Bulletin Title: Community Support and ICC Rulemaking Fact Sheet
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I. Background

On February 23, 2024, the Department of Behavioral Health (DBH or the Department) published a Notice of Emergency and Proposed Rulemaking updating Title 22-A District of Columbia Municipal Regulations (DCMR) Chapter 30 (Free Standing Mental Health Clinic (FSMHC) Provider Certification Standards); Chapter 34 (Mental Health Rehabilitation Services (MHRS) Provider Certification Standards); Chapter 63 (Certification Standards for Substance Use Disorder (SUD) Treatment and Recovery Providers); Chapter 65 (Transition Planning Eligibility, Provider Certification and Service Standards); and Chapter 80 (Certification Standards for Behavioral Health Stabilization Providers). This rulemaking: (1) established Intensive Care Coordination (ICC) as a new MHRS for children and youth; and (2) operationalized DBH and Department of Health Care Finance recommendations from a comprehensive rate study of DBH-certified behavioral health services, including adding new services and updating rate methodologies, service definitions and provider requirements for use of electronic health records and functional assessment tools.

On August 2, 2024, DBH published a second Emergency and Proposed Rulemaking, which took effect June 14, 2024. The major updates in this rulemaking are outlined below.

II. Community Support Services

Community Support services are rehabilitation and environmental supports to help consumers achieve their recovery goals. Prior to the second Emergency and Proposed Rulemaking, DBH initially authorized up to six hundred (600) units of Community Support per consumer for one hundred and eighty (180) calendar days. Providers could request authorization from the Department for an additional two hundred (200) Community Support units within another one hundred eighty (180) calendar day period. DBH did not previously limit telehealth utilization.

Pursuant to the second Emergency and Proposed rulemaking, DBH will initially authorize up to two hundred (200) units of Community Support per consumer for one hundred and eighty (180) calendar days (§ 3421.6). Providers may request authorization from the Department for an additional two hundred (200) Community Support units within another one hundred eighty (180) calendar day period when clinically indicated (§ 3421.6). Further, the second Emergency and Proposed rulemaking limits the use of audio-only telehealth for Community Support services to six (6) units per one hundred eighty (180) day period, unless otherwise authorized (§ 3421.10).

III. Additional Regulatory Changes

Additionally, on its own initiative and in response to stakeholder feedback, the Department made the following changes in the second Emergency and Proposed rulemaking:

1. Clarifying in Title 22-A DCMR § 3010.9 that Physician Assistants must deliver Prescription Visits under supervision.

2. Adding the definition of a Licensed Practical Nurse to Title 22-A DCMR § 3099.1 and § 3499.1.

3. Changing the name MET/CBT5 to MET/CBT throughout Title 22-A DCMR Chapter 63.

4. Removing the requirement in Title 22-A DCMR § 6352.3 for MET/CBT providers to deliver two (2) MET sessions and three (3) CBT sessions as a condition of payment.

5. Amending Title 22-A DCMR § 3418.15 to require that MHRS providers complete functional assessments for adult consumers every one-hundred and eighty (180) days to align with the duration of the Plan of Care.

6. Updating Title 22-A DCMR § 3434.4 to specify the billable units for MHRS Medication/Somatic Treatment.

7. Updating Title 22-A DCMR § 3436.5(k) to include family engagement and orientation as an ICC service component.

IV. Questions

Please contact Mia Olsen, Director, Policy and Strategic Management, with questions about this bulletin.