

DEPARTMENT OF HEALTH CARE FINANCE

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health Care Finance (DHCF), pursuant to the authority set forth in 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. 744; D.C. Official Code § 1-307.02 (2016 Repl.) and Section 6(6) of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6) (2012 Repl. & 2016 Supp.)), hereby gives notice of the adoption of, on an emergency basis, and the intent to adopt, on a permanent basis, amendments to Section 926 of Chapter 9 (Medicaid Program), and Sections 1913-1916, 1918-1920, 1922, 1924-1934, 1936, and 1939 of Chapter 19 (Home and Community-Based Services Waiver for Individuals with Intellectual and Developmental Disabilities), of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

The Department on Disability Services (DDS), Developmental Disabilities Administration (DDA) operates the Medicaid Home and Community-Based Services Waiver for Individuals with Intellectual and Developmental Disabilities (ID/DD Waiver) under the supervision of DHCF. The ID/DD Waiver was approved by the Council of the District of Columbia (Council) and renewed by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) for a five-year period beginning November 20, 2012. An amendment to the ID/DD Waiver was approved by the Council through the Medicaid Assistance Program Amendment Act of 2014, effective February 26, 2015 (D.C. Law 20-155; D.C. Official Code § 1-307.02(a)(8)(E) (2016 Repl.)), and subsequently CMS approved the amendment effective September 24, 2015.

Under 29 DCMR § 1901.2, which was published in the *D.C. Register* on August 12, 2016 at 63 DCR 010445, “the Medicaid provider reimbursement rate(s) to be paid for the [ID/DD] Waiver services identified in Subsection 1901.1 shall be posted on the District of Columbia Medicaid fee schedule at www.dc-medicaid.com. DHCF shall also publish a notice in the *D.C. Register* which reflects the change in the reimbursement rate(s) for [ID/DD] Waiver services.” Consistent with the regulatory requirements, DHCF published notice in the *D.C. Register* on December 2, 2016 at 63 DCR 014958, of posting of the Medicaid Fee Schedule for the ID/DD Waiver to reflect the changes to the reimbursement rates for services available to participants under the ID/DD Waiver on the Medicaid fee schedule to align with ID/DD Waiver Year 5 and include the 2017 D.C. Living Wage.

These emergency and proposed rules are necessary to amend the reimbursement rates provisions in the services available under the ID/DD Waiver in order to avoid confusion. Specifically, as identified in 29 DCMR § 1901.1, the reimbursement rate provisions in the following rules are being amended:

- (1) Environmental Accessibility Adaptation Services, 29 DCMR § 926;
- (2) One-Time Transitional Services, 29 DCMR § 1913;

- (3) Vehicle Modification Services, 29 DCMR § 1914;
- (4) Host Home without Transportation Services, 29 DCMR § 1915;
- (5) In-Home Supports Services, 29 DCMR § 1916;
- (6) Creative Arts Therapies Services, 29 DCMR § 1918;
- (7) Behavioral Support Services, 29 DCMR § 1919;
- (8) Day Habilitation Services, 29 DCMR § 1920;
- (9) Employment Readiness Services, 29 DCMR § 1922;
- (10) Family Training Services, 29 DCMR § 1924;
- (11) Individualized Day Supports Services, 29 DCMR § 1925;
- (12) Occupational Therapy Services, 29 DCMR § 1926;
- (13) Personal Emergency Response System (PERS) Services, 29 DCMR § 1927;
- (14) Physical Therapy Services, 29 DCMR § 1928;
- (15) Residential Habilitation Services, 29 DCMR § 1929;
- (16) Respite Services, 29 DCMR § 1930;
- (17) Skilled Nursing Services, 29 DCMR § 1931;
- (18) Speech, Hearing and Language Services, 29 DCMR § 1932;
- (19) Supported Employment Services – Individual and Small Group Services, 29 DCMR § 1933;
- (20) Supported Living Services, 29 DCMR § 1934;
- (21) Wellness Services, 29 DCMR § 1936; and
- (22) Companion Services, 29 DCMR § 1939.

The ID/DD Waiver serves some of the District's most vulnerable residents. In order to prevent impediments that adversely affect access to quality Medicaid services and accurate reimbursements for services delivered by Medicaid providers, DHCF must have the ability to periodically update and adjust the fee schedule. Accordingly, emergency action is necessary for the immediate preservation of the health, safety and welfare of persons receiving these services.

The emergency rulemaking was adopted on April 3, 2017, and became effective on that date. The emergency rules shall remain in effect for not longer than one hundred and twenty (120) days from the adoption date or until August 1, 2017, unless superseded by publication of a Notice of Final Rulemaking in the *D.C. Register*. The Director of DHCF also gives notice of the intent to take final rulemaking action to adopt these proposed rules in not less than thirty (30) days after the date of publication of this notice in the *D.C. Register*.

Chapter 9, MEDICAID PROGRAM, of Title 29 DCMR, PUBLIC WELFARE, is amended as follows:

Subsections 926.13 and 926.14, of Section 926, ENVIRONMENTAL ACCESSIBILITY ADAPTATION SERVICES, are amended to read as follows:

- 926.13 Reimbursement for EAA services shall be limited to a maximum dollar amount per participant over a five-year period and shall be limited to modifications not to exceed two (2) residences in a five-year period. Exceptions to the five-year limitations in this section on EAA services may be approved by DDS on a case by

case basis, with adequate supporting documentation outlined in Subsection 926.14, based on demonstrated need, but shall be pre-authorized.

926.14 Evaluation or home inspection shall be reimbursed at a not to exceed dollar amount per inspection, but shall only be payable as a separate service if the home is found structurally unsound or otherwise inappropriate for the EAA modification requested. Reimbursement of all other EAA services shall require:

- (a) Written documentation of the building inspection;
- (b) Development of a construction plan;
- (c) Acquisition of permits;
- (d) Purchase of materials; and
- (e) Labor for construction, renovation, or installation services to be provided.

Chapter 19, HOME AND COMMUNITY-BASED SERVICES WAIVER FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, is amended as follows:

Subsection 1913.12 of Section 1913, ONE-TIME TRANSITIONAL SERVICES, is amended to read as follows:

1913.12 Medicaid reimbursement for OTT services shall be limited to a maximum dollar amount per person for the duration of the ID/DD Waiver period as a one-time, non-recurring expense.

Subsections 1914.12 and 1914.13 of Section 1914, VEHICLE MODIFICATION SERVICES, are amended to read as follows:

1914.12 Medicaid reimbursable VM services shall be available for modification of no more than two (2) vehicles over the course of five (5) years and shall not exceed a maximum dollar amount, unless the person receives service authorization from DDS through the exception process in § 1914.13.

1914.13 Exceptions to the maximum dollar limit and/or the two (2) vehicle limit over the course of five (5) years may be approved by DDS on a case-by-case basis by the DDS Medicaid Waiver Supervisor or a designated Developmental Disabilities Administration (DDA) staff member for persons who demonstrate need. The request for exception must be in writing and must specify the amount requested above the maximum dollar limit; describe the demonstrated need for the exception; and include supporting documentation.

Subsections 1915.27 and 1915.29, of Section 1915, HOST HOME WITHOUT TRANSPORTATION SERVICES, are amended to read as follows:

1915.27 The daily inclusive reimbursement rate for host home without transportation services shall be broken down by the person’s acuity level into the basic support rate, the moderate support rate, and the intensive support rate. The host home without transportation services reimbursement rate shall include:

- (a) All training for host home workers;
- (b) Programmatic supplies;
- (c) Oral/topical medication management;
- (d) General and administrative fees for ID/DD Waiver services;
- (e) Relief of the caregiver and emergency support;
- (f) All direct support costs based on the needs of the person; and
- (g) Additional supports provided by a DSP for up to twenty (20) hours per week.

1915.29 Persons with extraordinary needs may be eligible to receive a specialized reimbursement rate not to exceed a maximum dollar amount per day, subject to DDS approval.

Subsections 1916.18 and 1916.19 of Section 1916, IN-HOME SUPPORTS SERVICES, are amended to read as follows:

1916.18 In-home supports services shall not be used to provide supports that are normally provided by medical professionals.

1916.19 In-home supports services, including those provided in the event of a temporary emergency, shall be billed at the unit rate of fifteen (15) minutes and shall not exceed eight (8) hours per twenty-four (24) hour day. A standard unit of fifteen (15) minutes requires a minimum of eight (8) minutes of continuous service to be billed. Reimbursement shall be limited to those time periods in which the provider is rendering services directly to the person.

Subsections 1918.15 and 1918.16 of Section 1918, CREATIVE ARTS THERAPIES, are amended to read as follows:

- 1918.15 Any combination of Creative Arts Therapies services shall be limited to a maximum dollar amount per person, per calendar year, and delivered in accordance with the person's ISP and Plan of Care.
- 1918.16 The reimbursement rate for Creative Arts Therapies services shall be billed:
- (a) Per person per forty-five (45) minutes for art, dance, drama or music therapy in a group not to exceed four (4); and
 - (b) Per person per forty-five (45) minutes for art, dance, drama or music therapy as an individual service.

Subsections 1919.37 through 1919.40 of Section 1919, BEHAVIORAL SUPPORT SERVICES, are amended to read as follows:

- 1919.37 The Medicaid reimbursement rate for each diagnostic assessment shall be a flat fee rate and the assessment shall be at least three (3) hours in duration, and include the development of the DAR and accompanying worksheet.
- 1919.38 There shall be a Medicaid reimbursement rate for behavioral support services provided by professionals identified in Subsection 1919.29, which shall be billed at the unit rate of fifteen (15) minutes. A standard unit of fifteen (15) minutes requires a minimum of (8) minutes of continuous service to be billed.
- 1919.39 There shall be a Medicaid reimbursement rate for behavioral support services provided by paraprofessionals identified in Subsection 1919.30, which shall be billed at the unit rate of fifteen (15) minutes. A standard unit of fifteen (15) minutes requires a minimum of eight (8) minutes of continuous service to be billed.
- 1919.40 There shall be a Medicaid reimbursement rate for one-to-one behavioral support services provided by DSPs, which shall be billed at the unit rate of fifteen (15) minutes. A standard unit of fifteen (15) minutes requires a minimum of eight (8) minutes of continuous service to be billed.

Subsections 1920.24 through 1920.27 of Section 1920, DAY HABILITATION SERVICES, are amended to read as follows:

- 1920.24 There shall be a Medicaid reimbursement rate for regular day habilitation services. Services shall be provided for a maximum of eight (8) hours per day. The billable unit of service for regular day habilitation services shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes to be able to bill a unit of service.
- 1920.25 There shall be a Medicaid reimbursement rate for day habilitation one-to-one services. The billable unit of service for day habilitation one-to-one services shall

be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes to be able to bill a unit of service.

1920.26 There shall be a Medicaid reimbursement rate for small group day habilitation services. The billable unit of service for small group day habilitation shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes to be able to bill a unit of service.

1920.27 For persons who live independently or with family and select to receive a meal, the rate is increased by a dollar amount per day that the person receives a meal, and an additional dollar amount per day that the person receives a meal, if that meal is delivered by a third-party vendor.

Subsection 1922.26 of Section 1922, EMPLOYMENT READINESS SERVICES, is amended to read as follows:

1922.26 The billable unit of service for Medicaid reimbursable employment readiness services shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes in order to be able to bill a unit of service.

Subsection 1924.16 of Section 1924, FAMILY TRAINING SERVICES, is amended to read as follows:

1924.16 The billable unit of service for Medicaid reimbursable family training services shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes in order to be able to bill a unit of service.

Subsection 1925.23 of Section 1925, INDIVIDUALIZED DAY SUPPORTS, is amended to read as follows:

1925.23 Individualized day supports shall be billed at the unit rate established for the staffing ratio noted in the service authorization. There shall be a Medicaid reimbursement rate for 1:1 staffing ratio and 1:2 staffing ratio. For persons who live independently or with family and select to receive a meal, the rate is increased by a dollar amount per day that the person receives a meal. This service shall not exceed one thousand, five hundred and sixty (1,560) hours per year or six thousand two hundred and forty (6,240) units annually. A standard unit of service is fifteen (15) minutes and the provider shall provide at least eight (8) continuous minutes of services to bill for one (1) unit of service.

Subsection 1926.15, of Section 1926, OCCUPATIONAL THERAPY SERVICES, is amended to read as follows

1926.15 There shall be a Medicaid reimbursement rate for occupational therapy services. The billable unit of service shall be fifteen (15) minutes.

Subsection 1927.20 of Section 1927, PERSONAL EMERGENCY RESPONSE SYSTEM SERVICES, is amended to read as follows:

1927.20 There shall be a Medicaid reimbursement rate for PERS services as follows:

- (a) A flat fee rate for the initial installation, training, and testing; and
- (b) A flat fee rate for the monthly rental, maintenance, and service fee.

Subsection 1928.17 of Section 1928, PHYSICAL THERAPY SERVICES, is amended to read as follows:

1928.17 There shall be a Medicaid reimbursement rate for physical therapy services. The billable unit of service shall be fifteen (15) minutes.

Subsections 1929.24 and 1929.25 of Section 1929, RESIDENTIAL HABILITATION SERVICES, are amended to read as follows:

1929.24 There shall be a Medicaid reimbursement rate for residential habilitation services for a GHPID with four (4) persons as follows:

- (a) The Basic Support Level 1 daily rate for a direct care staff support ratio of 1:4 for all awake and overnight hours;
- (b) The Moderate Support Level 2 daily rate for a direct care staff support ratio of 1:4 for awake overnight and 2:4 during all awake hours when persons are in the home and adjusted for increased absenteeism;
- (c) The Enhanced Moderate Support Level 3 daily rate for a direct care staff support ratio of 2:4 staff awake overnight and 2:4 during all awake hours when persons are in the home and adjusted for increased absenteeism;
- (d) The Intensive Support daily rate for a direct care staff support ratio of 2:4 staff awake overnight and 3:4 during all awake hours when persons are in the home and adjusted for increased absenteeism; and
- (e) The Intensive Support daily rate for twenty-four (24) hour licensed practical nursing services.

1929.25 There shall be a Medicaid reimbursement rate for residential habilitation services for a GHPID with five (5) to six (6) persons as follows:

- (a) The Basic Support Level 1 daily rate for a direct care staff support ratio of 1:5 or 1:6 staff awake overnight and 2:5 or 2:6 during all awake hours when persons are in the home;
- (b) The Moderate Support Level 2 daily rate for a direct care staff support ratio of 2:5 or 2:6 staff awake overnight and 2:5 or 2:6 during all awake hours when persons are in the home and adjusted for increased absenteeism;
- (c) The Enhanced Moderate Support Level 3 daily rate for a staff support ratio of 2:5 or 2:6 staff awake overnight and 3:5 or 3:6 during all awake hours when persons are in the home and adjusted for increased absenteeism;
- (d) The Intensive Support daily rate for increased direct care staff support for sleep hours to 2:5 or 2:6 for staff awake overnight support and 4:5 or 4:6 during all awake hours when persons are in the home and adjusted for increased absenteeism; and
- (e) The Intensive Support daily rate for twenty-four (24) hour licensed practical nursing services.

Subsections 1930.14 and 1930.18, of Section 1930, RESPITE SERVICES, are amended to read as follows:

1930.14 Medicaid reimbursement for hourly respite services shall be limited to seven hundred twenty (720) hours per calendar year.

...

1930.18 Medicaid reimbursement for daily respite services shall be limited to thirty (30) days per calendar year.

Subsection 1931.24 of Section 1931, SKILLED NURSING SERVICES, is amended to read as follows:

1931.24 The Medicaid reimbursement rates for skilled nursing services and extended skilled nursing services shall be the same as the rates for skilled nursing services under the Medicaid State Plan as set forth in the Medicaid fee schedule. The Medicaid reimbursement rate for an initial assessment is a flat fee rate. The initial assessment for skilled nursing services shall be used for new admissions and any significant health condition changes that may warrant changes in a person's supports and services. The Medicaid reimbursement rate for quarterly reassessments and supervisory visits shall be the RN rate for each fifteen (15) minute unit of service not to exceed a total of eight (8) units of service per reassessment or supervisory visit.

Subsections 1932.17 and 1932.18 of Section 1932, SPEECH, HEARING, AND LANGUAGE SERVICES, are amended to read as follows:

- 1932.17 There shall be a Medicaid reimbursement rate for a speech, hearing and language assessment. The billable unit of service shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes to bill a unit of service.
- 1932.18 There shall be a Medicaid reimbursement rate for speech, hearing and language services. The billable unit of service for speech, hearing and language therapy services shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes to bill a unit of service.

Subsection 1933.42 through 1933.45 of Section 1933, SUPPORTED EMPLOYMENT SERVICES - INDIVIDUAL AND SMALL GROUP SERVICES, are amended to read as follows:

- 1933.42 Medicaid reimbursable intake and assessment activities shall be billed at the unit rate. This service shall not exceed three-hundred and twenty (320) units or eighty (80) hours annually. A standard unit of service is fifteen (15) minutes and the provider shall provide at least eight (8) continuous minutes of service to bill one (1) unit of service. There shall be a Medicaid reimbursement rate for individual supported employment intake and assessment activities (a) if performed by a professional listed in Subsection 1933.26; and (b) if performed by a paraprofessional listed in Section 1933.28 under the supervision of a professional.
- 1933.43 Medicaid reimbursable job preparation, developmental and placement activities shall be billed at the unit rate. This service shall not exceed nine hundred and sixty (960) units or two-hundred and forty (240) hours annually for both individual and group services, combined. A standard unit of service is fifteen (15) minutes and the provider shall provide at least eight (8) continuous minutes of service to bill for one (1) unit of service. There shall be a Medicaid reimbursement rate for individual supported employment job preparation, developmental and placement activities (a) if performed by a professional listed in Section 1933.26; and (b) if performed by a paraprofessional listed in Subsection 1933.28 under the supervision of a professional. For small group supported employment job preparation, developmental and placement activities, there shall be a Medicaid reimbursement rate for each person in a group of two (2) to four (4) people enrolled in the Waiver.
- 1933.44 Medicaid reimbursable on the job training and support activities shall not exceed three hundred and sixty hours (360) or one thousand, four hundred and forty (1,440) units per ISP year, unless additional hours are prior authorized by DDS. A standard unit of service is fifteen (15) minutes and the provider shall provide at least eight (8) continuous minutes of service to bill one (1) unit of service. There

shall be a Medicaid reimbursement rate for individual supported employment job training and support activities (a) if performed by a professional listed in Subsection 1933.26; and (b) if performed by a paraprofessional listed in Subsection 1933.28 under the supervision of a professional. For small group supported employment on the job training and support activities, there shall be a Medicaid reimbursement rate for each person in a group of two (2) to four (4) people enrolled in the Waiver.

- 1933.45 Medicaid reimbursable long-term follow-along activities shall not exceed one thousand four hundred eight (1,408) units per ISP year. A standard unit of service is fifteen (15) minutes and the provider shall provide at least eight (8) continuous minutes of service to bill one (1) unit of service. There shall be a Medicaid reimbursement rate for both professionals and paraprofessionals for individual supported employment long-term follow-along activities. For small group supported employment long-term follow-along activities, there shall be a Medicaid reimbursement rate for each person in a group of two (2) to four (4) people enrolled in the Waiver.

Subsections 1934.37 and 1934.38 of Section 1934, SUPPORTED LIVING SERVICES, are amended to read as follows:

- 1934.37 There shall be a Medicaid reimbursement rate for supported living services without transportation as follows:
- (a) Basic Support Level 1, which provides asleep overnight support for a home with three (3) residents and a direct care staff support ratio of 1:3 during all hours when individuals are awake and receiving services;
 - (b) Basic Support Level 2, which provides awake overnight support for a home with three (3) residents and a direct care staff support ratio of 1:3 for staff awake overnight and 1:3 during all awake hours when the residents are receiving services;
 - (c) Moderate Support Level 1, which provides asleep overnight support for a home with three (3) residents and a direct care staff support ratio of 2:3 for eight (8) hours a day, 1:3 during the remaining awake hours, and 1:3 staff asleep overnight coverage;
 - (d) Moderate Support Level 2, which provides awake overnight support for a home with three (3) residents and a direct care staff support ratio of 2:3 for eight (8) hours a day, 1:3 during remaining awake hours, and 1:3 staff awake coverage overnight;
 - (e) Intensive Support Level 1, which provides support for a home with three (3) residents and a direct care staff support ratio of 1:3 for staff awake overnight and 2:3 during all awake hours when the residents are receiving

services and adjusted for increased absenteeism from day and employment programs;

- (f) Intensive Support Level 2, which provides support for a home with three (3) residents and a direct care staff support ratio of 2:3 for staff awake overnight and 2:3 during all awake hours when the residents are receiving services and adjusted for increased absenteeism from day and employment programs;
- (g) Basic Support Level 1, which provides asleep overnight support for a home with two (2) residents and a direct care staff support ratio of 1:2 during all hours when individuals are awake and receiving services;
- (h) Basic Support Level 2, which provides awake overnight support for a home with two (2) residents and a direct care staff support ratio of 1:2 for staff awake overnight and 1:2 during all awake hours when the residents are receiving services;
- (i) Moderate Support Level 1, which provides awake overnight support for a home with two (2) residents and a direct care staff support ratio of 2:2 for four (4) hours a day, 1:2 during remaining awake hours and 1:2 staff awake coverage overnight;
- (j) Moderate Support Level 2, which provides support in a SLR with two (2) residents and a direct care staff support ratio of 1:2 for staff awake overnight and 2:2 for eight (8) hours a day, 1:2 during remaining awake hours when residents are in the home and adjusted for increased absenteeism;
- (k) Intensive Support Level 1, which provides support in a home with two (2) residents and a direct care staff support ratio of 1:2 for staff awake overnight and 2:2 for all awake hours when residents are in the home and adjusted for increased absenteeism;
- (l) Supported living periodic services, as described under Subsection 1934.6, which shall be authorized up to sixteen (16) hours per day without transportation. A standard unit of service is fifteen (15) minutes and the provider shall provide at least eight (8) continuous minutes of service to bill one (1) unit of service. ;
- (m) A specialized service rate for supported living with skilled nursing services, described under Subsection 1934.5, when there are at least three (3) people living in the SLR and residing in a home that requires skilled nursing services and demonstrates extraordinary medical needs; and

- (n) A specialized service rate for twenty-four hour one-to-one supported living service for a person living in a single occupancy SLR, described under Subsection 1934.4, for asleep overnight staff and for one-to-one awake overnight staff.

1934.38 There shall be a Medicaid reimbursement rate for supported living services with transportation as follows:

- (a) Basic Support Level 1, which provides asleep overnight support for a home with three (3) residents and a direct care staff support ratio of 1:3 during all hours;
- (b) Basic Support Level 2, which provides awake overnight support for a home with three (3) residents and a direct care staff support ratio of 1:3 for staff awake overnight and 1:3 during all awake hours;
- (c) Moderate Support Level 1, which provides asleep overnight support for a home with three (3) residents and a direct care staff support ratio of 2:3 for eight (8) hours a day, 1:3 during the remaining awake hours, and 1:3 staff asleep overnight coverage;
- (d) Moderate Support Level 2, which provides awake overnight support for a home with three (3) residents and a direct care staff support ratio of 2:3 for eight (8) hours a day, 1:3 during remaining awake hours, and 1:3 staff awake coverage overnight;
- (e) Intensive Support Level 1, which provides support for a home with three (3) residents and a direct care staff support ratio of 1:3 for staff awake overnight and 2:3 during all awake hours when the residents are receiving services and adjusted for increased absenteeism from day and employment programs;
- (f) Intensive Support Level 2, which provides support for a home with three (3) residents and a direct care staff support ratio of 2:3 for staff awake overnight and 2:3 during all awake hours when the residents are receiving services and adjusted for increased absenteeism from day and employment programs;
- (g) Basic Support Level 1, which provides asleep overnight support for a home with two (2) residents and a direct care staff support ratio of 1:2 staff asleep overnight coverage and 1:2 staff awake coverage when residents are receiving services;
- (h) Basic Support Level 2, which provides awake overnight support for a home with two (2) residents and a direct care staff support ratio of 1:2 for

- staff awake overnight and 1:2 during all awake hours when the resident is receiving services;
- (i) Moderate Support Level 1, which provides awake overnight daily rate for a home with two (2) residents and a direct care staff support ratio of 2:2 for four (4) hours a day, 1:2 during remaining awake hours and 1:2 staff awake coverage overnight;
 - (j) Moderate Support Level 2, which provides support in a home with two (2) residents and a direct care staff support ratio of 1:2 for staff awake overnight and 2:2 for eight (8) hours a day, 1:2 during remaining awake hours when residents are receiving services and adjusted for increased absenteeism from day and employment programs;
 - (k) Intensive Support Level 1, which provides support in a home with two (2) residents and a direct care staff support ratio of 1:2 for staff awake overnight and 2:2 for all awake hours when residents are receiving services and adjusted for increased absenteeism from day and employment programs;
 - (l) Supported living periodic services, described under Subsection 1934.6, which shall be authorized up to sixteen (16) hours per day with transportation. A standard unit of service is fifteen (15) minutes and the provider shall provide at least eight (8) continuous minutes of service to bill one (1) unit of service;
 - (m) A specialized service rate for supported living with skilled nursing services, described under Subsection 1934.5, when there are at least three (3) people living in the SLR and residing in a home that requires skilled nursing services and demonstrates extraordinary medical needs; and
 - (n) A specialized service rate for twenty-four hour one-to-one supported living service for a person living in a single occupancy SLR, described under Subsection 1934.4 for asleep overnight staff and for one-to-one awake overnight staff.

Subsection 1936.23 of Section 1936, WELLNESS SERVICES, is amended to read as follows:

1936.23 There shall be a Medicaid reimbursement rate for wellness services for:

- (a) Massage Therapy;
- (b) Sexuality Education;
- (c) Fitness Training;

- (d) Small Group Fitness Training;
- (e) Nutrition Counseling; and
- (f) Bereavement Counseling.

Subsection 1939.16 of Section 1939, COMPANION SERVICES, is amended to read as follows:

1939.16 Medicaid reimbursable companion services shall be billed at the unit rate. Companion services shall not exceed eight (8) hours per twenty-four (24) hour day. A standard unit of fifteen (15) minutes requires a minimum of eight (8) minutes of continuous service to be billed. Medicaid reimbursement shall be limited to those time periods in which the provider is rendering services directly to the person. There shall be a Medicaid reimbursement rate for:

- (a) Companion services provided at a one-to-one ratio; and
- (b) Companion services provided in a small group of no more than one-to-three per person.

Comments on the emergency and proposed rules shall be submitted, in writing, to Claudia Schlosberg, J.D., Senior Deputy Director/State Medicaid Director, District of Columbia Department of Health Care Finance, 441 Fourth Street, N.W., Suite 900 South, Washington, D.C. 20001, by telephone on (202) 442-8742, by email at DHCFPublicComments@dc.gov, or online at www.dcregs.dc.gov, within thirty (30) days after the date of publication of this notice in the *D.C. Register*. Copies of the emergency and proposed rules may be obtained from the above address.