma Recovery and Empowerment Model (TREM)	• May be provided without prior authorization. • TREM shall not be billed on the same day as Rehabilitation Day Services, IDT, CBI Levels II and III, or ACT. • Provided only in an MHRS provider's service site, or residential facility of sixteen (16) beds or less unless otherwise stated by the Department.	Fifteen (15) minutes
Trauma Systems Therapy (TST)	• May be provided without prior authorization. • TST shall not be billed on the same day as Counseling, Rehabilitation Day Services, IDT, FFT, ACT, CPP, or TF-CBT.	Fifteen (15) minutes
Functional Family Therapy (FFT)	• May be provided without prior authorization. • Shall not be billed on the same day as CBI, Community Support, TF-CBT, or TST.	Fifteen (15) minutes
Clinical Care Coordination (CCC)	• No annual limits. • May be provided without prior authorization. • ACT providers shall not bill CCC when provided to one of their current consumers. • May be provided in an MHRS provider's service site, home or community setting, or via telehealth. • A provider may only claim one service if multiple clinicians from that provider agency participate in the CCC service.	Fifteen (15) minutes

Section 3435, NON-REIMBURSABLE SERVICES, is added as follows:

3435 NON-REIMBURSABLE SERVICES

3435.1 Services not covered as MHRS include:

(a) Room and board residential costs;

(b) Inpatient hospital services, including hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, and institutions for mental diseases;

(c) Transportation services;

(d) Educational, vocational, and job training services;

(e) Services rendered by parents or other family members;

(f) Social or recreational services;

(g) Screening and prevention services (other than those provided under Early and Periodic Screening, Diagnosis, and Treatment requirements);

(h) Services that are not medically necessary;

(i) Services that are not provided and documented in accordance with these certification standards;

(j) Services that are not behavioral health services as described in these rules; and

(k) Services furnished to persons other than the consumer, when those services are not directed primarily to the well-being and benefit of the consumer.

Section 3499, DEFINITIONS, is amended as follows:

Subsection 3499.1 is amended as follows:

The definition for Child-Parent Psychotherapy for Family Violence or CPP-FV Fidelity Audit is amended to read as follows:

Child-Parent Psychotherapy or **CPP Fidelity Audit** – A process by which the implementation of CPP, in accordance with the established standards and guiding principles, are annually evaluated.

A new definition is added to read as follows:

Clinical Care Coordination - Coordination of care between the behavioral health clinician and the clinical personnel of an external provider (e.g., primary care, another behavioral health provider, payors, behavioral health authority, hospital).

The definition for Core Services is amended to read as follows:

Core Services - The following six (6) categories of MHRS: Diagnostic Assessment, Medication/Somatic Treatment, Counseling, Community Support, Crisis/Emergency Services, and Clinical Care Coordination.

The definition for CPP-FV Fidelity Standards is amended to read as follows:

CPP Fidelity Standards - The six (6) established interconnected standards of fidelity, as set forth by the developers of CCP.

A new definition is added to read as follows:

Functional Family Therapy - An evidence-based proprietary therapeutic service for children, youth, and their families to prevent children and youth who are already involved or at risk of becoming involved with the juvenile justice system from further penetrating the system.

The definition for Specialty Services is amended to read as follows:

Specialty Services - Assertive Community Treatment, Child-Parent Psychotherapy, Community Based Intervention, Functional Family Therapy, Psychosocial Rehabilitation Clubhouse, Intensive Day Treatment, Rehabilitation Day Services, Trauma-Focused Cognitive-Behavioral Therapy, Trauma Recovery and Empowerment Model, and Trauma Systems Therapy.

Chapter 52, COMMUNITY-BASED INTERVENTION LEVEL IV – FUNCTIONAL FAMILY THERAPY – REIMBURSEMENT, of Title 22-A DCMR, MENTAL HEALTH, is repealed and replaced by the following:

5200 FUNCTIONAL FAMILY THERAPY REIMBURSEMENT

5200.1 The Department of Health Care Finance has published rates for Medicaid-funded services under Title 22-A District of Columbia Municipal Regulations (DCMR) Chapter 34. Those rates are contained in the District of Columbia Medicaid fee schedule available online at *www.dc-medicaid.com*. The Department of Behavioral Health (Department) shall reimburse providers for Functional Family Therapy (FFT) services provided to non-Medicaid beneficiaries at the same rates as those contained in the District of Columbia Medicaid fee schedule.

5200.2 Reimbursement for the local-only FFT services are set forth in the table at subsection 5200.3. The Department shall update the FFT rate to reflect any future changes by publishing a Public Notice in the *District of Columbia Register* and providing an opportunity for meaningful comment before implementation. The Notice shall describe the type of change, the reason for the change, the effective date of the change, and the new local only reimbursement rate.

5200.3 The Functional Family Therapy rate is as set forth below:

SERVICE	CODE	RATE	UNIT
FFT	H2033HU	$51.96	15 minutes

5200.4 All updates to the service codes and rates will be included in the District of Columbia Medicaid fee schedule pursuant to the procedures established in Title 29 DCMR Section 988, by providing notice and an opportunity for comment.

Chapter 63, CERTIFICATION STANDARDS FOR SUBSTANCE USE DISORDER TREATMENT AND RECOVERY PROVIDERS, is amended as follows:

Section 6305, DENIAL OR DECERTIFICATION PROCESS, is amended as follows:

Subsection § 6305.1 is amended as follows:

Paragraphs (g) and (h) are amended to read as follows:

(g) An applicant's failure to timely respond to the Department's requests for information;

(h) History of poor performance; or

A new paragraph (i) is added to read as follows:

(i) Lack of behavioral health accreditation in accordance with § 6351.1.

Subsection § 6305.3 is amended as follows:

Paragraphs (f) and (g) are amended to read as follows:

(f) An applicant's lack of financial resources (e.g., inability to pay all staff, or inability to provide at least ninety (90) days of running capital as dictated by the provider's monthly operating budget) to carry out its commitments and obligations under this chapter for the foreseeable future;

(g) Failure to cooperate with Department investigations or lack of timely response to information requests; or

A new paragraph (h) is added to read as follows:

(h) Failure to obtain or maintain in good standing with national accreditation in accordance with § 6351.1, or meet the timelines in § 6351.2

A new section 6351, BEHAVIORAL HEALTH ACCREDITATION, is added as follows:

6351 BEHAVIORAL HEALTH ACCREDITATION

6351.1 Effective October 1, 2023, all SUD providers shall obtain and maintain in good standing behavioral health accreditation with at least one (1) of the following organizations: the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC).

6351.2 The timeline for SUD providers to obtain accreditation in accordance with § 6351.1 shall be as follows:

(a) By December 15, 2022, all SUD providers must submit an accreditation application to CARF, COA, or TJC and provide proof of the submission to the Department;

(b) By April 30, 2023, all SUD providers must obtain a letter of good standing from CARF, COA, or TJC and submit a copy to the Department; and

(c) By October 1, 2023, all SUD providers must be fully accredited with CARF, COA, or TJC and submit proof of accreditation to the Department.

6351.3 Accreditation through CARF, COA, or TJC shall not provide a waiver to SUD providers for any of the standards delineated in this Chapter. The Department shall retain authority to monitor for and enforce compliance with all standards established in this chapter.

Chapter 65, TRANSITION PLANNING ELIGIBILITY, PROVIDER CERTIFICATION, AND SERVICE STANDARDS, is amended as follows:

Section 6504, DENIAL OR DECERTIFICATION PROCESS, is amended as follows:

Subsection § 6504.2 is amended as follows:

Paragraphs (f) and (g) are amended to read as follows:

(f) An applicant's failure to respond in a timely manner to the Department's requests for information;

(g) History of poor performance; or

A new paragraph (h) is added to read as follows:

(h) Lack of behavioral health accreditation in accordance with § 6513.1.

Subsection § 6504.6 is amended as follows:

Paragraphs (g) and (h) are amended to read as follows:

(g) A provider's lack of financial resources to carry out its commitments and obligations under this chapter for the foreseeable future, as evidenced by an inability to pay all staff, or an inability to provide at least ninety (90) days of running capital as dictated by the provider's monthly operating budget;

(h) Failure to cooperate with Department investigations or lack of timely response to information requests; or

A new paragraph (i) is added to read as follows:

(i) Failure to obtain or maintain in good standing national accreditation in accordance with § 6513.1 or meet the timelines in § 6513.2.

A new section 6513, BEHAVIORAL HEALTH ACCREDITATION, is added as follows:

6513 BEHAVIORAL HEALTH ACCREDITATION

6513.1 Effective October 1, 2023, all transition planning providers shall obtain and maintain in good standing behavioral health accreditation with at least one (1) of the following organizations: the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC).

6513.2 The timeline for transition planning providers to obtain accreditation in accordance with § 6513.1 shall be as follows:

(a) By December 15, 2022, all transition planning providers must submit an accreditation application to CARF, COA, or TJC and provide proof of the submission to the Department;

(b) By April 30, 2023, all transition planning providers must obtain a letter of good standing from CARF, COA, or TJC and submit a copy to the Department; and

(c) By October 1, 2023, all transition planning providers must be fully accredited with CARF, COA, or TJC and submit proof of accreditation to the Department.

6513.3 Accreditation through CARF, COA, or TJC shall not provide a waiver to transition planning providers for any of the standards delineated in this chapter. The Department shall retain authority to monitor for and enforce compliance with all standards established in this chapter.

Chapter 80, CERTIFICATION STANDARDS FOR BEHAVIORAL HEALTH STABILIZATION PROVIDERS, is amended as follows:

Section 8004, DENIAL OR DECERTIFICATION PROCESS, is amended as follows:

Subsection § 8004.1 is amended as follows:

Paragraphs (f) and (g) are amended to read as follows:

(f) An applicant's failure to timely respond to the Department's request for information;

(g) History of poor performance; and

A new paragraph (i) is added to read as follows:

(i) Lack of behavioral health accreditation in accordance with § 8031.1.

Subsection § 8004.4 is amended as follows:

Paragraphs (f) and (g) are amended to read as follows:

(f) A provider's lack of financial resources to carry out its commitments and obligations under this chapter for the foreseeable future, evidenced by an inability to all pay staff, or an inability to provide at least ninety (90) calendar days of running capital as dictated by the provider monthly operating budget;

(g) Failure to cooperate with Department investigations or lack of timely response to information requests; or

A new paragraph (h) is added to read as follows:

(h) Failure to obtain or maintain in good standing national accreditation in accordance with § 8031.1 or meet the timelines in § 8031.2.

A new section 8031, BEHAVIORAL HEALTH ACCREDITATION, is added as follows:

8031 BEHAVIORAL HEALTH ACCREDITATION

8031.1 Effective October 1, 2023, all behavioral health stabilization providers shall obtain and maintain in good standing behavioral health accreditation with at least one (1) of the following organizations: the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC).

8031.2 The timeline for behavioral health stabilization providers to obtain accreditation in accordance with § 8031.1 shall be as follows:

(a) By December 15, 2022, all behavioral health stabilization providers shall submit an accreditation application to CARF, COA, or TJC and provide proof of the submission to the Department;

(b) By April 30, 2023, all behavioral health stabilization providers shall obtain a letter of good standing from CARF, COA, or TJC and submit a copy to

the Department; and

(c) By October 1, 2023, all behavioral health stabilization providers shall be fully accredited with CARF, COA, or TJC and submit proof of accreditation to the Department.

8031.3 Accreditation through CARF, COA, or TJC shall not provide a waiver to behavioral health stabilization providers for any of the standards delineated in this chapter. The Department shall retain authority to monitor for and enforce compliance with all standards established in this chapter.