

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



MHRS Bulletin

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ELIGIBILITY REQUIREMENTS FOR MENTAL HEALTH REHABILITATION SERVICES (MHRS)

The purpose of this bulletin is to remind MHRS Providers of the eligibility requirements for MHRS and MHRS-local only services under Title 22A, D.C. Municipal Regulation, Chapter 34.

First, all consumers must have a primary mental health diagnosis, be a bona fide resident of the District and be certified as requiring MHRS by a qualified practitioner.

Second, consumers eligible for Medicaid-funded MHRS must be enrolled in Medicaid, or be eligible for enrollment and have an application pending. Under Chapter 34, for new enrollees and those enrollees whose Medicaid certification has lapsed, a ninety (90) day grace period will be allowed to establish Medicaid eligibility. The grace period begins from the date of first service for new enrollees, or from the date of eligibility expiration for enrollees who have a lapse in coverage, until the date the Economic Security Administration (ESA) makes an eligibility or recertification determination.

Third, Consumers eligible for locally-funded MHRS are those individuals who are not eligible for Medicaid or Medicare or are not enrolled in any other third-party insurance program except the D.C. HealthCare Alliance, and fall below the limited income levels.

During a recent review, the Department has identified several concerns regarding provider compliance with the 90-day grace period. In some instances, providers continue to request extensions beyond the 90-day grace period because of inability to obtain a program code from ESA. By the end of the 90 days, all consumers, whether Medicaid or local-only, should have a code from ESA identifying their program eligibility. If the consumer is referred for a higher level of care or to a new provider, the Assertive Community Treatment (ACT) or Community Based Intervention(CBI) Team or new provider may be granted an additional 90 days.

Since ESA has codes for undocumented consumers, there is no category of consumer that should not receive a code from ESA. The only local reimbursable codes are 420, 470, 470Z, 010Q, 050Q, 012Q & 052Q.

Please ensure that your staff complies with this requirement. Under Chapter 34, the 90-day grace period shall only be extended when the consumer is denied and is appealing the denial or upon good cause shown to the Director, Department of Behavioral Health. The Department will be closely scrutinizing any request to extend the 90-day grace period in the absence of an ESA eligibility code. If an extension is requested beyond the 90-day grace period the following information is required:

1. Reason for requesting an additional 90 days.
2. Signed statement from a Qualified Practitioner indicating Medical necessity for the services being provided.

Additional documentation may be required depending on the nature of the request, including:

1. Supporting documentation; denial letter from ESA or appeal letter to ESA.
2. If the reason is the consumer refuses to complete the paperwork or is difficult to engage to get to ESA, documentation that the provider has appealed to ESA to submit the paperwork on behalf of the consumer.
3. Documentation of court order requiring CSA Engagement.

For Additional Information or questions please contact your agency's designated Provider Relations Specialist.