

**A. Rehabilitative Services for Children Who Have Been Abused or Neglected**

**B. Areas of State in which services will be provided:**

Entire State

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide.

**C. Comparability of Services:**

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

**D. Eligibility for Services**

The following recipients are eligible for medically necessary rehabilitative services for children who have been abused or neglected as set forth in this Section:

**1. General Eligibility**

a. Categorically Needy Medicaid Recipients.

b. Medically Needy Medicaid Recipients

**2. Specific Eligibility**

a. The recipient must be twenty (20) years of age or less, and

b. The recipient must be a child who has either been abused or neglected as evidenced by a determination made in accordance with District of Columbia Code, Chapter 21, Section 6-2121. The Medical Assistance Administration, as the entity authorized to determine medical necessity, reserves the right to request additional information to determine medical necessity.

c. The recipient must be a participant in a comprehensive health care network having the capability to assure the timely provision of appropriate periodic EPSDT screening.

**E. Duration of Services**

Each Title XIX recipient is eligible for covered rehabilitative services which are medically necessary to treat the psychological or emotion health challenges associated with neglect and/or abuse. The determination that the child faces these health challenges shall be evidenced by a determination made in accordance with District of Columbia Code, Chapter 21, Section 6-2121.

**F. Definition of Services:**

Covered services are a specific in-home or out-of-home rehabilitative service determined to be

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medically necessary, as defined above, and included in a child's treatment plan prepared by a qualified provider of rehabilitative services to children. These services are designed to ameliorate psychological or emotional problems related to neglect, abuse and/or delinquency, to restore psychological or emotional functioning which was impaired by the problems related to neglect abuse and/or delinquency, and to assist the child in improving and maintaining his/her highest functioning level. The following services are covered when provided in a setting appropriate to the plan of care and provided by professional licensed and/or certified psychiatrists, psychologists, counselors, social worker and other qualified staff as specified in this Section.

1. Evaluation, Assessment and Plan of Care Development - This service includes the initial assessment of a child's service needs and the development of a Care Plan to address those needs.

a. The evaluation and assessment shall:

- (i) Be based on informed clinical opinion;
- (ii) Be conducted by a team of professionals trained to utilize appropriate evaluative methods and procedures and acting within their scope of practice or responsibility as defined in State law and/or regulations; and
- (iii) Include an evaluation of the child's cognitive development, social and emotional development and adaptive development.

b. The plan of care shall contain:

- (i) A <sup>WRITTEN</sup> ~~write~~ plan using the information derived from the evaluation and assessment;
- (ii) A statement of the child's present level of functioning in the domains examined in the evaluation and assessment;
- (iii) A statement of the specific services and supports necessary to meet the unique needs of the child, the setting in which the services are to be delivered,
- (iv) A statement of the persons responsible for implementing the Plan of Care

2. Psychotherapy and Counseling - This service includes face to face clinical intervention provided by psychiatrists, psychologists, counselors and social workers when administered within his/hers scope of practice or responsibility as defined in District law and/or regulations.

a. Psychotherapy and Counseling - Individual - shall:

- (i) Be face to face clinical intervention, based on psychological treatment principles, which has as its purpose the improvement of interpersonal and self-management skills, psychological understanding, and or change in behavior(s);
- (ii) Be in accordance with the child's Plan of Care; and
- (iii) Be provided at a ratio of one therapist to no more than one child.

b. Psychotherapy and Counseling - Group - shall:

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- (i) Be face to face clinical intervention, based on psychological treatment principles, which has as its purpose the improvement of interpersonal and self-management skills, psychological understanding, and or change in behavior(s);
  - (ii) Be in accordance with the child's Plan of Care; and
  - (iii) Be provided at a ratio of one therapist to no more than twelve children.
3. **Medical Practitioners Evaluations** - This service includes face to face clinical evaluation provided by health care practitioners acting within his/here scope of practice or responsibility as defined in District law and/or regulations. This service shall be reimbursed in residential setting only when provided by a non-employee and when necessary to supplement the capabilities of the residential setting staff. Medical Practitioner's Evaluation shall:
  - a. Be an evaluation which may include, but is not restricted to, developmental, psychological, speech/language, occupational therapy and physical therapy assessments;
  - b. Ensure that the child is assessed in all areas relating to suspected disability including, when appropriate, health, vision, hearing, social and emotional status, general intelligence, communicative status and motor abilities;
  - c. Be employed in developing or modifying a Plan of Care.
4. **Crisis Intervention** - This service includes face to face clinical intervention provided by psychiatrists, psychologists, counselors and social workers when administered within his/here scope of practice or responsibility as defined in State law and/or regulations. Crisis Intervention shall:
  - a. Crisis intervention shall be face to face clinical interventions and/or counseling for the purposes of
    - (i) Reducing a child's acute psychiatric and/or emotional symptoms,
    - (ii) Reducing the likelihood of the child harming self or others,
    - (iii) Assisting the child to return to his/her pre-crisis level of functioning; and
  - b. Be conducted with the therapist or counselor in direct, personal involvement with the child to the exclusion of other children or duties.
5. **Health Service Coordination** - Health service coordination means activities carried out to assist and enable an eligible child to receive services that are authorized in the Plan of Care. Health Service Coordination will only be reimbursed when provided by an individual authorized by a qualified provider agency having authority to administer the child's Plan of Care. Health Service Coordination activities shall include:
  - a. Coordinating the performance of evaluations and assessments;
  - b. Facilitating and participating in the development, review and evaluation of the Plan of Care;

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- c. Assisting and identifying available service providers; and
- d. Coordinating with medical and health practitioners.
6. Medication Management - Medication management means face to face intervention with an eligible child to assist the child in understanding and adhering to a prescribed pharmacological routine. Medication management will only be reimbursed when provided by an individual authorized by a qualified provider agency having authority to administer the child's Plan of Care. Medication management shall include:
- a. Education of the child regarding the benefits and side effects of the medication(s);
- b. Instruction of the child regarding how to take the medication;
- c. Assistance to the child in the self-administration of the medication;
- d. Review with the child of the symptomatology of the illness; and
- e. Observation of the child's vital signs and/or level of performance to ensure that adverse physical/mental side effects are minimized.
7. Behavior Management Services - Behavior management services means face to face intervention with an eligible child to assist the child in understanding the consequences of inappropriate behaviors and adhering to a behavioral routine which minimizes inappropriate behaviors and their consequences. Behavior management will only be reimbursed when provided by an individual authorized by a qualified provider agency having authority to administer the child's Plan of Care. Behavior management services shall include:
- a. Individual and group therapeutic interventions to improve or maintain the clients skills needed to interact safely and securely with other persons;
- b. Symptom management to allow the child to identify and minimize the negative effects of psychiatric or emotional symptoms which interfere with the child's personal development and community integration; and
- c. Supportive counseling with a child which has the objective of the development, restoration and maintenance of the child's mental or emotional growth and the development, restoration and/or maintenance of the skills to manage his/her mental or emotional condition.
8. Plan of Care Reassessment and Revision - The Plan of Care shall be reassessed and revised, as warranted at least once every six months. Plan of care reassessment and revision will only be reimbursed when provided by a qualified provider agency having authority to administer the child's Plan of Care. The Plan of Care reassessment and revision shall include:
- a. A thorough review of the initial Plan of Care and any subsequent revisions;
- b. A review of any current evaluations or information bearing on the child's condition;
- c. A review of services authorized and delivered in the current Plan of Care;

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- d. A determination of progress made or deficiencies arising from the current Plan of Care; and
- e. A re-authorization of current services that are determined to be beneficial, a discontinuation of services appearing to provide little or no benefit, and authorization of any additional services needed to meet the child's physical, mental or emotional needs.

**G. Qualification of Providers:**

Rehabilitation services for children will be provided only through qualified provider agencies. Qualified rehabilitation services for children provider agencies must meet the following criteria:

1. Have full access to all pertinent records concerning the child's needs for services including records District's Child and Family Services Agency,
2. Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population,
3. Have a minimum of one year's experience in providing all core elements of rehabilitation services for children and families.
4. Have an administrative capacity to ensure quality of services in accordance with District and Federal requirements,
5. Have a financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles,
6. Have a capacity to document and maintain individual case records in accordance with District and Federal requirements, and
7. Have a demonstrated ability to meet all District and Federal laws, rules and standards governing the participation of providers in the State Medicaid program, including the ability to meet Federal and District requirements for documentation, billing and audits.

**H. SERVICE SETTINGS**

Rehabilitation services for children will be provided in the least restrictive setting appropriate to the child's assessed condition, plan of care and service. Services shall be provided to children in one or more of the following settings:

1. Services provided to children who reside in a family home setting will be provided either in the child's home, in the customary place of business of a qualified provider or in other settings appropriate to servicing children (schools, clinics etc.).
2. Services provided to children who reside outside of a family home will be provided in the customary place of business of a qualified provider or in an appropriately state licensed and/or certified settings including:
  - a. Emergency shelter facilities licensed and/or approved by the appropriate regulatory agency in the jurisdiction within which the facility operates,

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- b. Comprehensive residential treatment facilities licensed and/or approved by the appropriate regulatory agency in the jurisdiction within which the facility operates.
  - c. Residential treatment facilities licensed and/or approved by the appropriate regulatory agency in the jurisdiction within which the facility operates, and
  - d. Therapeutic foster homes licensed and/or approved by the appropriate regulatory agency in the jurisdiction within which the facility operates.
3. Services shall not be reimbursed when provided as part of a service provided by the following facilities:
- a. Acute, general, psychiatric or pediatric hospitals,
  - b. JCAHO accredited Residential Treatment Center and Residential Treatment Facilities,
  - c. Nursing facilities,
  - d. Intermediate care facilities for the mentally retarded, and
  - e. Institutes for the treatment of mental diseases

**I. Freedom of Choice:**

The District assures that the provision of rehabilitative services to children and their families will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible recipients will have free choice of the qualified providers.
- 2. Eligible recipients will have free choice of the providers of other medical care as covered elsewhere under the Plan.

**J. Non-Duplication of Payment:**

Payment for rehabilitative services for children and their families under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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