

## DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth in section 1 of An Act to enable the District of Columbia to receive Federal financial assistance under title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 774; D.C. Code, sec. 1-359(b)); Reorganization Plan No. 4 of 1996, and Mayor's Order 97-42, dated February 18, 1997, hereby gives notice of the adoption of rules governing conditions for reimbursement for Mobile Community Outreach Treatment Team Services ("MCOTT") by the District of Columbia Medicaid Program ("Medicaid Program") in Chapter 46 of Title 29 of the District of Columbia Municipal Regulations. The rules would also establish the rate of reimbursement for MCOTT programs.

To receive Medicaid reimbursement, MCOTT Program Providers will be required to establish self-contained clinical teams to assume responsibility for directly providing needed treatment, rehabilitation and support services to Medicaid clients with severe and persistent mental illness, provide long-term services emphasizing continuity of care givers, and emphasize outreach, relationship building and individualization of services. These services are to be provided directly in the community as opposed to the currently existing institutional based or static facilities.

The Medicaid Program is amending the District of Columbia State Plan for Medical Assistance ("State Plan"). These rules and the State Plan amendment will implement the MCOTT Program and, upon certification, allow for Medicaid payments to the providers.

A Notice of Proposed Rulemaking regarding the MCOTT Program was published in the D.C. Register on March 5, 1999 (46 DCR 2374). No comments were received. No substantive changes to the proposed rules have been made. Two technical amendments to the rules have been made, however. Section 4603.1 has been amended by removing the phrase "(1) has a Bachelor's Degree in psychiatry" and replacing it with "(1) is a licensed Psychiatrist, credentialed to practice in the District of Columbia". This reflects the fact that there is no Bachelor's Degree in psychiatry while retaining the intent of this provision that the Program Director be a psychiatrist. Additionally, Section 4603.26 is amended by removing the word "minimum" after the words "shall provide a" and replacing it with the word "maximum". This reflects the correct intent of this provision with respect to staff-to-client ratios at MCOTT Programs. These final rules were adopted on June 15, 1999, and will become effective the date of publication in the *D.C. Register*.

Amend Title 29 by adding the following new Chapter 46 to read as follows:

**CHAPTER 46 MOBILE COMMUNITY OUTREACH TREATMENT TEAM SERVICES**

**4600 GENERAL PROVISIONS**

4600.1 The provisions of this chapter governing conditions of participation for providers of Mobile Community Outreach Treatment Team services shall be in support and furtherance of the following goals:

- (a) To establish MCOTT programs which are self-contained clinical teams to assume the responsibility for directly providing needed treatment, rehabilitation and support services to Medicaid clients with severe and persistent mental illness;
- (b) To limit referrals of clients to service providers outside of an MCOTT Program;
- (c) To provide services over a long-term emphasizing the continuity of caregivers for MCOTT clients;
- (d) To deliver 75% of services outside of the MCOTT Program offices in home and community settings; and
- (e) To emphasize outreach, relationship building, and the individualization of client services.

4600.2 An entity seeking to participate as an MCOTT provider in the District of Columbia under the Medicaid Program shall be certified in compliance with all requirements set forth in this chapter.

4600.3 Certification of Providers is the responsibility of the District's Department of Health, Medical Assistance Administration.

4600.4 To obtain certification, each Provider shall meet the requirements set forth in this chapter.

4600.5 Each Provider shall meet all applicable Medicaid and Medicare regulations.

4600.6 CMHS may participate as an MCOTT provider under these rules by satisfying the requirements for being an Organized Health Delivery System as defined in 42 CFR 447.10(b) and entering into an interagency agreement with MAA to provide MCOTT services. As an MCOTT Provider, CMHS may both directly provide MCOTT services and contract with other entities for the provision of MCOTT services.

- 4600.7 A Provider may establish and administer more than one program to provide the comprehensive array of services described in these rules. In such circumstances, however, each MCOTT Program shall independently meet the MCOTT Program Standards set forth in this chapter.
- 4600.8 No Program shall have more than 100 MCOTT clients at any given time.
- 4600.9 Each Provider shall enter into an agreement between MAA and the Provider which shall specify the services to be provided, methods of operation, a program statement, financial and legal requirements which shall be met, and identification of the population to be served. In the event the Commission for Mental Health Services, District of Columbia Department of Human Services, is a Provider of MCOTT services, the D.C. Medicaid/MCOTT Provider Agreement shall include the Interagency Agreement between MAA and CMHS for MCOTT which shall specify the terms and conditions for CMHS being an MCOTT Provider.
- 4600.10 Each Provider shall meet and adhere to the terms and conditions included in the Medicaid/MCOTT Provider Agreement.

**4601 APPLICATION FOR CERTIFICATION**

- 4601.1 An application to participate in the Medicaid/MCOTT Program shall be filed on forms provided by MAA.
- 4601.2 The MCOTT Application shall contain, but not be limited to, the following information:
- (a) Name and address of the Provider organization and location of all of the Provider's places of business in the District or elsewhere in the United States;
  - (b) Names and addresses of the owners of the Provider organization;
  - (c) If the Provider organization is a corporation, the application shall include the names and addresses of all persons having a five percent (5%) or greater ownership interest and all officers and directors;
  - (d) The name of the physician who will be responsible for directing the services of the Provider's MCOTT Program; and
  - (e) The name of the Program Director.

**4602 GENERAL CERTIFICATION REQUIREMENTS**

- 4602.1 Each Provider's MCOTT office facility shall comply with all applicable federal and local laws and codes pertaining to health and fire safety, drug procurement and distribution, disposal of medications and controlled substances, building construction,

maintenance and equipment standards, sanitation, and communicable and reportable diseases.

- 4602.2 The Provider shall be in compliance with Title VI of the Civil Rights Act of 1964, including Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against the handicapped.
- 4602.3 The Provider shall agree to the requirements that MCOTT Program services shall be provided under the direction of a physician.
- 4602.4 The Provider shall have appropriate written and dated procedures for storing, dispensing, and administering drugs and biologicals.
- 4602.5 The Provider shall agree to provide its services to all eligible Medicaid patients assigned by the Commission on Mental Health Services (CMHS), and shall not exclude any clients for any reason other than the client requires services not provided by the Provider.
- 4602.6 Each MCOTT Program shall be available to provide treatment, rehabilitation, and support activities seven days per week, 365 days per year, and shall operate its MCOTT office facility a minimum of 13 hours per day on weekdays and 8 hours per day on weekends and holidays.
- 4602.7 The CMHS Emergency Psychiatric Response Bureau (EPRB) Crisis Team shall back up and coordinate with the MCOTT Program's on-call staff.
- 4602.8 Each MCOTT Program shall maintain on file a Memorandum of Understanding with EPRB delineating the relative responsibilities of each.
- 4602.9 Each MCOTT Program shall maintain psychiatric back up during all off-hour periods, either with the Provider psychiatrist or by documented alternative arrangements with mental health center psychiatrists or emergency room psychiatrists. These documented alternative arrangements shall be recorded in the Daily Log.

#### 4603 STAFFING AND ADMINISTRATION

- 4603.1 Each MCOTT Program shall have as Program Director, a person who (1) is a licensed Psychiatrist, credentialed to practice in the District of Columbia, or a Master's Degree level clinician in social work, nursing, psychology, counseling or other human service discipline and (2) has at least three years of experience in working with seriously and persistently mentally ill adults, including one year of program management or supervisory experience sufficient to administer the MCOTT Program.
- 4603.2 Each MCOTT Program shall employ an assistant director who is a supervisory nurse with a Master's degree in nursing and at least three years experience in working with seriously and persistently mentally ill adults, including one year of program

social workers licensed in the District as Licensed Independent Clinical Social Workers (LICSW) and/or Licensed Graduate Social Workers (LGSW).

- 4603.11 Each MCOTT Program shall employ a minimum of two (2) full-time Mental Health Specialists. The minimum qualifications for this position are a Bachelor's degree and/or Master's degree in mental health or allied professions.
- 4603.12 Each MCOTT Program shall ensure that at least one (1) full-time staff person shall be registered as an addiction counselor under Title 17 of the DCMR, Chapter 73, to provide substance abuse services.
- 4603.13 The MCOTT Program Director shall assign a staff person to be the Shift Manager who shall be in charge of developing and implementing the daily MCOTT assignment schedule as well as making all daily assignments, ensuring that all daily assignments are completed or rescheduled, and for handling all emergencies or crises that arise during the course of the day in consultation with the MCOTT Program Director, assistant program director, or psychiatrist.
- 4603.14 MCOTT Program staff shall:
- (a) Document and notify all other staff of all changes in the client's mental or social status;
  - (b) Provide any of the primary case management functions, as assigned, on behalf of, or in place of, the Primary Case Manager; and
  - (c) Provide emergency services when a client is in crisis.
- 4603.15 Each MCOTT Program shall have a written policy for clinical supervision of staff providing treatment, rehabilitation, and support services to MCOTT clients.
- 4603.16 The Program Director and/or the clinical staff designee shall assume responsibility for supervising and directing all MCOTT staff activities, including:
- (a) Regular meetings held at least once a month with individual staff to review cases, assess performance, and give feedback;
  - (b) Individual, side-by-side sessions in which the supervisor accompanies an individual staff member to meet with clients in regularly, but not less than quarterly, scheduled or crisis meetings to enable the supervisor to assess performance, give feedback, and/or model alternative treatment approaches; and
  - (c) Participation with team members in daily organizational staff and treatment planning meetings to review and assess staff performance and provide staff direction regarding individual clients. Clinical supervision provided to staff

shall be documented in writing.

- 4603.17 The MCOTT Program shall have daily organizational staff meetings at regularly scheduled times established by the Program Director.
- 4603.18 The daily organizational staff meetings shall be recorded in writing in a Daily Log or electronic record.
- 4603.19 The Daily Log shall include, but is not limited to, the following information:
- (a) A roster of clients in the MCOTT Program; and
  - (b) Brief documentation of any daily treatment, services and/or contacts; and
  - (c) A concise description of each client's daily behavioral status.
- 4603.20 The MCOTT Program shall maintain a Daily Team Assignment Schedule which shall be a written, daily timetable summarizing all client treatment and service contacts to be divided and shared by staff working on that day. The daily team assignment schedule shall be developed from a central file of all weekly client contact schedules.
- 4603.21 The MCOTT Program Director shall use the staff meeting to do a daily evaluation of each client in terms of treatment contacts received.
- 4603.22 The Program Director or designee shall maintain a weekly client contact schedule for each MCOTT client, which shall be maintained in a central file.
- 4603.23 The Program Director or shift manager designee shall develop a daily team assignment schedule from the central file of all weekly client contact schedules.
- 4603.24 The Program Director, Primary Case Manager and the MCOTT psychiatrist shall conduct treatment-planning meetings to develop each client's Individual Treatment Plan (ITP) which shall be reviewed every three (3) months and rewritten every six (6) months.
- 4603.25 At regularly, at least quarterly, scheduled times, per a written schedule maintained by the Program Director, the MCOTT Program shall hold treatment planning meetings under the supervision of the Program Director and psychiatrist to assess individual client needs/problems; to establish measurable long- and short-term treatment goals; to plan treatment and service interventions and to assign staff persons responsible for providing the services.
- 4603.26 Each MCOTT Program shall provide a maximum staff-to-client ratio of one staff to ten clients for each full time clinical staff person, except psychiatrists.
- 4603.27 Each MCOTT Program shall maintain written personnel policies and procedures and

shall maintain personnel files which shall contain each employee's application, credentials, job description, annual performance appraisal, job title, training, orientation, salary and a statement signed by the employee that the employee understands the obligation to maintain the confidentiality of client records under applicable local and federal law.

4603.28 Each MCOTT Program shall have a current organizational chart that clearly defines the MCOTT Program's structure, staff responsibilities, and lines of authority.

4603.29 Each MCOTT Program's organizational chart shall show relationships between the MCOTT Program and other entities, such as the following:

- (a) The Board of Directors, if applicable;
- (b) Advisory boards;
- (c) The parent Provider organization, if applicable; and
- (d) Health or service affiliations.

4603.30 Each MCOTT Program shall have available to all staff a current MCOTT Program Manual which sets forth all of its policies and procedures.

4603.31 Each MCOTT Program Manual shall include, but not be limited to, the following information:

- (a) A statement reflecting the goals and missions of the MCOTT Program;
- (b) A description of the services to be provided;
- (c) The reimbursement methodology and/or fee schedules;
- (d) Operational schedules;
- (e) A description of the population to be served;
- (f) Clinic policies, and quality assurance standards;
- (g) Financial and record-keeping procedures;
- (h) A statement of client's rights;
- (i) Admission criteria;
- (j) Discharge and referral criteria;

- (k) Written policies and procedures for emergency care;
- (l) A description of staff and personnel policies, which shall be reviewed annually, revised as necessary and dated at time of review;
- (m) A description of each staff position, procedures for employee hiring, evaluations, grievances, and in-service training;
- (n) A description of in-service training of a meaningful nature for all non-professional staff and identification of the supervisor responsible for providing and facilitating that training; and
- (o) An up-to-date listing of professional staff licensure and registration information.

4603.32 Each MCOTT Program shall participate in the CMHS Organizational Performance Program, CMHS Policy 50000.115.IF, CMHS Performance Plan.

4603.33 Each MCOTT Program shall be monitored through the Organizational Performance Plan. The Provider shall report the required data and findings quarterly as specified in the Organizational Performance Plan to the CMHS Adult Services Administration Quality Assessment Coordinator and to MAA staff on a quarterly basis.

4603.34 Each MCOTT Program shall comply with the reporting requirements of the CMHS Policy 50000.480.1C, "Reporting Unusual Incidents", by reporting such incidents to appropriate staff of MAA and CMHS by telephone within 24 hours and in writing within five (5) days of any unusual incident. Unusual incident means an event affecting MCOTT staff or clients which is significantly different from the regular routine or varies from established procedures which shall include, but are not limited to:

- (a) Death;
- (b) Injury;
- (c) Unexplained absence of the client from the program or his/her residence;
- (d) Physical, sexual or verbal abuse of a client by staff or client(s);
- (e) Staff negligence;
- (f) Fire;
- (g) Theft;
- (h) Destruction of property;



- (i) Sudden serious problems with the physical plant;
- (j) Complaints from families or visitors of clients; and
- (k) Requests for information from the press, attorneys or government officials outside of the Department of Human Services and the Department of Health.

**4604 PRIMARY CASE MANAGER**

4604.1 Each MCOTT client shall have an assigned Primary Case Manager who shall be responsible for the treatment relationship with the client on an ongoing basis.

4604.2 The Primary Care Manager shall be responsible for the following:

- (a) Maintaining up-to-date assessments and evaluations necessary for eligibility for MCOTT services;
- (b) Participating in the treatment planning and monitoring of client progress in meeting the goals and objectives of the MCOTT client's ITP;
- (c) Locating, coordinating, and monitoring all necessary medical, social and psychiatric services;
- (d) Assisting in the development and execution of a plan for assuring income maintenance;
- (e) Assisting in the development of appropriate social networks;
- (f) Assisting with other activities necessary to maintain psychiatric stability in a community-based setting.
- (g) Assisting in the development of a plan for assuring continuing Medicaid coverage; and
- (h) Documenting case management efforts in each MCOTT client's record.

4604.3 The Primary Case Manager shall have at least one other team member who shares in providing the case management services and who serves as a backup when the Primary Case Manager is not present.

**4605 PHYSICAL PLANT REQUIREMENTS**

4605.1 Each MCOTT Program office facility shall be either owned or leased by the Provider.

4605.2 Each MCOTT Program office facility shall include an accessible reception area for MCOTT clients and their families; a central team work/meeting room, and staff

offices, as needed; a secure medication room; and a safe or other locked means of securing client funds and personal items, as needed.

- 4605.3 Each MCOTT Program office facility shall be located within 15 minutes of public transportation.
- 4605.4 Each MCOTT Program office facility shall conform to all applicable provisions of the District of Columbia Building Code and any other applicable District rules and regulations.
- 4605.5 The MCOTT Program office facility shall possess a current certificate of occupancy permit, appropriate District Fire Department Inspection Certificates and a Manual of Instructions and Plans which shall be followed in case of fire, explosion or other emergency.
- 4605.6 The MCOTT Program office facility shall be located in a building of sound construction and shall be maintained in good repair.
- 4605.7 Curb cuts, handrails, steps, and ramps shall be designed or adapted to offer easy accessibility to the MCOTT Program office facility by the population being served.
- 4605.8 Each MCOTT Program office facility shall be accessible to persons with mobility limitations consistent with the Rehabilitation Act, P. L. 95-602, Section 504.
- 4605.9 There shall be at least two (2) toilet facilities at the site. At least one (1) toilet shall be designed or adapted to provide access and maneuverability for handicapped and wheelchair-bound individuals.
- 4605.10 A room with a bed with adequate provision for privacy shall be available at the MCOTT Program office facility in cases illness, individualized programming or instruction, or acting-out behavior. The MCOTT Program office facility shall have available an examination table for medical examinations and treatment in a private area.
- 4605.11 Drinking water shall be readily accessible to the clients and provided by either an angle jet drinking fountain with mouth guard or by a running water supply with individual drinking cups.
- 4605.12 Drinking water facilities shall not be located in toilet rooms.
- 4605.13 There shall be at least one (1) telephone in the MCOTT Program office facility to summon help immediately in case of fire or other emergencies.

**4606 PROGRAM SERVICES**

- 4606.1 Each MCOTT Program shall have the capability to provide comprehensive treatment,

rehabilitation, and support services as a self-contained service unit.

- 4606.2 Each MCOTT Program shall give the highest priority to delivering individualized services outside of the MCOTT Program's office facility, in home and community settings, with an emphasis on assertive outreach to MCOTT clients with severe and persistent mental illness.
- 4606.3 Each MCOTT Program shall ensure that MCOTT clients are guaranteed full access to services once they are admitted to the MCOTT Program.
- 4606.4 An MCOTT Program's service delivery shall not be time-limited but shall be based on each MCOTT client's needs.
- 4606.5 Each MCOTT Program shall ensure that MCOTT services are available 24-hours per day, seven days per week, including telephone and face-to-face contact, in conjunction with the EPRB Crisis Team.
- 4606.6 Each MCOTT Program shall provide case management which shall involve an organized process of case coordination among the multi-disciplinary team in order to provide a full range of appropriate treatment, rehabilitation and support services to a client in a planned, coordinated, efficient and effective manner.
- 4606.7 Each MCOTT Program shall provide management services to help the client cope with symptoms and disabilities as they go about daily living. These services shall include, but are not limited to:
- (a) Ongoing assessment of the client's mental illness symptoms and the client's response to treatment;
  - (b) Symptom education to enable the client to identify his/her mental illness symptoms; and
  - (c) Individual supportive therapy and teaching of symptom management techniques to alleviate and manage symptoms that can not be treated with medication.
- 4606.8 In each MCOTT Program, a psychiatrist shall provide medication management services, which shall include, but are not limited to:
- (a) Assessment of each client's mental illness symptoms and behavior and prescription of appropriate medication;
  - (b) Monthly review and documentation of the client's mental illness symptoms as well as his/her response to prescribed medication treatment;
  - (c) Education of the client regarding his/her mental illness and the effects and side effects of medication prescribed to regulate it; and

- (d) Monitoring, treatment and documentation of any medication side effects.
- 4606.9 Each MCOTT Program shall provide clinical supervision which shall require face-to-face contact between the clinical supervisor and a staff member to review the client's clinical status and to ensure appropriate treatment and services are provided to the client by the staff member. Clinical supervision may occur during the daily organizational staff meetings and the treatment planning meetings.
- 4606.10 Each MCOTT Program shall provide Activities of Daily Living services in community-based settings, which shall include individualized support, problem solving, training and supervision to assist the client to gain or utilize the skills needed to:
- (a) Carry out personal hygiene and grooming tasks;
  - (b) Carry out household activities, including housekeeping, cooking, grocery shopping and laundry;
  - (c) Develop or improve money management skills; and
  - (d) Use available transportation.
- 4606.11 Each MCOTT Program shall provide support services, which include case management, individualized support, problem solving, training and supervision to help the client obtain:
- (a) Services to meet physical and dental health needs;
  - (b) Needed legal services;
  - (c) Financial support such as supplemental security income, social security disability insurance, general relief and money management services; and
  - (d) Living accommodations, including locating, financing and maintaining safe and normal living arrangements and enabling the client to relate to his or her landlord and neighbors in an acceptable manner.
- 4606.12 Each MCOTT program shall provide social and recreational skills training services individually or in small groups to:
- (a) Improve communication skills;
  - (b) Facilitate a appropriate interpersonal behavior; and/or
  - (c) Familiarize clients with available social and recreational opportunities and increase their use of such opportunities.

4606.13 Each MCOTT Program shall provide substance abuse services on an as-needed basis, which shall include, but are not limited to, individual and group interventions to assist clients in:

- (a) Identifying alcohol and drug effects and patterns;
- (b) Recognizing the relationship between alcohol/drugs and mental illness and psychotropic medications and mental illness;
- (c) Developing motivation for decreasing substance use;
- (d) Developing coping skills and alternatives to minimize substance use; and
- (e) Achieving periods of abstinence and stability.

4606.14 Each MCOTT Program shall provide employment-related services in community-based settings to assess the effect of the MCOTT client's mental illness on employment and to develop an ongoing employment rehabilitation plan to enable the client to get and keep a job. Employment-related services include:

- (a) Individualized initial and comprehensive evaluation, including a thorough work and academic history and on-site work assessments in community-based, MCOTT-structured jobs;
- (b) Identification of behaviors that interfere with the client's work performance and development of interventions to alleviate the problem behaviors;
- (c) Individual supportive counseling to enable the client to identify and cope with symptoms of mental illness that affect the client's work;
- (d) Work-related supportive services, such as assistance with grooming and personal hygiene, securing appropriate clothing, wake-up calls, transportation, on-the-job support and crisis assistance; and
- (e) Ongoing on-the-job performance assessment, evaluation and planning.

4606.15 Each MCOTT Program shall provide support services for the families of MCOTT clients and other significant members of the clients' social network to assist them and the client to relate in a positive and supportive manner. These support services shall include, but are not limited to:

- (a) Education about the client's illness and their role in the therapeutic process;
- (b) Individual supportive counseling; and
- (c) Intervention to resolve conflict.

4606.16 Each MCOTT Program shall have the capacity to provide multiple contacts each week to clients experiencing severe symptoms and/or significant problems in daily living. These multiple contacts may be as frequent as two to three times per day, seven days per week.

4606.17 Each MCOTT Program shall have the capacity to increase the service intensity to a client within hours of reported significant changes in the MCOTT client's status needs.

4606.18 Each MCOTT Program shall provide, at a minimum, three face-to-face contacts with each MCOTT client per week.

#### 4607 ADMISSION REQUIREMENTS

4607.1 Each MCOTT Program shall provide services to adults who have special community mental health treatment, rehabilitation and support needs, as further defined in 4607.2, and require at least ten (10) hours a month of ongoing, face-to-face services.

4607.2 To be eligible for an MCOTT Program, an individual must be diagnosed with a severe and persistent mental illness and diagnosis listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM IV or most current version), excluding persons who have a primary diagnosis of substance abuse, mental retardation or personality disorder. In addition to meeting these diagnostic criteria for eligibility, MCOTT Program eligibility requires the demonstration of the following characteristics:

- (a) Having an impairment in functioning with primary aspects of daily living as self care, living arrangement or employment according to the CMHS definition of serious mental illness;
- (b) A treatment history meeting one of the following:
  - (1) Two or more admissions to an acute psychiatric hospital during the previous twelve months;
  - (2) At least three treatment contacts with EPRB during the previous twelve months;
  - (3) Current enrollment in a CMHS or contract provider's intensive case management program and, despite documented treatment efforts of at least six months duration, demonstrated ongoing severe symptoms of mental illness; or
  - (4) Failure to be enrolled in a CMHS or contract provider program and, despite documented EPRB, Community Mental Health Center (CMHS), or provider outreach efforts to engage in treatment, of at least six months duration, demonstrated ongoing severe symptoms of mental illness; and

(c) Significant functional impairments as demonstrated by at least two of the following conditions:

- (1) Inability to be employed at a self sustaining level;
- (2) Failure to get treatment from traditional office-based providers;
- (3) Constant lack of adequate housing;
- (4) Co-occurring or secondary substance abuse;
- (6) Destructive behavior to self or others; or
- (7) Involvement as a defendant in the criminal justice system.

4607.3 Each admission to a Provider's MCOTT Program shall be authorized by CMHS, prior to admission.

4607.4 The Program Director shall assign a psychiatrist, a Primary Case Manager, and individual treatment team members for the client within one (1) week of admission to the MCOTT Program.

**4608 ASSESSMENT AND TREATMENT PLANNING**

4608.1 The Program Director, Assistant Director or Psychiatrist shall complete and document an initial evaluation promptly at the time of each client's admission to the MCOTT Program.

4608.2 The MCOTT Program shall assign an Individual Treatment Team to each client. Such team shall consist of three to five members possessing a range of clinical and rehabilitation skills and which shall be assigned by the clinical coordinator within a week of the MCOTT client's admission to the MCOTT Program. The core members of this team shall be the Primary Case Manager, psychiatrist, and one clinical or rehabilitation staff who shall backup and share case coordination tasks and replace the Primary Case Manager when he/she is not working. The individual treatment team shall have: 1) continuous responsibility for the assessment of the client's individual status and needs; 2) development of the treatment plan with the client and his/her family; and 3) direction and provision of much of the client's treatment and rehabilitation skills. Individual treatment team members shall be assigned to take separate service roles with the client.

4608.3 The Program Director, psychiatrist and individual treatment members shall complete and document a comprehensive assessment within one (1) month of the client's admission to the MCOTT Program. The comprehensive assessment shall include, but not be limited to:

- (a) Psychiatric symptomatology and mental status. Utilizing information derived from the evaluation, a psychiatrist or a clinical or counseling psychologist shall make a diagnosis listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM IV or most current version);
- (b) Psychiatric history, including compliance with and response to prescribed medical/psychiatric treatment;
- (c) Medical, dental and other health needs;
- (d) Extent and effect of drugs and/or alcohol use;
- (e) Housing situation and conditions of daily living;
- (f) Vocational and educational functioning;
- (g) Criminal record, including final dispositions;
- (h) Social functioning; and
- (i) Recent history of client's personal life.

4608.4 Each MCOTT Program shall develop an Individual Treatment Plan ("ITP") for each client. The ITP shall be written and developed collectively by the Program Director, Primary Case Manager and psychiatrist to plan treatment and service interventions and to assign staff persons responsible for providing the services. The ITP shall include, but is not limited to:

- (a) Assessment of the client's needs/problems; and
- (b) Establishment of measurable long and short-term treatment goals.

#### 4609 DISCHARGE PROCEDURES

4609.1 Providers shall discharge a client from an MCOTT Program when a client, or his/her legal representative, if any, and MCOTT Program staff mutually agree to the termination of services. Circumstances giving rise to a consideration of termination include, but are not limited to:

- (a) The client moves outside of the MCOTT Program's geographic area of responsibility. In such cases, the Provider shall arrange for transfer of mental health service responsibility to a provider within the area where the client relocates. The Provider shall maintain contact with the client until the service transfer has occurred; or
- (b) Demonstration of the client's ability to function in all major role areas (work,



social, self-care) without requiring assistance from the MCOTT Program and with high likelihood to maintain the functioning with less intensive intervention, with this determination to be made by both the client and MCOTT Program staff and with a reduced likelihood of returning to one of the treatment categories in 4607.2.

4609.2 A MCOTT Program shall document the discharge of each MCOTT client in the client's record. Such documentation shall include the following:

- (a) The reason for the client's discharge;
- (b) The client's status and condition at the time of discharge;
- (c) A written final evaluation summary of the client's progress toward the goals set forth in the ITP;
- (e) A plan developed, in conjunction with the client, for care after discharge and for follow-up; and
- (f) The signature of the Primary Case Manager, Program Director, the psychiatrist and the client.

#### 4610 TREATMENT RECORDS

- 4610.1 Each MCOTT Program shall keep accurate treatment records reflecting the initial, comprehensive and ongoing assessments, initial and periodic treatment plans, and the ongoing progress of each MCOTT client. The MCOTT Program staff shall document all relevant data promptly at the time of its occurrence.
- 4610.2 Each MCOTT Program shall keep accurate records reflecting the specific services offered to each client reimbursable under the District's Medicaid/MCOTT Provider Agreement.
- 4610.3 All client services shall be documented in a manner consistent with the CMHS Policy 50000.450.IC "Clinical Records."
- 4610.4 Each MCOTT Program shall maintain client treatment records that are confidential, complete, accurate and contain up-to-date information relevant to each MCOTT client's care and treatment.
- 4610.5 Each MCOTT client's record shall include documentation of assessments, treatment plans and the nature and extent of services provided to clearly identify each client's treatment needs and services received in lay language.
- 4610.6 The Program Director shall maintain and secure client treatment records.

- 4610.7 Each MCOTT Program shall ensure that the client's records are held in a central location accessible to the MCOTT Program team.
- 4610.8 All records of care, treatment and supervision created under the MCOTT Program Standards shall be the property of CMHS.
- 4610.9 Each MCOTT client's record shall be kept in a locked room or file controlled by appropriate MCOTT Program staff. For purposes of record confidentiality, the disclosure of treatment information by the MCOTT is subject to all the provisions of applicable District and federal laws.
- 4610.10 Each MCOTT client's clinical record shall be available for review at all times to CMHS and MAA staff for monitoring the client's care under the Medicaid/MCOTT Provider Agreement.
- 4610.11 Records of all MCOTT clients discharged from the MCOTT Program shall be turned over to CMHS staff within thirty (30) days of the date of discharge.

**4611 REIMBURSEMENT**

- 4611.1 Reimbursement for MCOTT services shall be at a rate established by MAA.
- 4611.2 MCOTT Providers shall be reimbursed at a flat rate of \$63.00 for each day on which at least one face-to-face service for the Client is provided.
- 4611.3 Each Provider shall agree to accept as payment in full the amount determined by MAA as the fee for the authorized services provided to Clients. Providers shall not bill the Client or any member of his/her family for MCOTT services.
- 4611.4 Each Provider shall agree to bill any and all known third-party payers prior to billing Medicaid and comply with Medicaid third-party requirements under District and federal law.
- 4611.5 Each Provider shall acknowledge that the payment and satisfaction of any Medicaid claim will be from federal and District funds, and agree that false claims, statements, documents, or concealment of material fact may be prosecuted under applicable federal and District laws.
- 4611.6 MAA shall not reimburse a Provider for MCOTT services provided during a Client's inpatient psychiatric hospitalization.

**4612 RISK MANAGEMENT**

- 4612.1 Each Provider shall develop and review annually a risk management outpatient plan consistent with 50000.115.IF of the CMHS Performance Plan, that is directed at minimizing the following as it relates to MCOTT clients:

- (a) Accidents;
- (b) Infections;
- (c) Fires;
- (d) Suicides and unusual deaths; and
- (e) Unfavorable service-related outcome, including discharges that are not mutually agreed upon.

#### 4613 AUDITS AND REVIEWS

- 4613.1 MAA shall perform ongoing audits, on-site visits, and reviews of MCOTT Programs to ensure that Medicaid payments are consistent with efficiency, economy and quality of care and in accordance with federal regulations governing Medicaid.
- 4613.2 The review process shall be routinely conducted by MAA to determine, by statistically valid scientific sampling, the appropriateness of services rendered and billed to Medicaid.
- 4613.3 If MAA determines that claims are to be denied, MAA shall recoup, by the most expeditious means available, those monies erroneously paid to the Provider for denied claims, following the period of Administrative Review set out in Section 4614 of this chapter.
- 4613.4 The recoupment amounts for overpayments shall be determined by the following formula: A fraction will be calculated with the numerator consisting of the number of denied paid claims resulting from the audited sample. The denominator shall be the total amount of the paid claims of the Provider during the period being audited. This fraction multiplied by the total amount of the paid claims during the period audited shall be the amount recouped. For example, if a sample of one hundred (100) client service records are audited in which one thousand dollars (\$1,000) were Medicaid-paid claims and ten (10) of those paid claims are denied from reimbursement, then ten percent (10%) of the amount paid, or one hundred dollars (\$100), would be recouped from the Provider.
- 4613.5 Each Provider shall agree to facilitate audits and reviews of its MCOTT Program(s) by maintaining the required records and by cooperating with the MAA authorized personnel assigned to perform audits and reviews. These personnel are bound by law to fully respect and abide by all protections of the law regarding confidentiality of client information.
- 4613.6 The failure of a MCOTT provider to timely release or grant access to program documents and records to MAA auditors, after reasonable notice from MAA to

the MCOTT provider to produce the same, shall constitute grounds to terminate the Provider agreement.

**4614 APPEALS FOR PROVIDERS AGAINST WHOM A RECOUPMENT IS MADE**

4614.1 Any provider that disagrees with the reason for a recoupment or the amount of the recoupment shall have sixty (60) days from the date of the Notice of Recoupment ("NR") to submit a written request for administrative review of the NR to the Financial Manager, Audit and Finance Office, Medical Assistance Administration, Department of Health.

4614.2 The written request for administrative review shall include a specific description of the audit adjustment item to be reviewed, the reason for the request for review of the adjustment or item, the relief requested, and documentation in support of the relief requested.

4614.3 The Medicaid Program shall mail a written determination relative to the administrative review to the provider no later than one hundred and twenty (120) days from the date of the written request for administrative review under 4614.1.

4614.4 Within forty-five (45) days of receipt of the Medicaid Program's written determination, the provider may appeal the written determination by filing a written notice of appeal with the Board of Appeals and Review, 441 4th Street, N.W., Suite 540, Washington, D.C. 20001.

4614.5 Filing an appeal with the Board of Appeals and Review shall not stay any action to recover any overpayment to the provider. The provider shall be liable immediately to the Medicaid Program for any overpayment set forth in the Medicaid Program's determination.

**4615 WAIVER PROVISIONS**

4615.1 MAA may grant a waiver of any requirement of these Program Standards when the MAA determines that granting a waiver would not diminish the effectiveness of the MCOTT Program, violate the purposes of the MCOTT Program, or adversely affect MCOTT client's health and welfare. Such waivers shall be granted on a case by case basis and for good cause shown, such as a client's not being available due to the client's temporary absence from the area.

4615.2 MAA shall not grant a waiver of MCOTT clients' rights, or federal, state and local laws and regulations.

**4699 DEFINITIONS**

4699.1 When used in this chapter, the following terms and phrases have the meanings ascribed:

**Assessment** means the process used to evaluate a client's presenting problems with an accompanying description of the reported or observed conditions to the classification or diagnosis of the client's severe and persistent mental illness.

**Client** means a person who has completed the admissions process and is receiving treatment and services from the Mobile Community Outreach Treatment Team.

**Commission for Mental Health Services or CMHS** within the Department of Human Services, is responsible for administering services for mentally ill persons in the District.

**Comprehensive assessment** means the organized process of gathering information to evaluate a client's mental health status and his or her treatment needs. The results of the comprehensive assessment are used to develop an individual treatment plan or service plan for the client.

**Individual supportive therapy** means talk therapy that focuses on lessening distress and symptomatology and improving psychological defenses and role functioning as well as increasing and reinforcing the client's understanding of and participation in treatment and rehabilitative services.

**MCOTT Program** means the Provider's comprehensive array of services staffed and organized to provide care for MCOTT clients.

**Medical Assistance Administration or MAA** is the single state agency in the District's Department of Health responsible for administering the Medicaid program.

**Medication monitoring** means the observation of the client to determine/identify beneficial effects and inadvertent or undesirable effects related to psychotropic medications.

**Medication error** means any error in prescribing or administering a specific medication, including errors in writing or transcribing the prescription or in obtaining and administering the correct medication, in the correct dosage, in the correct form and at the correct time.

**Mobile Community Outreach Treatment Team or MCOTT** means a self-contained clinical team which assumes responsibility for directly providing needed treatment, rehabilitation and support services to identified clients with severe and persistent mental illness.

**Primary Case Manager** means the MCOTT client's advocate, treatment plan and individual treatment team coordinator, and primary provider of individual supportive therapy and symptom management. He/she is also the first staff called on when the client is in crisis and is the primary support and educator to the individual client's family. The individual treatment

team shares these tasks with the Primary Case Manager and is responsible to perform the tasks when the Primary Case Manager is absent.

**Psychotropic medication** means any drug used to treat, manage or control psychiatric symptoms or disordered behavior, including but not limited to antipsychotic, antidepressant, mood stabilizing or antianxiety agents.