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*Department of Health Care Finance Informational Bulletin*

**DATE:** February 1, 2024  
**FROM:** Melisa Byrd, Senior Deputy Director/Medicaid Director  
**SUBJECT:** **Community Support**

The purpose of this bulletin is to reiterate previous guidance regarding Community Support as applicable to Behavioral Health Integration into Managed Care planned for April 1, 2024.

**Community Support**

Community Support services are rehabilitation and environmental supports considered essential to assist the consumer in achieving rehabilitation and recovery goals that focus on building and maintaining a therapeutic relationship with the consumer. Community Support (procedure code H0036) is the highest utilized Behavioral Health service, and accounts for the majority of the total Behavioral Health service utilization in the District's Medicaid Program.

**Policy Enforcement**

DHCF directs the Managed Care Plans (MCPs) to enforce the current regulation and benefit limits for Community Support, per DCMR Chapter 22- A34, as follows but not limited to:

- The Community Support provider shall maintain a staff-to-consumer ratio of no less than one (1) staff person for every twenty (20) consumers for children and youth, and one (1) staff person for every forty (40) consumers for adults.
- Community Support services provided in excess of six hundred (600) units within one hundred and eighty (180) calendar days require prior authorization (PA). Each subsequent authorization shall not exceed two hundred (600) units within a one hundred and eighty (180) calendar daytime period. There is no Annual Limit on Units or subsequent PAs.
- Subsequent PAs will be reviewed by Managed Care Plans and approved based on medical necessity. Medical necessity may be demonstrated by, but not limited to, functional assessment using the DLA-20, diagnostic assessment, progress notes, clinical summary of progress, and an updated treatment plan. Additional or different clinical documentation may be requested by the MCPs for the purpose of rendering a benefit determination.
- Beneficiaries and Providers may appeal adverse benefit determinations, as with all other covered benefits.

**Other Considerations**

- MCPs perform Utilization Review and Management to ensure the least restrictive level of care and referral to higher levels of care when needed, as well as monitoring distribution of utilization across multiple Providers in their Network.
- DHCF directs the MCPs to honor existing PAs for Community Support on April 1, 2024, and one additional PA for the same units at the same level of care, to ensure continuity of care.
- In July 2024, DHCF, DBH, and the MCPs, will initiate discussions for strategic enhancements to Community Support. These efforts will include Beneficiaries, Providers, and other Stakeholders.
- All behavioral health integration bulletins can be found on the DHCF BH Integration landing page at [Behavioral Health Integration | dhcf \(dc.gov\)](https://dhcf.dc.gov/behavioral-health-integration).