



Bulletin Title: Changes to Consumer/Client Enrollment and Service Authorization Requirements

Bulletin ID: 134

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Effective Date: September 29, 2023

I. Introduction

The purpose of this bulletin is to inform Department of Behavioral Health (DBH)-certified providers of changes that DBH will implement beginning October 1, 2023 to: (1) the process to enroll DBH consumers and clients in care; and (2) the process to authorize services for payment. Providers must meet the requirements outlined in the bulletin to receive authorization for services delivered on or after October 1, 2023.

The Department of Health Care Finance (DHCF) and DBH are working collaboratively on efforts to redesign the behavioral health system in the District, including integrating Mental Health Rehabilitation Services (MHRS) and Adult Substance Use Rehabilitation Services (ASURS) into managed care contracts effective April 1, 2024. Currently, beneficiaries enrolled in managed care do not receive MHRS and ASURS through their managed care plan. In preparation for this transition, DBH providers must fully exit DBH systems and implement their own organization Electronic Health Records (EHR) system by October 1, 2023 pursuant to DBH Policy 115.6, DBH EHR. DBH has also updated the enrollment and authorization processes for the period between October 1, 2023 through March 31, 2024 to mirror those of the District-contracted Medicaid Managed Care Organizations, as outlined below.

II. Director Decisions Effective October 1, 2023

1. An authorization is no longer required for SUD Outpatient Level 1 and Level 2 services.
2. An authorization is no longer required for MHRS initial and core services. Providers should continue to deliver SUD Outpatient Level 1 and Level 2 and MHRS initial and core services based on the established treatment plan and appropriate assessments.
3. MHRS enrollments must be completed using a using the consumer choice form (*See Section V*).
4. MHRS specialty services requiring prior authorization must be requested in accordance with the new DBH program review process outlined in Section V.

III. Existing Authorizations

Effective October 1, 2023 DBH will extend existing authorizations for all specialty services (Assertive Community Treatment (ACT), Community Based Intervention (CBI), Rehabilitation Day (Rehab Day) and Supported Employment (SES)) to March 31, 2024. Providers should continue to deliver all MHRS and ASURS services based on the established timelines and requirements for treatment plans and appropriate assessments.

IV. Prior Authorization

Effective October 1, 2023, any specialty service requiring an initial authorization (ACT, CBI and Rehab Day) will follow a new process outlined below. Providers must still obtain prior authorization for beneficiaries to be enrolled in specialist services.

1. Core Service Agency (CSA) that determines a consumer needs a specialty service must refer the consumer to a specialty service provider.
2. When the specialty service provider accepts the referral, the specialty service provider must submit an authorization request to DBH using an agency staff person specific, HIPPA complaint web address to the DBH SharePoint platform. Providers must send access requests to the DBH Specialty Program Area Lead.
3. DBH will review the request for medical necessity and render a decision about authorization approval.
4. DBH will send a secure email with the approval or denial determination to the specific CSA requestor from the SharePoint platform. Approval communications will include the authorization number.
5. DBH will ensure that authorization numbers are sent to DHCF for inclusion in the MMIS system.
6. Monthly authorization reports will be available on SharePoint.

The following process applies to SES prior authorizations only:

1. A consumer/client's CSA or SUD provider must send the SES referral to the DBH Independent Assessment Center (IAC) through SharePoint.
2. The DBH IAC must complete an Independent Needs-Based Assessment for the consumer/client to determine eligibility for SES.
3. If a consumer/client is approved for SES, the IAC will send the SES referral, Independent Needs-Based Assessment, Person-Centered Service Plan and SES Determination to the selected SES provider.
4. DBH will securely email SES determinations to the selected SES provider from the SharePoint platform. Approval communications will include the authorization number.
5. DBH will ensure that authorization numbers are sent to DHCF for inclusion in the MMIS system.
6. Monthly authorization reports will be available on SharePoint.

It is important to note that only the person who submits the authorization request will receive information about approval or denial in real time. Providers must submit to DBH the name and email address of the staff person who will transmit and receive authorization information.

V. Enrollment Requests

Effective October 1, 2023 CSA enrollments completed in iCAMS will cease and a new process will be implemented as follows:

1. Each consumer requesting CSA enrollment, transfer, or disenrollment must complete a consumer choice form. Adults and children/youth will each complete separate consumer choice forms (*see* Attachments 1 and 2); however, providers must complete the provider attestation statement on all forms to avoid administrative rejection.
2. The CSA must send the consumer choice form to DBH at consumerchoice.ahl@dc.gov.
3. Designated representatives of the Access Helpline (AHL) will review incoming consumer choice forms multiple times a shift to ensure requests are processed within twenty-four (24) hours of

- receipt.
4. AHL will send automatic replies upon receipt of the consumer choice form to confirm receipt of the request.
 5. AHL will upload completed enrollments to the consumer's record along with a note indicating the action taken: enrollment, transfer, or disenrollment.
 6. AHL will email confirmation of completed request to the requestors. If the request cannot be processed AHL will send a rejection letter to the submitter noting the reason the request could not be processed.
 7. Consumers may contact the AHL administrative line directly at 202-671-3070 to leave a message requesting enrollment, transfer or disenrollment.
 - (a) The phone tree will prompt callers to press one (1) for enrollment, to press two (2) for CSA transfers, three (3) for disenrollments, and four (4) for other administrative questions or concerns.
 - (b) Callers should leave their name, address, telephone number, date of birth, and agency they want to enroll with transfer to, or disenroll from in the voicemail box.
 - (c) An AHL representative will process the request within twenty-four (24) hours and call the requestor back to confirm.
 8. Enrollments for walk-in at the CSA can be completed either by emailing the consumer choice form or the client contacting the AHL administrative line 202-671-3070.

Please contact Mia Olsen, Director, Policy and Strategic Management, at mia.olsen2@dc.gov with questions about this Bulletin.

Attachments:

1. Consumer Choice Form (Adult)
2. Consumer Choice Form (Child/Youth)

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT
OF BEHAVIORAL HEALTH



**Mental Health Rehabilitation Services (MHRS) Core Service Agency
Consumer Choice Form Adult**

The following MHRS Core Service Agencies have been identified as being available to enroll you. Please review the list carefully, ask questions, and make an informed decision as to which Core Service Agency you are choosing to provide your services.

Enrollment:

I, _____, by completing this form, am indicating my choice of the MHRS Core Service Agency in which I would like to receive services.

MHRS Core Service Agency _____

Transfer: I am currently enrolled in a MHRS Core Service Agency and am requesting to transfer to a new MHRS Core Service Agency. My selection is noted below:

Current MHRS Core Service Agency: _____ **New MHRS Core Service Agency** _____

Disenrollment: I am requesting to be disenrolled from services from _____

By signing below, I assert that I have made this choice of my own free will and that there has been no pressure or coercion involved with me making this decision.

Consumer's Name (Printed)

Date

Consumer's Address

City/State/Zip Code

Consumer's Phone Number

Consumer's Date of Birth

Consumer's Signature

Consumer's Social Security Number

Medicaid Number

For Provider Only:

I, _____, have witnessed the consumer declare which MHRS Core Service Agency they have elected to be enrolled without my encouragement, coercion, inducements and promises of services or transactions that are monetary nature.

ICAMS #:

Provider Signature/Role/Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT
OF BEHAVIORAL HEALTH



**Mental Health Rehabilitation Services (MHRS) Core Service Agency
Consumer Choice Form Child & Youth**

The following MHRS Core Service Agencies have been identified as being available to enroll you. Please review the list carefully, ask questions, and make an informed decision as to which Core Service Agency you choose to provide your services.

Enrollment:

I, _____, by completing this form, am indicating my choice for my child of the MHRS Core Service Agency in which I would like to receive services.

MHRS Core Service Agency _____

Transfer: My child/youth is currently enrolled in a MHRS Core Service Agency and am requesting to transfer to a new MHRS Core Service Agency. My selection is noted below:

Current MHRS Core Service Agency: _____ **New MHRS Core Service Agency** _____

Disenrollment: I am requesting that my child/youth be disenrolled from services from _____.

By signing below, I assert that I have made this choice on behalf of my child/youth of my own free will and that there has been no pressure or coercion involved with me making this decision.

Child/Youth's Name (Printed)

Date

Child/Youth's Address

City/State/Zip Code

Parent/Guardian's Phone Number

Child's Date of Birth

Parent/Guardian's Signature

Child's Social Security Number

Medicaid Number

For Provider Only:

I, _____, have witnessed the consumer declare which MHRS Core Service Agency they have elected to be enrolled without my encouragement, coercion, inducements and promises of services or transactions that are monetary nature.

ICAMS #:

Provider Signature/Role/Date