GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH

Bulletin 109

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LOCAL ELIGIBILITY REQUIREMENTS FOR ADULT SUBSTANCE USE DISORDER SERVICES (ASARS)

The purpose of this bulletin is to remind certified ASARS Providers with a Human Care Agreement of the eligibility requirements for SUD and SUD locally-funded services under Title 22A, D.C. Municipal Regulation, Chapter 63.

As a reminder, all clients must have a primary substance use disorder diagnosis, be a bona fide resident of the District and be certified as requiring SUD treatment by a qualified practitioner.

Additionally, clients eligible for Medicaid-funded SUD treatment services must be enrolled in Medicaid, or be eligible for enrollment and have an application pending. Under Chapter 63, providers must adhere to the following exceptions for establishing a local authorization;

(a) For new enrollees and those enrollees whose Medicaid certification has lapsed, a ninety (90) day authorization period will be granted to the client to establish/re-establish Medicaid eligibility; or
(b) Until the date the Economic Security Administration (ESA) makes an eligibility or recertification determination to include a denial or acceptance of Medicaid enrollment.

Therefore, clients eligible for locally-funded SUD services 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, or who are enrolled but their insurance program does not cover SUD treatment and who meet the following requirements:

(a) Clients 19 years and older – meet income requirements of less than 200% of the federal poverty level;
(b) Clients 19 years and younger – meet income requirements of less than 300% of the federal poverty level; and
(c) Clients that do not meet the income limits may receive treatment in accordance with Chapter 63, *Section 6301.5b*

For clients whose primary insurance is coverage through Medicare, providers must bill that payer for all outpatient services, as a part of Coordination of Benefits (COB) which includes, but is not limited to the following services:

(a) Dosing of Medication Assisted Treatment;
(b) IOP; and
(c) OP.

All providers who service clients who fall into this category, must become Medicare certified with the Department of Health and Human Services in order to participate in this Medicare cost sharing agreement for reimbursement. Clients whose eligibility meets the dual certification requirements for Medicare/Medicaid will be granted a Medicaid authorization by DBH.

During a recent review, the Department has identified several concerns regarding provider compliance with the 90-day authorization period. In some instances, providers continue to request local authorizations beyond the 90-day authorization period. By the end of the 90 days, all clients, whether Medicaid or local-only, should have an established program code from ESA identifying their program eligibility.

ESA has established codes for undocumented clients; and the only local reimbursable codes are 420, 470, 470Z, 010Q, 050Q, 012Q & 052Q.

Lastly, please ensure that your agency's staff complies with this requirement. Under Chapter 63, the 90-day authorization period shall only be extended when the client is denied by ESA and is appealing the denial to ESA, or to their third-party insurer, or upon good cause shown to the Director, Department of Behavioral Health. The Department will be closely scrutinizing any request to extend or reauthorize clients for a 90-day authorization period in the absence of an ESA eligibility program code. If an authorization is requested beyond the 90-day authorization period the following information is required:

1. Supporting documentation; denial letter from ESA, Third-Party Insurer or appeal letter to ESA or Third-Party Insurer.
2. Documentation of court order requiring SUD Treatment
3. Reason for requesting an additional 90 days.
4. 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.

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