

DEPARTMENT OF BEHAVIORAL HEALTH
NOTICE OF FINAL RULEMAKING

The Director of the Department of Behavioral Health (the Department), pursuant to the authority set forth in Sections 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 (2018 Repl.)), hereby gives notice of the adoption of a new Chapter 65 (Transition Planning Eligibility, Provider Certification, and Service Standards) to Subtitle A (Mental Health) of Title 22 (Health) of the District of Columbia Municipal Regulations (DCMR).

The Department, in partnership with the Department of Health Care Finance (DHCF), submitted a Section 1115 Behavioral Health Transformation Demonstration Program (demonstration program) application to the Centers for Medicare and Medicaid Services (CMS) on June 3, 2019 and received federal approval on November 6, 2019. Under the demonstration program, the District received authority to provide new behavioral health services reimbursed by the Medicaid program between January 1, 2020 and December 31, 2024, including for a transition planning service. To comply with the demonstration program, the Department must establish transition planning provider certification requirements and service and eligibility standards. This service will connect individuals experiencing a behavioral health-related hospitalization or substance use disorder (SUD)-related residential treatment stay to continued treatment and support services ahead of their discharge in order to promote recovery and prevent avoidable readmissions.

A Notice of Emergency and Proposed Rulemaking was published in the *D.C. Register* on October 9, 2020 at 67 DCR 11727. The Department made three (3) technical changes from the Emergency and Proposed Rulemaking: (1) to clarify the definition of Medicaid eligible or enrolled individuals in § 6501.1; (2) to clarify in § 6501.2 the time-period in which an individual is eligible for the service, consistent with § 6511.2(a); and (3) to eliminate § 6501.3 of the Emergency and Proposed Rulemaking, as the language was inapplicable to transition planning providers because the Chapter does not create a locally-funded transition planning benefit. In response to the Notice of Emergency and Proposed Rulemaking, the Department received comments from Disability Rights DC at University Legal Services. The comments and any changes are addressed below.

The commenter expressed concern that adding an additional provider into the discharge process could create confusion and that the transition planning provider and discharging facility should communicate to clients/consumers and their families the role of the transition planning provider and how it differs from other community providers to which the client/consumer is connected. The Department agrees about the importance of clients/consumers and families understanding the roles and responsibilities of each provider involved in their care, which is why the service components described in §§ 6511.1(a)(7) and (b)(2)(i) require the transition planning provider to meet with the client/consumer and their family/natural supports to establish the provider as a resource and to promote understanding of the discharge plan. Because this requirement already exists in the chapter, the Department declines to make any changes to the final rulemaking to address this comment.

The commenter disagreed with the service eligibility criteria that excludes individuals enrolled in one of the following District Medicaid programs: managed care, 1915(c) waivers, or health homes. The commenter stated that individuals enrolled in these programs should be eligible for transition planning services as the programs do not provide the type of support offered by the transition planning providers certified under this chapter. The Department declines to alter the eligibility criteria, since the transition planning service is duplicative of the care coordination and case management components offered by the aforementioned programs. The transition planning service is intended for individuals who are not otherwise eligible for and connected to District Medicaid care coordination programs. The Department and DHCF are committed to ensuring that District programs fulfill their care coordination and case management requirements effectively, and welcome stakeholder feedback to help the District identify and address areas of needed improvement. For concerns about DC Health Home, please contact the Department's Ombudsman Office; for concerns about My Health GPS, the Medicaid Home and Community-Based Services Waiver Program (authorized under §1915(c) of the Social Security Act), or for managed care, please contact DHCF's Ombudsman Office.

The commenter also questioned the utility of the transition planning service if only a small number of individuals are eligible in light of the ongoing transition of Medicaid fee-for-service (FFS) enrollees into managed care. The Department notes, as stated above, that the transition planning benefit supports individuals with care transitions who are not otherwise connected to Medicaid programs which include care coordination and case management functions. Even after the October 1, 2020 transition of individuals from FFS into managed care, approximately 50,000 individuals remain in the FFS population and could be eligible for this service.

The commenter requested clarification on how long a transition planning provider will serve a client/consumer after discharge and when their work is considered complete. The Department notes that per § 6511.2(a), the service is rendered anytime during the thirty (30) calendar days prior to and on the day of the client's/consumer's discharge. Any follow-up after the day of discharge is the responsibility of the lower level of care provider(s) to whom the client/consumer is connected as a part of the transition planning service. However, the Department agrees that further explanation is needed and is made clarifying edits to the eligibility language in § 6501.2 to be consistent with § 6511.2(a).

The commenter expressed appreciation that the transition planning service includes assessment of housing needs as one of the service components, but requested clarification about how much assistance a transition planning provider must render in the acquisition of needed housing. Specifically, the commenter requested clarity on: 1) whether it is the discharging facility's or the transition planning provider's responsibility to ensure submission of applications for housing options; 2) when the transition planning provider's obligation to assist ends; and 3) if it will be sufficient for a client/consumer to be discharged into temporary housing, or if the transition planning provider must assist until more stable housing is identified. The Department recognizes the critical link between stable housing and the recovery process following a hospitalization and has invested in numerous efforts to improve housing options for individuals with behavioral health conditions. The transition planning provider would be expected to work in partnership with the many supportive housing options available in the District, but the responsibility for submission of housing applications will depend on an individual consumer's/client's circumstances. The

- (3) An individual with a substance use disorder (SUD), as defined in Subsection 6301.1 of Chapter 63 of this subtitle;
- (b) Be a *bona fide* resident of the District, as defined in D.C. Official Code § 7-1131.02(29);
- (c) Be enrolled in Medicaid or be eligible for enrollment and in the process of applying;
- (d) Be experiencing an institutional treatment stay described in § 6501.2; and
- (e) Not be enrolled in any one of the following District programs:
 - (1) Medicaid managed care;
 - (2) Home and Community-Based Services Waiver for Persons who are Elderly and Individuals with Physical Disabilities, as described in Title 29 DCMR Chapter 42;
 - (3) Home and Community-Based Services Waiver for Individuals with Intellectual and Developmental Disabilities, as described in Title 29 DCMR Chapter 19;
 - (4) DC Health Home, as described in Title 22-A DCMR Chapter 25; or
 - (5) My Health GPS, as described in Title 29 DCMR Chapter 102.

6501.2 An individual meeting the criteria described in § 6501.1 shall be eligible for the transition planning service if they are experiencing an institutional stay in an inpatient hospital or residential SUD treatment setting related to a primary mental health or SUD diagnosis, and the service is rendered to the individual within thirty (30) calendar days ahead of and/or on the day of discharge from the:

- (a) Inpatient hospital setting into an outpatient or community-based setting, or SUD residential treatment setting; or
- (b) SUD residential treatment setting into an outpatient or community-based setting, or a lower level SUD residential treatment setting.

6502 PROVIDER CERTIFICATION PROCESS

6502.1 The Department shall utilize the certification process to thoroughly evaluate the applicant’s capacity to provide a high quality transition planning service in accordance with this Chapter and the needs of the District’s behavioral health system.

6502.2 Each applicant seeking certification as a transition planning provider shall submit a certification application to the Department in the format established by the Department. A certified transition planning provider seeking renewal of certification shall submit an

application at least ninety (90) calendar days prior to expiration of its current certification. The existing certification of a provider that has submitted a timely application for renewal of certification shall continue until the Department renews or denies renewal of the certification.

- 6502.3 Certification shall be considered terminated if the transition planning provider:
- (a) Fails to submit a complete certification application ninety (90) calendar days prior to the expiration date of its current certification;
 - (b) Voluntarily relinquishes certification; or
 - (c) Terminates operations.
- 6502.4 Upon receipt of a certification application, the Department shall review the certification application to determine whether it is complete. If a certification application is incomplete, the Department shall return the incomplete application to the applicant. An incomplete certification application shall not be regarded as a certification application. The Department shall not take further action to issue certification unless a complete certification application is submitted within ninety (90) calendar days prior to the expiration of the applicant's current certification.
- 6502.5 Following the Department's acceptance of the certification application, the Department shall review the application and may conduct a survey to determine whether the applicant meets the certification standards described in this chapter. The Department shall have access to all records necessary to verify compliance with certification standards and may conduct interviews with staff, others in the community, and clients/consumers served.
- 6502.6 The Department may conduct announced or unannounced surveys at any time during the period of certification.
- 6502.7 Applicant or transition planning provider interference with a survey, submission of false or misleading information, or lack of candor by the applicant or provider shall be grounds for an immediate suspension of any prior certification, or denial of a new certification application.
- 6502.8 A Statement of Deficiency (SOD) is a written notice to an applicant or existing transition planning provider identifying non-compliance with certification standards. The intent of the SOD is to provide:
- (a) Applicants with an opportunity to correct minor deficiencies during the certification application process; or
 - (b) Existing certified providers with an opportunity to correct minor deficiencies at any time to avoid decertification and disruption of services.

- 6502.9 The Department will not normally issue an SOD to applicants who fail to demonstrate compliance with certification standards. The Department will normally consider the applicant's failure to comply with the initial certification requirements as evidence that the applicant is ill-prepared to assume the responsibilities of providing the transition planning service to District residents and deny the application.
- 6502.10 When utilized, the SOD shall describe the areas of non-compliance, suggest actions needed to bring operations into compliance with the certification standards, and establish a timeframe of no more than ten (10) business days for the applicant's or existing transition planning provider's submission of a written Corrective Action Plan (CAP).
- 6502.11 The issuance of an SOD is a separate process from the issuance of a Notice of Infraction (NOI). NOIs shall be issued promptly upon observation of violations of this chapter, especially when they are recurrent, endanger client/consumer or staff health or safety, or when there is a failure to comply with core requirements of this chapter.
- 6502.12 The Department is not required to utilize the SOD process. The Department may immediately deny certification or proceed with decertification.
- 6502.13 An applicant or certified transition planning provider's CAP shall describe the actions to be taken and specify a timeframe for correcting the areas of non-compliance. The CAP shall be submitted to the Department within ten (10) business days after receipt of the SOD from the Department, or sooner if specified in the SOD.
- 6502.14 The Department shall, within ten (10) business days after receipt, notify the applicant or certified provider whether the CAP is accepted.
- 6502.15 The Department may only issue certification after the Department verifies that the applicant or certified transition planning provider has remediated all of the deficiencies identified in the CAP and meets all the certification standards in this chapter.
- 6502.16 A determination to grant certification shall be based on the Department's review and validation of the information provided in the application, as well as any survey findings, any CAP, and the provider's compliance with this chapter.
- 6502.17 Certification as a transition planning provider shall be for one (1) calendar year for new applicants and two (2) calendar years for existing providers seeking renewal. Certification shall start from the date of issuance of certification by the Department, subject to the provider's continuous compliance with these certification standards. Certification shall remain in effect until it expires, is renewed, or is revoked pursuant to this chapter.
- 6502.18 Certification is not transferable to any other organization.
- 6502.19 A person or entity that applies for certification during an open application period as published in the District of Columbia Register may appeal the denial of certification under this subsection by utilizing the procedures contained in §§ 6504.3 and 6504.4.

The Department shall not accept any applications for which a notice of moratorium is published in the District of Columbia Register.

- 6502.20 In the event that a certification application is under review while a moratorium is put in place, the Department shall continue to process the application for a time period of no more than thirty (30) calendar days. If, after thirty (30) calendar days, the application is deemed incomplete, the applicant shall be granted ten (10) business days to resolve all items of incompleteness. Any items not resolved or provided by the due date shall result in the incomplete application being returned to the applicant and the Department shall take no further action to issue certification. The applicant shall then wait until the moratorium is lifted to submit any subsequent certification application.
- 6502.21 Nothing in these rules shall be interpreted to mean that certification is a right or an entitlement. New certification as a provider depends upon the Director's assessment of the need for additional transition planning providers.
- 6502.22 The transition planning provider shall notify the Department within two (2) business days of any changes in its operations that affect the provider's continued compliance with these certification standards, including changes in:
- (a) Ownership or control,
 - (b) Staff rendering transition planning services, and
 - (c) Any affiliation and referral arrangements.
- 6502.23 A provider shall immediately report to the Department any criminal allegations involving provider staff.

6503 EXEMPTIONS FROM CERTIFICATION STANDARDS

- 6503.1 Upon good cause shown, the Department may exempt an applicant or current transition planning provider from a certification standard, if the exemption does not:
- (a) Jeopardize the health and safety of clients/consumers and/or staff,
 - (b) Violate clients'/consumers' rights, or
 - (c) Otherwise conflict with the purpose and intent of this chapter.
- 6503.2 If the Department approves an exemption, such exemption shall end on the expiration date of the provider's certification or on an earlier date if specified by the Department; unless the provider requests renewal of the exemption prior to expiration of its certification or the earlier date set by the Department.
- 6503.3 The Department may at any time revoke an exemption that it determines is no longer appropriate.

6503.4 All requests for an exemption from certification standards shall be submitted in writing to the Department.

6504 DENIAL OR DECERTIFICATION PROCESS

6504.1 The Director may deny initial certification if the applicant fails to comply with any certification standard or the application fails to demonstrate the applicant's capacity to deliver a high quality transition planning service on a sustained and regular basis.

6504.2 An applicant may make minor corrections and substitutions to its application during the certification process. However, evidence of one (1) or more of the following shall constitute good cause to deny the application for certification when the circumstances demonstrate deliberate misrepresentations, organizational instability, or the lack of preparedness or capacity to meet and sustain compliance with this chapter:

- (a) An incomplete application;
- (b) False information provided by applicant or contained in an application;
- (c) One or more changes to an organizational chart during the application process;
- (d) The lack of demonstrated experience providing transition planning services by the applicant's clinical leadership, practitioners, and/or staff;
- (e) An applicant's lack of financial resources to carry out its commitments and obligations under this chapter for the foreseeable future;
- (f) An applicant's failure to respond in a timely manner to the Department's requests for information; and
- (g) History of poor performance.

6504.3 Within fifteen (15) business days of the date on the certification denial, an applicant may make a request for an administrative review of the decision from the Director. Each request for an administrative review shall be in writing and contain a concise statement of the reason(s) why the applicant asserts that the certification denial was in error and any relevant supporting documentation.

6504.4 The Director shall complete the administrative review within fifteen (15) business days of receipt of the applicant's request, to determine whether the certification denial complied with this subsection. The Director shall issue a written decision and provide a copy to the provider. The Director's decision shall be final and not subject to further appeal.

6504.5 An applicant and its executive leadership shall be prohibited from reapplying for certification for twelve (12) months following the date of the initial denial or, if applicable, the date of the denial pursuant to the Director's administrative review.

- 6504.6 The Department shall decertify existing transition planning providers who fail to comply with the certification requirements contained in this chapter. Evidence of one (1) or more of the following shall constitute good cause to decertify:
- (a) An incomplete recertification application;
 - (b) False information provided by provider or contained in a recertification application;
 - (c) High staff turnover where there are two (2) or more changes made to the leadership staff within a certification period, demonstrating organizational instability;
 - (d) One or more documented violations of the certification standards during the certification period that evidence a provider's lack of capacity to meet and sustain compliance with this chapter;
 - (e) Claims audit error rate in excess of twenty-five percent (25%);
 - (f) Poor quality of services;
 - (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; or
 - (h) Failure to cooperate with Department investigations or lack of timely response to information requests.
- 6504.7 Nothing in this chapter requires the Director to issue an SOD prior to decertifying a transition planning provider. If the Director finds that there are grounds for decertification, the Director shall issue a written notice of decertification setting forth the factual basis for the decertification, the effective date, and the provider's right to request an administrative review.
- 6504.8 Within fifteen (15) business days of the date on the notice of decertification, the provider may request an administrative review from the Director. Each request for an administrative review shall be in writing and contain a concise statement of the reason(s) why the provider asserts that decertification should not have occurred and any relevant supporting documentation.
- 6504.9 The Director shall complete the administrative review within fifteen (15) business days of receipt of the provider's request, to determine whether the decertification complied with this subsection. The Director shall issue a written decision and provide a copy to the provider.
- 6504.10 If the Director denies the appeal and approves the decertification, the provider may within fifteen (15) business days of receipt of the Director's written decision request a

hearing under the D.C. Administrative Procedure Act, D.C. Official Code §§ 2-501, *et seq.* The administrative hearing shall be limited to the issues raised in the administrative review request. The decertification shall be stayed pending resolution of the hearing.

- 6504.11 Upon decertification, the transition planning provider and its executive leadership shall be prohibited from reapplying for certification for a period of two (2) years following the later of the date of the decertification letter or the date of the decertification order (if applicable). If a provider reapplies for certification, the provider shall reapply in accordance with the established certification standards and show evidence that the grounds for the revocation have been corrected.

6505 NOTICES OF INFRACTION

- 6505.1 The Department may issue an NOI for any violation of this chapter. The fine amount for any NOI issued under this chapter shall be as follows:

- (a) For the first (1st) offense, five hundred dollars (\$500.00);
- (b) For the second (2nd) offense, one thousand dollars (\$1,000.00);
- (c) For the third (3rd) offense, two thousand dollars (\$2,000.00); and
- (d) For the fourth (4th) and subsequent offenses, four thousand dollars (\$4,000.00).

- 6505.2 The administrative procedure for the appeal of an NOI issued under this chapter shall be governed by 16 DCMR §§ 3100 *et seq.*

6506 PROVIDER DISCONTINUATION OF SERVICES

- 6506.1 A transition planning provider shall provide written notification to the Department at least ninety (90) calendar days before its discontinuation of the transition planning service, or immediately upon knowledge of an impending discontinuation of service less than ninety (90) calendar days in the future. This notification shall include plans for continuity of care for current clients/consumers and preservation of clients'/consumers' records.

- 6506.2 The Department shall review the continuity of care plan and make recommendations to the provider. The provider shall incorporate all Department recommendations necessary to ensure a safe and orderly transfer of care.

- 6506.3 Discontinuation of the transition planning service does not absolve a provider from its legal responsibilities regarding the preservation and storage of client/consumer records as described in §§ 6509.6, 6509.8, and 6509.9, and all other applicable Federal and District laws and regulations. A provider shall take all necessary and appropriate measures to ensure client/consumer records are preserved, maintained, and made available to the clients/consumers upon request after discontinuation of services.

6507 GENERAL TRANSITION PLANNING PROVIDER STANDARDS

6507.1 No person or entity shall apply for certification, and no transition planning provider shall apply for recertification or be permitted to maintain certification as a transition planning provider, if they are:

- (a) Not enrolled in the District’s Medicaid program, in accordance with the requirements of Title 29 Chapter 94, as a(n):
 - (1) Mental Health Rehabilitation Services (MHRS) provider;
 - (2) Adult Substance Abuse Rehabilitative Services (ASARS) provider;
 - (3) Free Standing Mental Health Clinic (FSMHC); or
 - (4) Federally Qualified Health Center (FQHC); or
- (b) Subject to exclusion, suspension, termination, or sanction(s) as described in Title 29 DCMR Chapter 13 and Title 29 DCMM Chapter 94.

6507.2 An applicant for initial certification as a transition planning provider shall demonstrate meeting, at the time of application submission, the following standards:

- (a) Provides health home services pursuant to either Title 22-A DCMR Chapter 25 or Title 29 DCMR Chapter 69 or renders care coordination services;
- (b) Has at least three (3) years of experience providing mental health and/or SUD treatment services to a minimum of three hundred (300) individuals per calendar year in the DC metropolitan area;
- (c) Within the six (6) years prior to application submission, has assisted with the discharge of at least one hundred (100) individuals with complex needs from inpatient or residential mental health or SUD treatment settings, and achieved a thirty (30)-day readmission rate that does not exceed twenty percent (20%) for mental health or SUD-related admissions;
- (d) Within the six (6) months prior to application submission, for the population served by the applicant, the applicant rendered transition support, case management, or care coordination services to at least eighty percent (80%) of individuals who had inpatient or residential mental health or SUD treatment admissions; and
- (e) As evidenced by summary data from anytime within the previous three (3) calendar years, the ability to track and monitor:
 - (1) The number of clients/consumers who have transitioned to a higher or lower level of care for treatment of a mental health or SUD diagnosis, including admissions to an inpatient or residential treatment setting; and

- (2) The responses to/outcomes of the inpatient or residential mental health or SUD treatment admissions.

6507.3 A transition planning provider shall render the service to individuals in all three (3) populations described in § 6501.1(a), for whom the provider receives a referral. Circumstances in which a provider shall be exempt from the requirement to render the service are when:

- (a) The referred individual does not consent to receive the transition planning service;
- (b) The referred individual is discharged from the institution or leaves the institution against medical advice, prior to the transition planning provider having initiated contact with the discharging institution in the time-frame specified in § 6507.4; or
- (c) Any other situation specified by the Department.

6507.4 Upon notification of a referral, a transition planning provider shall contact the discharging institution in the following time-frame:

- (a) If the provider is notified before 3:00 p.m., the provider shall contact the institution on the same day; and
- (b) If the provider is notified at 3:00 p.m. or after, the provider shall contact the institution by 10:00 a.m. the next day.

6507.5 A transition planning provider shall respond to referrals and render services, as appropriate, seven (7) days per week, three hundred sixty-five (365) days per year. The provider shall at a minimum be available to respond to client/consumer and discharging entity communications during the hours of 8:15 a.m.-5:00 p.m. The provider shall respond on the same day if such communication was received before 3:00 p.m., or by 10:00 a.m. the next day if the communication was received at 3:00 p.m. or after.

6507.6 A transition planning provider shall operate according to all applicable Federal and District laws and regulations relating to fraud, waste, and abuse in health care and the Medicaid program. A provider's failure to report potential or suspected fraud, waste, or abuse may result in sanctions or exclusion from participation as a transition planning provider. Each transition planning provider shall:

- (a) Cooperate and assist any District or Federal agency charged with the duty of identifying, investigating, or prosecuting suspected fraud, waste, or abuse;
- (b) Provide the Department with regular access to the provider's medical and billing records, including electronic medical records, within twenty-four (24) hours of a Departmental request, or immediately in the case of emergency;

- (c) Be responsible for promptly reporting suspected fraud, waste, or abuse to the Department, taking prompt corrective actions, and cooperating with DHCF or other governmental investigations; and
- (d) Ensure that none of its practitioners have been excluded from participation as a Medicaid or Medicare provider. If a practitioner is determined to be excluded by the Center for Medicare and Medicaid Services (CMS), the provider shall notify the Department immediately.

6507.7 A transition planning provider shall comply with all Federal and District laws and regulations related to administrative practice ethics, including but not limited to, the False Claims Act, 31 U.S.C. §§ 3729-3733; the Anti-Kickback Statute, 42 U.S.C. § 1320a-7b; the Physician Self-Referral (Stark) Law, 42 U.S.C. § 1395nn; and the Exclusion Statute, 42 U.S.C. § 1320a-7.

6507.8 A transition planning provider shall have the necessary operational capacity to submit claims, document information on services provided, and track payments received with applicable Department and DHCF requirements.

6507.9 A transition planning provider shall participate through a formal agreement with a registered Health Information Exchange (HIE) entity of the DC Health Information Exchange (DC HIE), defined in Title 29 DCMR Chapter 87.

6507.10 A transition planning provider shall incorporate the service into the quality improvement and quality assurance policies and procedures required under its respective FSMHC, MHRS, or SUD provider certification, or the applicable Federal and District laws, regulations, and policies governing FQHCs.

6507.11 A transition planning provider shall incorporate the service into the liability insurance coverage required under its respective FSMHC, MHRS, or SUD provider certification, or the applicable Federal and District laws, regulations, and policies governing FQHCs.

6507.12 A transition planning provider shall follow the same corporate compliance and fiscal management standards and business record-keeping procedures as required under its respective FSMHC, MHRS, or SUD provider certification, or the applicable Federal and District laws, regulations, and policies governing FQHCs.

6508 CLIENT/CONSUMER RIGHTS AND PROTECTIONS

6508.1 Each transition planning provider shall establish and adhere to policies and procedures related to client/consumer rights and protections, including obtaining informed consent from clients/consumers and addressing complaints and grievances (Client/Consumer Rights Policy). The transition planning provider shall ensure that the Client/Consumer Rights Policy establishes requirements for compliance with all applicable Federal and District laws and regulations, including but not limited to:

- (a) 22-A DCMR Chapter 1, 22-A DCMR § 301.3, and 22-A DCMR § 306, when rendering services to individuals with a primary mental health diagnosis; and

- (b) 22-A DCMR §§ 6320.1(a) through 6320.1(k), 6320.1(n) through 6320.1(w), 6320.2 through 6320.4, and 6320.6 when rendering services to clients with a primary SUD diagnosis.
- 6508.2 Each transition planning provider shall establish and adhere to policies and procedures to ensure clients'/consumers' right to access services that are culturally appropriate, including through use of adaptive equipment or sign language interpreter or translation services, as appropriate (Language Access Policy). The policy shall comply with the Americans with Disabilities Act of 1990 and Amendment Act of 2010, 42 U.S.C. §§ 12101, *et seq.* and the Language Access Act, D.C. Code §§ 2-1931, *et seq.*
- 6508.3 A transition planning provider shall develop and adopt a "Client/Consumer Choice Policy," which shall establish policies and procedures governing how:
 - (a) Clients/consumers shall be informed of the full choices of the following providers and how to access them:
 - (1) Transition planning providers, and
 - (2) Post-discharge providers for needed treatment services identified during the discharge planning process; and
 - (b) A provider shall accommodate a client/consumer request to receive the transition planning service from a different staff member, if available and to the extent feasible.
- 6508.4 Medicaid beneficiaries are entitled to Notice and Appeal rights pursuant to Title 29 DCMR § 9508 in cases of intended adverse action, such as an action to deny, discontinue, terminate, or change the manner or form of the Medicaid-funded transition planning service.
- 6508.5 The following provider policies shall be submitted to the Department for review and approval during the certification and recertification process:
 - (a) Client/Consumer Rights Policy;
 - (b) Language Access Policy. Providers who are:
 - (1) MHRS providers may submit their MHRS "Language Access Policy" to demonstrate compliance, if the provider extends the policy to apply to the transition planning service; and
 - (2) FSMCHs may submit their "Interpreter Policy" to demonstrate compliance, if the provider extends the policy to apply to the transition planning service; and
 - (c) Client/Consumer Choice Policy.

6509 CONFIDENTIALITY, CONTENTS, AND MANAGEMENT OF CLIENT/CONSUMER RECORDS

6509.1 A transition planning provider shall create and maintain a record that meets the standards described in §§ 6509.3 and 6509.4 for each client/consumer who was referred to them, regardless of whether the provider ultimately delivered a reimbursable service.

6509.2 In the event that the provider does not initiate provision of the transition planning service, for reasons described in § 6507.3, the provider shall document the specific reason in the client/consumer record.

6509.3 All information related to provision of the transition planning service shall be entered into the client's/consumer's record. This shall at a minimum include the following elements, unless not applicable per § 6509.2:

- (a) Complete identification data, including Medicaid number;
- (b) Emergency contact information;
- (c) The client's/consumer's behavioral health diagnoses and any known physical health diagnoses;
- (d) The results of any assessments that were completed by the discharging institution or the transition planning provider;
- (e) The discharge plan, which includes documentation of the needed services and supports identified during the discharge planning process. The discharging institution's discharge plan, summary, instruction, or other documentation may serve as the discharge plan for purposes of this chapter. If the discharging institution does not create such document for inclusion in the client/consumer record, the transition planning provider shall develop a discharge plan with the necessary information and detail;
- (f) Documentation of all rendered transition planning service components and related encounter notes meeting the standards set forth in § 6501.4;
- (g) Documentation of any treatment or support services provider(s) with a current relationship with the client/consumer;
- (h) Documentation of all referrals to treatment and support services providers;
- (i) Documentation of correspondence with other medical, human service, social service, educational, and criminal justice entities as it pertains to a consumer's/client's treatment and recovery;
- (j) For children and youth, documentation of family member or guardian involvement in the transition planning service or a statement of reasons why it was not indicated or if the provider was unable to secure participation;

- (k) The client's/consumer's consent to the transition planning service;
 - (l) The signed Consumer Rights or Client's Rights Statement, whichever is applicable;
 - (m) Documentation that the client/consumer received the transition planning provider's notice of privacy practices; and
 - (n) Signed confidentiality forms and releases to permit the transition planning provider to obtain and/or release information.
- 6509.4 Encounter notes shall sufficiently document in writing each activity conducted involving a transition planning service component. At a minimum each note shall consist of:
- (a) A dated, timed, and authenticated entry with the author identified, that includes the date, duration, and actual beginning and ending time (denoting a.m. or p.m.) during which the service component was rendered; entered by the person providing the service. The provider shall ensure all entries are authenticated by a process that verifies the author's identity (e.g., a unique log-in used only by the author);
 - (b) Name, title, credentials, and signature of the person providing the service component;
 - (c) The specific service component rendered;
 - (d) A description of each encounter or activity sufficient to document that the service component was provided, and is in support of the needs identified in the discharge plan;
 - (e) A description of the client/consumer response to the encounter when the service component involves direct client/consumer contact; and
 - (f) The setting or means by which the service component was rendered (e.g., in person, telephonically, via email).
- 6509.5 A transition planning provider shall utilize an electronic health records system to document the services provided to clients/consumers.
- 6509.6 Each provider shall develop and implement a "Confidentiality and Release of Information Policy" that describes the policies and procedures for storing and managing client/consumer information in compliance with the confidentiality requirements contained in all applicable Federal and District laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA), the D.C. Mental Health Information Act, and 42 CFR. Part 2. This shall include policies and procedures for requiring the provider to:

- (a) Encourage consumers/clients to authorize the disclosure of protected behavioral health information to other health care and human services providers to facilitate access to and coordinate treatment and support services;
- (b) Advise each client/consumer of the provider's notice of privacy practices;
- (c) Give mental health consumers the opportunity to opt-out of disclosures in accordance to the District of Columbia Mental Health Information Act, D.C. Code § 7-1203.01 and document the consumers' decisions; and
- (d) Secure all records in a manner that provides protection from unauthorized disclosure, access, use, or damage.

6509.7 The Confidentiality and Release of Information Policy shall be submitted to the Department for review and approval during the certification and recertification process.

6509.8 A transition planning provider shall have in place back-up and redundant systems and measures to prevent the loss of data, enable data recovery, and safeguard client/consumer records in the event of operator or equipment failure, natural disasters, power outages, and other emergency situations.

6509.9 A transition planning provider shall retain each client/consumer record in accordance with the following requirements:

- (a) When the client/consumer is an adult, for at least ten (10) years after the date of the last encounter;
- (b) When the client/consumer is a minor, for at least ten (10) years after the minor has reached the age of eighteen (18) years; and
- (c) In case of litigation or adverse audit findings, until all such litigation or adverse audit findings have been resolved, or in accordance with the timeframes described in (a) and (b), whichever is later.

6510 TRANSITION PLANNING STAFFING AND SUPERVISION STANDARDS

6510.1 A transition planning provider shall have the necessary expertise to deliver a high quality service to eligible individuals in each of the three (3) populations described in § 6501.1(a).

6510.2 A transition planning provider shall follow best practices in case management and care coordination, including ensuring that the staff rendering the transition planning service can:

- (a) Establish rapport quickly and communicate effectively with clients/consumers, family members, natural supports, and providers;
- (b) Function effectively as a member of a multi-disciplinary team;

- (c) Conduct brief, evidenced-based, and developmentally appropriate screenings and conduct or arrange for more detailed assessments when indicated;
 - (d) Create and/or implement integrated service plans for access to the array of linked services, and ensure exchange of information among clients/consumers, family members, natural supports, and providers;
 - (e) Provide services in a culturally competent manner;
 - (f) Effectively navigate the local system of healthcare delivery, coverage, and financing; and
 - (g) Use information technology to support integrated service delivery and information exchange.
- 6510.3 A transition planning provider shall establish and adhere to policies and procedures for selecting and hiring staff (Staff Selection Policy) that comply with the Staff Selection Policy requirements described in 22-A DCMR Chapter 34. FSMHCs, and MHRS and ASARS providers are deemed to be in compliance with this requirement, if they incorporate the transition planning service into the staff selection policies required under their respective FSMHC, MHRS, or SUD provider certifications.
- 6510.4 A transition planning provider shall follow the same personnel records and management policies required under its respective FSMHC, MHRS, or SUD provider certification, or the applicable Federal and District laws, regulations, and policies governing FQHCs.
- 6510.5 A transition planning provider shall establish a written plan for organizational onboarding and staff training and development, which reflects the training and performance improvement needs of its employees. The plan shall at a minimum include culturally competent training and onboarding activities in the following core areas:
- (a) The provider's approach to service provision, including philosophy, goals, and methods;
 - (b) The staff member's specific job description and role in relationship to other staff;
 - (c) Policies and procedures governing infection control, protection against exposure to communicable diseases, and the use of universal precautions;
 - (d) Laws, regulations, and policies governing confidentiality of client/consumer information and release of information, including the D.C. Mental Health Information Act, HIPAA and 42 CFR Part 2;
 - (e) Laws, regulations, and policies governing reporting abuse and neglect;
 - (f) Consumer/client rights; and

- (g) Other trainings, as deemed necessary by the Department.
- 6510.6 A transition planning provider shall establish and adhere to written job descriptions for all positions, including at a minimum the role, responsibilities, reporting relationships, and minimum qualifications for each position, as well as any ongoing training requirements. The minimum qualifications for each position shall be appropriate for the scope of responsibility and any clinical practice described for each position.
- 6510.7 A transition planning provider shall follow the same policies and procedures for periodic staff performance evaluations as required under its respective FSMHC, MHRS, or SUD provider certification, or the applicable Federal and District laws, regulations, and policies governing FQHCs.
- 6510.8 Individuals who meet the following criteria shall be qualified to render the transition planning service when under supervision of a clinician described in § 6510.9, in accordance with applicable laws and regulations:
- (a) Individuals who are:
 - (1) Certified Recovery Coaches;
 - (2) Certified Peer Specialists; or
 - (3) Hold at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field; and
 - (b) Have at least at least two (2) years of relevant, qualifying full-time-equivalent experience in human service delivery;
 - (c) Demonstrate skills in developing positive and productive community relationships;
 - (d) Have the ability to negotiate complex service systems to obtain needed services and resources for individuals; and
 - (e) Are trained within six (6) months of hiring and every other year thereafter in:
 - (1) The ASAM Criteria;
 - (2) The Diagnostic and Statistical Manual of Mental Health Disorders (DSM);
 - (3) Motivational Interviewing; and
 - (4) The Transtheoretical Model

6510.9 Individuals who meet the following criteria shall be qualified to supervise individuals described in § 6510.8, as well as render the transition planning service themselves, in accordance with applicable scope of practice and supervision regulations:

(a) Be one of the following independently licensed clinician types:

- (1) Physician;
- (2) Psychologist;
- (3) Licensed independent clinical social worker (LICSW);
- (4) Advanced Practice Registered Nurse (APRN);
- (5) Licensed professional counselor (LPC); or
- (6) Licensed marriage and family therapist (LMFT); and

(b) Have:

- (1) A minimum of three (3) years of experience in behavioral health care delivery, and
- (2) Demonstrated knowledge in navigating local resources and systems in serving consumers/clients with mental health and/or substance use disorders.

6510.10 Clinicians acting as supervisors shall provide clinical support and clinical and administrative oversight in accordance with applicable scope of practice and supervision regulations. For consumers/clients who have more complex needs and multi-system involvement, the supervisor may need to become directly involved in the provision of transition planning service components.

6510.11 If the transition planning service is to be rendered by individuals described in § 6510.8, a provider shall develop and establish policies and procedures related to supervision (Supervision Policy) in accordance with applicable scope of practice and supervision regulations, which shall require:

(a) Supervisor-Supervisee Written Agreements developed with participation of both the supervisor and supervisee, that include the following information:

- (1) Supervision frequency, length, format, and purpose;
- (2) How the supervisor shall evaluate the supervisee's performance and the individual goals designed to improve the performance; and
- (3) The supervisor and supervisee's rights and responsibilities in supervision;

- (b) Supervisors to document supervision sessions and include at a minimum the following information:
 - (1) Date, length, and format of session (i.e., group or individual);
 - (2) Name and signature of the supervisor; and
 - (3) Highlights and needed follow-up;
- (c) A minimum of four (4) hours of supervision to full-time employees per month, prorated to two (2) hours minimum for part time-employees (working twenty (20) hours or less per week);
- (d) The content of discussions to be related to service delivery and outcomes and include a review of clinical records to ensure they are current, appropriate, and complete;
- (e) A supervisor-supervisee staffing ratio that meets the following requirements:
 - (1) One (1) supervisor shall have no more than ten (10) full-time supervisees or twelve (12) part-time/full-time supervisees; and
 - (2) The mix within supervisor-supervisee and client/consumer assigned ratios shall be adequately distributed to address the complexity of the case, intensity of the service, and staff capacity; and
- (f) The provider to develop an internal system for supervisee access to a supervisor in the evenings and on weekends, as well as during normal business hours. This shall include circumstances and events that call for direct contact with the supervisor.

6510.12 The following provider policies shall be submitted to the Department for review and approval during the certification and recertification process:

- (a) Staff Selection Policy, if not already deemed in compliance as described in § 6510.3; and
- (b) Supervision Policy.

6511 TRANSITION PLANNING SERVICE COMPONENTS

6511.1 The transition planning service provides individuals not otherwise connected to care coordination or case management programs with similar support prior to being discharged from certain institutional treatment settings into lower levels of care. The transition planning service connects clients/consumers to treatment and support services that promote their recovery and reduce the chances of avoidable inpatient or residential treatment readmissions. The transition planning service consists of activities related to development of a discharge plan, including assessment of the

client's/consumer's needs post-discharge, and care coordination and case management related to implementation of the identified needs. Transition planning provider activities, as appropriate and applicable to an individual client/consumer, include, but are not limited to the following:

- (a) Discharge plan development:
 - (1) Participation in the discharging facility's discharge planning process and treatment team meetings;
 - (2) Ensuring participation by the client/consumer (and parent or guardian, if applicable) in the discharge planning, and where appropriate, promoting participation by family members and other natural supports;
 - (3) Promoting participation by providers of needed post-discharge services and supports, if already identified;
 - (4) If not already completed, participating in and/or conducting the following activities using a person-centered planning approach:
 - i. Assessments of clients'/consumers' strengths and challenges, which, if applicable, shall include use of a Department-approved functional assessment tool;
 - ii. Assessments of needed services and supports, e.g., financial (e.g., Supplemental Security Income), environmental (e.g., housing or transportation), medical (e.g., mental health, SUD, or physical health), social (e.g., legal or educational) and emotional; and
 - iii. For clients/consumers who have been readmitted following a stay within the past thirty (30) calendar days, in depth reviews or case conferences to inform the discharge planning process and reduce readmission risks and increase the likelihood of obtaining appropriate follow-up care;
 - (5) Identifying available resources (e.g., informal, District, or other community resources) to address identified needs;
 - (6) Making recommendations on the discharge plan to the rest of discharge planning team;
 - (7) Meeting with the client/consumer (and/or family/natural supports, when applicable and appropriate) outside of treatment team meetings to collect information relevant to discharge plan development and establish the transition planning provider as a resource; and
 - (8) Ensuring medication reconciliation has been conducted; and

- (b) Collaborating with the discharging facility on and leading activities related to implementation of the discharge plan, such as:
 - (1) Verification that the client's/consumer's insurance covers their medication(s), and that the client/consumer has sufficient medication and prescriptions to bridge the time-period between discharge and a follow-up medication-somatic appointment;
 - (2) Meeting with the client/consumer (and/or family/natural supports, when applicable and appropriate), to:
 - i. Promote understanding of the discharge plan and discuss the status of implementation; and
 - ii. Provide education regarding diagnoses and what to do in case of post-discharge problems;
 - (3) Working with the client/consumer, and parent or guardian when applicable and appropriate, to select post-discharge service providers, based on the client's/consumer's needs;
 - (4) Re-establishing, as appropriate, any pre-existing linkages to providers;
 - (5) Coordinating with the discharging entity to ensure needed health care appointments have been made; and
 - (6) Ensuring necessary supports (e.g., transportation) are in place, making arrangements if necessary, for clients/consumers to transfer to lower levels of care or attend post-discharge appointments;
 - (7) Engaging in care coordination with the health care providers who will be treating the client/consumer post-discharge;
 - (8) Working to ensure that any needed prior authorization(s) for service(s) are in place on the day of the client's/consumer's discharge;
 - (9) Coordinating with the discharging entity to assist in acquisition of other needed services and supports, e.g., housing, public benefits; and
 - (10) Ensuring post-discharge providers of treatment and supports receive the relevant discharge plan information.

6511.2 In order to be eligible for reimbursement for rendering a transition planning service, the provider shall meet the following requirements:

- (a) The transition planning service components are rendered anytime during the thirty (30) calendar days prior to and/or on the day of the client's/consumer's

discharge from an institutional stay that meets the requirements described in § 6501.2;

- (b) For clients/consumers who are discharged within forty-eight (48) hours after the transition planning provider is notified of the need for the service, the provider shall at a minimum render the following service components:
 - (1) Participate in the discharging facility's discharge planning process, including any treatment team meeting(s);
 - (2) Meet with the client/consumer (and/or parent or guardian, when applicable and appropriate), to conduct applicable activities described in §§ 6511.1(a)(7) and 6511.1(b)(2), unless the consumer/client (or parent or guardian) refuses to meet despite having consented to the transition planning service. In such cases the provider shall document the refusal. Any first meeting with the client/consumer shall be in-person, unless not permitted or feasible due to documented, extenuating circumstances; and
 - (3) Conduct implementing activities related to at least one (1) of the needs identified in the discharge plan; and
- (c) For clients/consumers whose discharge occurs more than forty-eight (48) hours after the transition planning provider is notified of the need for the service, the provider shall at a minimum render the following service components:
 - (1) All components described in § 6511.2(b); and
 - (2) If not already completed, participating in and/or leading completion of:
 - i. Person-centered assessments of clients'/consumers' strengths and challenges, which, if applicable, shall include use of a Department-approved functional assessment tool; and
 - ii. Person-centered assessments of needed services and supports, e.g., financial (e.g., Supplemental Security Income), environmental (e.g., housing or transportation), medical (e.g., mental health, SUD, or physical health), social (e.g., legal or educational) and emotional.

6512 MAJOR UNUSUAL INCIDENT REPORTS

6512.1 A transition planning provider shall immediately notify the Department of any major unusual incident that may adversely affect the health, safety, or welfare of the client/consumer to whom they are rendering the transition planning service. The transition planning provider shall submit a completed Department Major Unusual Incident (MUI) Report form to the Department's Division of Incident Management and Investigation email address.

- 6512.2 In cases where the affected client/consumer is a child or youth, the transition planning provider shall also provide a copy of the completed MUI Report form to the client's/consumer's parent(s) or guardian(s).
- 6512.3 Major unusual incidents may include, but are not limited to, the following:
- (a) Death of the client/consumer during the time-period in which the individual is a client/consumer of the transition planning provider;
 - (b) Injury to or illness of any client/consumer that requires hospitalization or emergency medical treatment and which occurs while the client/consumer is with the transition planning provider;
 - (c) Unauthorized departure of a child or youth client/consumer or any circumstances under which a child or youth client/consumer is deemed unaccounted for or missing during the time-period in which the individual is a client/consumer of the transition planning provider;
 - (d) Any traffic accident involving a vehicle rented, owned, maintained, or contracted by the transition planning provider, in which the client/consumer was being transported at the time of the accident; and
 - (e) Any other incident involving the client/consumer while they are with the transition planning provider, that requires a response by emergency service personnel, such as police, fire, ambulance, or poison control.
- 6512.4 In the case of a traffic accident or an incident involving perceived or actual criminal activity, the transition planning provider shall also file a report with the appropriate law enforcement authorities.
- 6512.5 Any transition planning provider staff member who knows or reasonably believes that a child or youth client/consumer is, has been, or is in immediate danger of being abused or neglected shall, as required by the District of Columbia Prevention of Child Abuse and Neglect Act of 1977, effective September 23, 1977 (D.C. Law 2-22; D.C. Official Code §§ 4-1321.01, *et seq.*), make or cause to be made an immediate oral report to:
- (a) The Child Protective Services Division of the Child and Family Services Administration (CFSA), via the CFSA twenty-four (24) hour Child Abuse and Neglect Hotline; and
 - (b) The Metropolitan Police Department (MPD).
- 6512.6 Any transition planning provider staff member who knows or reasonably believes that an adult client/consumer is, has been, or is in immediate danger of being abused or neglected shall, as required by the Adult Protective Services Act of 1984, effective March 14, 1985 (D.C. Law 5-156; D.C. Code §§ 7-1901, *et seq.*), make or cause to be made an immediate oral report to:

- (a) Adult Protective Services in the Department of Aging and Community Living (DACL), via the twenty-four (24) hour Adult Protective Services Hotline; and
- (b) MPD.

6512.7 In the MUI Report required by this section, the transition planning provider staff member shall include:

- (a) The name, age, sex, household address, and institutional treatment provider address of the client/consumer who is the subject of the report;
- (b) A statement that the client/consumer who is the subject of the report is receiving services from the transition planning provider;
- (c) The name, address, and telephone number of the transition planning provider;
- (d) If the major unusual incident involves an allegation of child abuse, the transition planning provider shall provide the following information:
 - (1) The information that led the transition planning provider staff member to suspect that the client/consumer who is the subject of the report is being or is at risk of being abused or neglected, the nature and extent of the perceived or actual abuse or neglect, and the identity of the person(s) responsible for it;
 - (2) Any other information that may be helpful in establishing whether the client/consumer who is the subject of the report is being or is at risk of being abused or neglected, the cause of the suspected abuse or neglect, and the identity of the person(s) responsible for it;
 - (3) To the extent known, the name, age, and sex of each sibling or child living in the same household as the client/consumer who is the subject of the report; and
 - (4) To the extent known, the name, age, and sex of each parent, guardian, or other caretaker of the client/consumer.
- (e) The name, title, occupation, and contact information of the transition planning provider staff member making the report;
- (f) Any actions taken by the transition planning provider staff member or the transition planning provider concerning the client/consumer in response to the situation; and
- (g) Any other information required by law.

6599 DEFINITIONS

6599.1 When used in this chapter, the following terms shall have the meaning ascribed:

Adult Substance Abuse Rehabilitative Services (ASARS) Provider – A provider certified in accordance with 22-A DCMR Chapter 63 who delivers rehabilitative services for SUD as covered by the District’s Medicaid State Plan.

Advanced Practice Registered Nurse (APRN) – A person licensed or authorized to practice as an advanced practice registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)).

Applicant – A person or entity that has applied to the Department for certification as a transition planning provider.

ASAM Criteria – The American Society of Addiction Medicine (ASAM) Criteria are guidelines for placement, continued stay, transfer, or discharge of individuals with substance use disorder and co-occurring conditions.

Certification – The process of establishing that the standards described in this chapter are met; or approval from the Department indicating that an applicant has successfully complied with all requirements for the provision of the transition planning service.

Certified Peer Specialist – An individual who has completed the Peer Specialist Certification Program requirements and is approved to deliver peer support services within the District’s public behavioral health network.

Certified Recovery Coach – A Certified Recovery Coach is an individual with any DBH-approved recovery coach certification.

Client – An individual with an SUD diagnosis who is receiving treatment or support services from a Department-certified provider.

Clinician – An individual licensed by the District Department of Health, Health Regulation and Licensing Administration (HRLA) to provide clinical services.

Consumer – An individual with a mental health diagnosis who is receiving treatment or support services from a Department-certified provider.

Department – The District of Columbia Department of Behavioral Health.

Director – The Director of the District of Columbia Department of Behavioral Health.

District – The District of Columbia.

DSM – The Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition (DSM-5), or subsequent versions, used to diagnose and classify behavioral health disorders.

Family Member – Individual identified by the client/consumer as a person with whom the individual has a significant relationship and whose participation is important to the individual’s recovery.

Federally Qualified Health Center (FQHC) – A provider delivering FQHC services in accordance with 29 DCMR Chapter 45.

Free Standing Mental Health Clinic (FSMHC) – A provider certified to deliver FSMHC services in accordance with 22-A DCMR Chapter 30.

Inpatient Hospital Setting – An acute care hospital providing inpatient hospital services as defined in 42 CFR § 440.10, or a psychiatric hospital that is an institution for mental diseases as defined in 42 CFR § 435.101 and which is providing inpatient hospital services.

Licensed Independent Clinical Social Worker (LICSW) – A person licensed as an independent clinical social worker in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Marriage and Family Therapist (LMFT) – A person licensed as a marriage and family therapist in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Professional Counselor (LPC) – A professional counselor licensed in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Medicaid – The medical assistance program, as approved by the Federal Centers for Medicare and Medicaid Services (CMS) and administered by the Department of Health Care Finance (DHCF) that enables the District to receive Federal financial assistance for its medical assistance program and other purposes as permitted by law.

Mental Health Rehabilitation Services Provider (MHRS) Provider – A provider certified to deliver MHRS in accordance with 22-A DCMR Chapter 34.

Motivational Interviewing – Motivational Interviewing (MI) is a directive, client/consumer-centered counseling approach for eliciting behavior change by helping clients/consumers explore and resolve ambivalence.

Notice of Infraction (NOI) – An action taken by agencies to enforce alleged violations of regulatory provisions.

Physician – A person licensed or authorized to practice medicine pursuant to Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)).

Psychologist – A person licensed to practice psychology in accordance with applicable District laws and regulations.

Residential SUD Treatment Setting – An SUD treatment program, including ASAM Levels 3.1, 3.3, 3.5, and 3.7-WM, which houses clients overnight.

Statement of Deficiency (SOD) – A written statement of non-compliance issued by the Department, which describes the areas in which an applicant for certification or the certified provider fails to comply with the certification standards pursuant to this chapter.

SUD Provider Certification – Having approval from the Department to operate an SUD treatment or recovery support program in the District pursuant to the requirements set forth in 22-A DCMR Chapter 63.

Transtheoretical Model – The Transtheoretical Model of behavior change is an integrative theory of therapy that assesses an individual's readiness to act on a new, healthier behavior, and provides strategies or processes of change to guide the individual. The model is composed of constructs such as: stages of change, processes of change, levels of change, self-efficacy, and decisional balance.