DEPARTMENT OF MENTAL HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Mental Health ("DMH"), pursuant to the authority set forth in sections 104, and 105 of the Department of Mental Health Establishment Amendment Act of 2001, effective December 18, 2001, (D.C. Law 14-56; D.C. Official Code §§ 7-1131.04 and 7-1131.05), hereby gives notice of the adoption of a new Chapter 33 of Title 22A of the District of Columbia Municipal Regulations ("DCMR"), entitled "DC Community Service Agency Consumer Transition Voucher." No comments have been received and no changes have been made since publication of the Notice of Emergency and Proposed Rulemaking in the *D.C. Register* on March 20, 2009 at 56 DCR 002282.

The purpose of the new Chapter 33 of Title 22A DCMR is to provide standards for the payment of a Consumer Transition Voucher ("CTV") to mental health providers serving mental health consumers transferring from the D.C. Community Services Agency ("DCCSA"). DMH will pay a CTV to a consumer's new clinical home (Core Services Agency, Assertive Community Treatment Program, or Community Based Intervention Program) to facilitate the smooth transition of consumers transitioned from the DCCSA to the new clinical homes. The CTV will be paid for transition services rendered to former DC CSA consumers by the new mental health provider. The new chapter describes the purpose and implementation of the CTV program. These final rules will be effective upon publication of the Notice in the *D.C. Register*.

A new Chapter 33 is added to Title 22A to read as follows:

3300 DC COMMUNITY SERVICE AGENCY CONSUMER TRANSITION VOUCHER

3300.1 These rules establish the requirements, formula, and process for a Consumer Transition Voucher ("CTV") payment to a Core Services Agency ("CSA"), Assertive Community Treatment ("ACT") Program or Community Based Intervention ("CBI") Program for each consumer transitioning from the D.C. Community Service Agency ("DCCSA") as part of the Department of Mental Health's plan to close the DCCSA. The CTV is available only to consumers who were enrolled in DCCSA and are now transferring from the DCCSA to a new Department of Mental Health ("DMH") certified provider.

3300.2 The purpose of the CTV is to support transition services provided to consumers transferred from the DCCSA as part of the Department's closure of the DCCSA. The CTV is intended to provide additional funds to the CSA, ACT Program, or CBI Program, whichever unit becomes the consumer's new clinical home, to assist in the cost of additional staffing,

training and service requirements for each new consumer during the transition period.

3300.3 The CTV program does not create any rights except the right of the consumer's new clinical home to bill DMH for CTV payment for transition services rendered and to receive the CTV payment in accordance with the requirements set forth herein.

3300.4 Nothing in these rules shall be interpreted to mean that a CTV provided by DMH is an entitlement or benefit.

3301 WAIVER OF RULES

3301.1 Upon determination of good cause, the Director may waive any provision under this chapter subject to the statutory limitations of other District laws. The Director shall provide each waiver in writing and shall support each waiver by documentation of the facts and the grounds upon which a waiver is based.

3302 CONSUMER TRANSITION VOUCHER AMOUNT

3302.1 The CTV payment is $787.50 per newly enrolled consumer during the transition period. DMH-certified providers are eligible to submit a claim for the CTV if they enroll and conduct an initial intake of DCCSA consumers between January 21, 2009 and June 30, 2010 in accordance with the requirements set forth herein.

3303 ELIGIBILITY

3303.1 A CSA, ACT Program, or CBI Program that enrolls a consumer transferring from the DCCSA during the transition period as evidenced by a CSA Transfer Event in eCura shall be eligible for the CTV by submitting a claim through the Department's eCura system as described below in Section 3304.

3303.2 Only the consumer's clinical home will be eligible to receive CTV payments. If a consumer enrolls in a CSA but his or her clinical home is an ACT Program or CBI not affiliated with the CSA, the ACT Program or CBI Program, as appropriate, is the clinical home of the consumer and is the authorized entity to bill for the CTV.

3303.3 For each CTV payment set forth below in Section 3304, the CSA must have a concurrent claim for an MHRS service provided to the consumer.

3304 PAYMENT OF VOUCHER

3304.1 The Department has established a billing code – the Transitional Care Case Rate ("TCR") - to be used by the consumer's clinical home for payment of the CTV.

3304.2 The total CTV payment will be provided in increments of 50% for the first claim, 25% for the second claim, and 25% for the third claim over a minimum 3 month period. Each consumer who transitions from the DCCSA to a new clinical home must remain with the new provider for a minimum of ninety (90) days from the date of enrollment in order for the new clinical home to submit all three claims for the entire amount of the CTV. If the consumer changes providers before the entire CTV can be claimed by the new provider in accordance with Sections 3304.3 – 3304.6, the remainder of the CTV will not be available to the second, or any subsequent, providers.

3304.3 In order for any CTV payment to occur, an authorization request for the CTV will need to be included in the authorization plan for each transitioned consumer. A maximum of three (3) units of the CTV may be authorized between the initial enrollment and the 9th month following the consumer's intake with the new CSA.

3304.4 In order for the new provider to be eligible to claim the CTV, the initial intake of the consumer by the new provider must occur within 90 days of the consumer's transfer from the DCCSA. Upon completion of the consumer's intake with the new provider, the new provider may submit a claim for the first unit of the CTV (50% of the CTV) using the appropriate billing code (T2022U1 - Initial Transitional Care Case Rate).

3304.5 The new provider may submit a claim for the second unit of the CTV (25% of the CTV) during the second month of services to the consumer, using the appropriate billing code (T2022U2 - Subsequent Transitional Care Case Rate). If the consumer is not seen on a monthly basis, the provider can submit a claim for the second installment of the CTV any time services are rendered to the transitioning consumer as long as it is after the conclusion of the initial month of service with the new provider and before the sixth month following the consumer's initial intake. This claim must accompany a concurrent claim for an MHRS service to the consumer in order for the second installment to be paid.

3304.6 The new provider may submit a claim for the final unit of the CTV (25% of the CTV) using the appropriate billing code (T2022U2 - Subsequent Transitional Care Case Rate) during the third month of services to the consumer. If the consumer is not seen on a monthly basis, the provider can submit a claim for the third installment of the CTV any time services

are rendered to the transitioning consumer as long as it is after the conclusion of the second month of service with the new provider and before the ninth month following the consumer's initial intake. This claim must accompany a concurrent claim for an MHRS service to the consumer in order for the third installment to be paid.

3304.7 Claims for the CTV are subject to DMH audit/chart review to substantiate the CTV claim.

3304.8 The CTV does not affect the payment of any MHRS services provided to transitioned consumers by any MHRS provider.

3399 DEFINITIONS

Assertive Community Treatment or "ACT" - Assertive Community Treatment (ACT). An evidenced-based practice model that provides a proactive, consumer driven, intensive, integrated rehabilitative, crisis, treatment, and mental health rehabilitative community support service to adult consumers with serious and persistent mental illness. Services are provided by an interdisciplinary team, with dedicated staff time and specific staff to consumer ratios in order to assist consumers to meet their goals in the community and assist with integration into the community. ACT is a specialty service.

Clinical home - a Core Services Agency or a Specialty Provider who can enroll a consumer in eCura and once enrolled assumes the clinical and fiscal responsibility for coordinating, delivering and managing the care for that consumer.

Community Based Intervention or "CBI" – time-limited, intensive, mental health services delivered to children and youth ages six (6) through twenty-one (21). CBI services are intended to prevent the utilization of an out-of-home therapeutic resource or a detention of the consumer. CBI is a specialty service. There are three (3) levels of CBI services available: Level I services shall be delivered in accordance with the Multisystemic Therapy (MST) Model; Level II and Level III services shall be delivered in accordance with the Intensive Home and Community-based Services (IHCBS) model as adopted by DMH.

Core Service Agency or "CSA" – a DMH-certified community-based MHRS provider that has entered into a Human Care Agreement with DMH to provide specified MHRS services. A CSA shall provide at least one core service directly and may provide up to three core services via contract with a sub-provider or subcontractor. A CSA may provide specialty services directly if certified by DMH as a specialty provider.

However, a CSA shall also offer specialty services via an affiliation agreement with all specialty providers.

Consumer Transition Voucher or "CTV" – a consumer transition rate payment voucher established by DMH to support transition services provided to consumers transferred from the DCCSA as part of the Department's closure of the DCCSA. The CTV is intended to provide additional funds to the CSA, ACT Program, or CBI provider, whichever unit becomes the consumer's new clinical home, to assist in the cost of additional staffing, training and service requirements for each new consumer during the transition period.

Mental Health Rehabilitation Services or "MHRS" - mental health rehabilitative or palliative services provided by a DMH-certified community mental health provider to consumers in accordance with the District of Columbia State Medicaid Plan, the MAA/DMH Interagency Agreement, and this chapter.

Transitional Care Case Rate or "TCR" – the authorization and billing code established by DMH for providers to use to submit claims for payment of the Consumer Transition Voucher.

All persons desiring to comment on the subject matter of this emergency and proposed rulemaking should file comments in writing not later than thirty (30) days after the date of publication of this notice in the *D.C. Register*. Comments should be filed with the Office of General Counsel for the Department of Mental Health at 64 New York Avenue, N.E., 4th Floor, Washington, D.C. 20002, or e-mailed to Suzanne Fenzel, Assistant Attorney General, at Suzanne.Fenzel@dc.gov. Copies of the proposed rules may be obtained from www.dmh.dc.gov or from the Department of Mental Health at the address above.