

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH**



MHRS Bulletin

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Medical Necessity Criteria for Treatment Planning Services Provided to Department of Behavioral Health Consumers in Institutional Settings.

The purpose of this Bulletin is to explain the Department's new Medical Necessity criteria for Treatment Planning Services Provided to Department of Behavioral Health Consumers in Institutional Settings.

In 2013, the Department of Behavioral Health created locally-funded Mental Health Rehabilitation Services for consumers in institutionalized settings because Medicaid did not pay for these services. The Department's purpose and goal was to provide behavioral health services to DBH consumers temporarily hospitalized, institutionalized or jailed on a short term basis to ensure continuity in the consumer's community-based housing and services. Similarly, the Department established locally-funded services to assist those consumers exiting long-term institutionalizations prepare for community discharge. These locally-funded services were never intended to replace the behavioral health services provided in the respective hospitals, institutions or D.C. Jail. Both services were established to successfully discharge consumers within the discharge window to least restrictive environments.

D.C. Municipal Regulation 22A-5302 established the reimbursement rate and authorization requirements for these locally-funded services. The table is reproduced in Appendix I. Service Code H0032HK authorizes continued MHRS services for individuals temporarily institutionalized. That service code already contains a limit of 24 units within 180 days without prior authorization.

Service Codes H0032, H0046HT, and H0046HTHA authorize services specifically intended to assist with discharge planning. Those service codes require medical necessity but do not identify any specific units. The Department has reviewed the service utilization of these services and have found that, in some cases, providers are billing local dollars for consumers who are institutionalized long-term and not within a discharge window. For example, one provider was billing local dollars for monthly visits to a consumer incarcerated under a five (5) year sentence. Because the consumer was not planning to be discharged and the institution provided mental

health services, the use of local dollars in this instance was not consistent with the published regulation or an efficient use of scarce resources.

Therefore, in an effort to ensure that all consumers have access to medically necessary locally-funded services, the Department is establishing the following criteria for Service Codes H0032, H0046HT, and H0046HTHA:

Units Authorized: Up to 32 units within 60 days of discharge from D.C. Jail or 30 days of discharge from Saint Elizabeths Hospital or acute care setting without prior authorization.

Please contact your agency's Provider Relations Specialist if you have questions regarding this Bulletin.

APPENDIX I

CODE	SERVICE	RATE	UNIT	UNITS AUTHORIZED
H0032HK	Mental Health Service - Continuity of Care Treatment Planning, Institution for all MHRS consumers (MHS-CTPI)	\$ 21.97	15 minutes	Up to 24 units within 180 days without prior authorization for continuity of care services
H0032	Mental Health Service - Discharge Treatment Planning, Institution for all consumers except those in ACT or CBI (MHS-DTPI)	\$ 21.97	15 minutes	Based on medical necessity at time of authorization, for discharge planning.
H0046HT	Mental Health Service - Discharge Treatment Planning, Institution -ACT consumers (MHS-DTPI(ACT))	\$ 38.04	15 minutes	Based on medical necessity at time of authorization for discharge planning.
H0046HTHA	Mental Health Service - Discharge Treatment Planning, Institution - CBI consumers (MHS-DTPI (CBI))	\$ 35.74	15 minutes	Based on medical necessity at time of authorization for discharge planning.
H0037	Community Psychiatric Supportive Treatment Program - Rehab/Day Services (CPS - Rehab/Day)	\$ 123.05	Per day, at least 3 hours	Based on medical necessity at time of authorization; only within sixty (60) days of discharge unless pursuant to court order.