

**Department of Behavioral Health  
TRANSMITTAL LETTER**

<b>SUBJECT</b> Consumer Transfer Policy		
<b>POLICY NUMBER</b> DBH Policy 210.1	<b>DATE</b> APR 01 2021	<b>TL#</b> 332

**Purpose.** This policy establishes the protocol by which consumers/clients may initiate a transfer from one Department of Behavioral Health-certified (DBH or Department) provider to another, which includes both Core Service Agencies (CSAs) and Substance Use Disorder (SUD) providers. The Department's goal is to ensure continuity of care for individuals enrolled in the service delivery system. Multiple transfers between provider agencies results in the discontinuity of care and limits the degree to which individuals may achieve positive outcomes.


**Applicability.** This policy applies to DBH-certified CSAs and SUD providers.


**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

**Effective Date.** This policy is effective April 1, 2021.

**Superseded Policy.** None.

**Distribution.** This policy will be posted on the DBH website [www.dbh.dc.gov](http://www.dbh.dc.gov) under Policies and Rules. Please contact Keri Nash at [keri.nash@dc.gov](mailto:keri.nash@dc.gov) or Nevena Minor at [nevena.minor@dc.gov](mailto:nevena.minor@dc.gov) for the Microsoft Word version of this policy. Applicable entities are required to ensure that affected staff are familiar with the contents of this policy.

  
\_\_\_\_\_  
**Barbara J. Bazron, PhD**  
**Director, DBH**

GOVERNMENT OF THE DISTRICT OF COLUMBIA  <b>DEPARTMENT OF BEHAVIORAL HEALTH</b>	<b>Policy No.</b> <b>210.1</b>	<b>Date</b> <b>APR 01 2021</b>	<b>Page 1</b>
	<b>Supersedes: None</b>		
<b>Subject: Consumer Transfer Policy</b>			

1. **Purpose.** This policy establishes the protocol by which consumers/clients may initiate a transfer from one (1) Department of Behavioral Health-certified (DBH or Department) provider to another, which includes both Core Service Agencies (CSAs) and Substance Use Disorder (SUD) providers. The Department's goal is to ensure continuity of care for individuals enrolled in the service delivery system. Multiple transfers between provider agencies results in the discontinuity of care and limits the degree to which individuals may achieve positive outcomes.

2. **Authority.** Department of Behavioral Health Establishment Act of 2013, D.C. Code §§ 7-1141.01 *et seq.*; False Claims Act, 31 U.S.C. §§ 3729-3733; Anti-Kickback Statute, 42 U.S.C. § 1320a-7b(b); Physician Self-Referral Law, 42 U.S.C. § 1395m; Exclusion Statute, 42 U.S.C. § 1320a-7.

3. **Applicability.** This policy applies to DBH-certified CSAs and SUD providers.

4. **Background.** DBH has established consumer choice as one (1) of the essential elements of its individualized, consumer-driven treatment approach. All providers within the DBH system of care must offer the support necessary to ensure that persons with substance use, mental health, and/or co-occurring disorders have the information and support required to make an informed choice about their treatment agency and clinicians. However, once an individual selects a treatment agency, the expectation is that the consumer will remain with the provider unless a qualifying event, as defined in section 5 and section 6(g) of this policy, occurs.

5. **Definitions.**

**Access HelpLine (AHL):** A twenty-four (24) hour, seven (7) days a week DBH telephone line staffed by behavioral health professionals who can refer callers to immediate help or ongoing care. The number is (888) 7WE-HELP or (888) 793-4357.

**Cash Equivalent(s):** Items convertible to cash (such as a check) or that can be used like cash (such as a general purpose debit card, or a gift card to a general purpose or "big box" store).

**Core Service Agency (CSA):** A Department-certified community-based Mental Health and Rehabilitation Services (MHRS) provider that has entered into a Human Care Agreement with the Department to provide specified MHRS.

**Designated Health Services:** Under the Physician Self-Referral Law (42 U.S.C. 1395nn), if healthcare services are payable by Medicare or Medicaid, a physician is prohibited from referring to a provider where they or an immediate family have a financial relationship unless a safe harbor exception applies. Designated Health Services include, but are not limited to,

clinical laboratory services, home health services, outpatient prescription drugs, and inpatient and outpatient hospital services.

Open Enrollment Period: A yearly period when consumers/clients may transfer from one DBH-certified CSA or SUD provider to another.

Qualifying Event: A change in a consumer/client's situation that authorizes a transfer from one (1) DBH-certified CSA or SUD provider to another outside the open enrollment period.

Special Enrollment: The enrollment of a consumer/client from one (1) CSA or SUD provider outside of the open enrollment period due to a qualifying event.

Substance Use Disorder (SUD) provider: An entity certified by the Department to provide SUD treatment, recovery support services, or both, and who has entered into an HCA with the Department. A single provider may operate multiple programs.

## **6. Policy.**

6a. DBH shall establish an annual Open Enrollment Period during which individuals enrolled in a DBH-certified CSA or SUD provider may transfer from one (1) agency to another.

6b. The Open Enrollment Period shall begin on October 1 and end on November 30 of each year, beginning in Fiscal Year 2022.

6c. A consumer/client previously enrolled with a provider who seeks to re-engage in services after being inactive for six (6) months or more will be treated as a new enrollment and may enroll with a new provider agency. (see Section 6e)

6d. DBH shall only approve consumer/client requests to transfer to another DBH-certified provider during the annual open enrollment period or if the consumer/client experiences a Qualifying Event, as described in Section 6e of this Policy.

6e. A consumer/client seeking to transfer outside of the open enrollment period must identify a specific "qualifying event" to support their request. "Qualifying events" means the following:

- (1) A consumer/client has not received services from their enrolled agency of record within a prior six-month period;
- (2) The consumer/client's provider agency discontinues its operation, and a transfer is required to support the consumer/client's continuity of care;
- (3) The consumer/client has a change in benefits, such as moving from one (1) Medicaid Managed Care Organization to another;
- (4) The consumer/client experiences a change in housing, which results in an undue travel burden to the former provider's service location;

(5) The consumer/client experiences an adverse event with the former provider rising to the level of a grievance;

(6) Emergent need for a service that is not available from the current provider, such as an evidence-based practice or a higher level of integrated whole-person care; or

(7) Because the goal of this policy is to improve continuity of care and informed decision-making, not to restrict the consumer/client's right to exercise control and choice concerning their treatment, AHL may consider a consumer/client's individual circumstances in evaluating a transfer request.

6f. A consumer/client who is denied a transfer to a new provider may request reconsideration of the decision by submitting a written request to the DBH Chief Clinical Officer within fifteen (15) calendar days of the transfer denial. This request should explain the reasons why the consumer/client believes the transfer denial was not consistent with this policy and any other relevant information that the client/consumer would like the Chief Clinical Officer to consider. The Chief Clinical Officer shall review the transfer denial and any documents that the consumer/client provides to determine whether the denial was consistent with this policy. The Chief Clinical Officer shall timely issue a written report of their findings, which shall be considered the final position of the Department.

6g. All DBH-certified providers must adhere to the four (4) Federal fraud and abuse laws that apply to health care providers: (1) the False Claims Act (FCA); the Anti-Kickback Statute (AKS); the Physician Self-Referral Law (Stark Law); and the Exclusion Authorities.

(1) Providers shall not submit claims for payment to Medicare or Medicaid that the provider knows to be false or fraudulent under the FCA and District laws, regulations, and policies.

(2) Providers shall not knowingly and willfully pay to induce or reward consumer referrals or the generation of business involving any item including cash or cash equivalents or service made payable by a Federal healthcare program under the AKS and District laws, regulations, and policies.

(3) Physicians affiliated with providers shall not refer consumers to "designated health services" payable by Medicaid and Medicare from which they or an immediate family member has a financial relationship unless an exception applies under the Stark Law and District laws, regulations, and policies.

(4) Providers, staff, or their contractors on the Department of Health and Human Services Office of Inspector General Exclusionary List are prohibited from participation in all Federal health care programs due to conviction of the following criminal offenses:

(a) Medicaid or Medicare fraud, as well as any other offense related to the delivery of items or services under Medicaid or Medicare;

(b) Patient abuse or neglect;

(c) Felony convictions for other health-care-related fraud, theft, or other financial misconduct; and

(d) Felony convictions for the unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

6h. A consumer/client's request to transfer agencies must be made based upon their informed choice, without undue influence, including false representations, improper inducements offered by the receiving provider, or any violation of the FCA, AKS, the Physician Self-Referral Law, the federal Exclusion Statute, or District laws, regulations, or policies. (see section 6e) DBH shall obtain an attestation from each consumer/client affirming that the transfer complies with this section. (see Exhibit 3)

**7. Procedure.**

7a. The AHL shall work with the Office of Consumer & Family Affairs and the Accountability Administration to:

(1) Document the reasons for each consumer/client transfer outside of the open enrollment period;

(2) Confirm that each consumer/client who has requested a transfer signs an Attestation pursuant to Section 6h and that the receiving provider has not promised the consumer/client improper inducements or made misrepresentations to encourage the transfer; and

(3) Communicate the results of their determination to approve or disapprove the request to transfer to the consumer/client and the current and receiving agency within five (5) business days of receipt of the request.

**8. Enforcement.**

8a. The Accountability Administration shall:

(1) Develop clear guidelines for flagging and reporting individual infractions as well as detecting patterns of unusual transfer activity; and

(2) Establish written procedures for notifying CSAs or SUD providers of possible violations of this policy and the relevant federal and local regulations incorporated herein by reference.

9. **Exhibits.**

- Exhibit 1: Transfer Provider Form – Open Enrollment
- Exhibit 2: Transfer Provider Form – Special Enrollment
- Exhibit 3: Provider Transfer Form – Attestation

**Approved By:**

**Barbara J. Bazron, Ph.D.  
Director, DBH**

  
**(Signature)**

04/01/2021  
**(Date)**

APR 01 2021

DBH Policy 210.1  
Exhibit 1

## Provider Transfer Form – Open Enrollment

To Be Completed By/For Consumer/Clients: This form is to be completed when the consumer/client wishes to change CSA or SUD provider to a new CSA or SUD provider. The consumer/client or his/her representative should contact the Access HelpLine at (888) 7WE-HELP ((888) 793-4357) for directions on how to complete and submit this form and to determine if any supporting documentation is required.

Name of Consumer/Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicaid No. \_\_\_\_\_

MCO, if applicable: \_\_\_\_\_

Current Provider: \_\_\_\_\_ Date of Transfer Request: \_\_\_\_\_

Receiving Provider: \_\_\_\_\_ Accept/Deny Transfer Effective Date: \_\_\_\_\_  
(Circle One)

I understand that I may request to change my CSA or SUD provider during open enrollment, October 1st to November 30th, of each calendar year.

Based on the information above, I understand that I remain eligible to receive services from my current CSA or SUD provider until I start services with my new provider. I will start receiving services from my new CSA or SUD provider on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Consumer or Legal Guardian (if applicable) Print Name Date

\_\_\_\_\_  
For DBH Use Only

\_\_\_\_\_  
Date DBH Received Provider Notification Date

## Provider Transfer Form – Special Enrollment

**To Be Completed By/For Consumer/Clients:** This form is to be completed when the consumer/client wishes to change CSA or SUD provider to a new CSA or SUD provider. The consumer/client or his/her representative should contact the Access HelpLine at (888) 7WE-HELP ((888) 793-4357) for directions on how to complete and submit this form and to determine if any supporting documentation is required.

Name of Consumer/Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicaid No. \_\_\_\_\_

MCO, if applicable: \_\_\_\_\_

Current Provider: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Preferred Provider: \_\_\_\_\_ Accept/Deny Transfer  
(Director/Designee/Date) (Circle)

I understand that I may request to change my CSA or SUD provider if a qualifying event occurs outside of the DBH Open Enrollment period. The appropriate qualifying event(s) are checked below, and the required supporting documentation is attached.

- Consumer/client has not received services from their enrolled agency of record within the prior six-month period.
- Provider agency discontinues its operation and a transfer is required to support continuity of care.
- Consumer/client has a change in benefits, such as moving from one Managed Care Organization to another.
- Housing change that results in an undue travel burden to the former provider's location.
- An adverse event rising to the level of a grievance is experienced.
- Emergent need for a service that is not available from the current provider, *e.g.*, an evidence-based practice or a higher level of integrated whole-person care.
- Other.



Based on the information above, I understand that I remain eligible to receive services from my current CSA or SUD provider until I start services with my new provider. I will start will start receiving services from my new CSA or SUD provider on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Consumer or Legal Guardian (if applicable)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
For DBH Use Only \_\_\_\_\_

\_\_\_\_\_  
Date DBH Received

\_\_\_\_\_  
Provider Notification Date

## Consumer/Client Transfer Form – Attestation

To Be Completed By/For Consumers/Clients: This form is to be completed when the consumer/client wishes to change CSA or SUD provider to a new CSA or SUD provider. The consumer/client should contact the Access HelpLine at (888) 7WE-HELP ((888) 793-4357) for directions on how best to complete and submit this form and any supporting documentation, if appropriate.

I, \_\_\_\_\_, attest that it is my decision to transfer providers is  
Printed Name Consumer/Legal Guardian

made based on an informed choice. There is no evidence that my request is being made based upon false representations or improper inducements being offered by the receiving provider.

Based on the information above, I understand that I remain eligible to receive services from my current CSA or ASARS provider until I start services with my new provider. I will begin to will start receiving services from my new CSA or ASARS provider on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Consumer or Legal Guardian (if applicable)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
For DBH Use Only

\_\_\_\_\_  
Date DBH Received

\_\_\_\_\_  
Provider Notification Date