

## DEPARTMENT OF HEALTH

## NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health, 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), Reorganization Plan No. 4 of 1996, and Mayor's Order 97-42, dated February 18, 1997, hereby gives notice of the adoption, on an emergency basis, of an amendment to section 927 of Chapter 9 of Title 29 of the District of Columbia Municipal Regulation (DCMR), entitled "Attendant Care Services." These rules establish standards governing reimbursement by the District of Columbia Medicaid Program for Attendant Care Services provided by qualified professionals to participants in the Home and Community-based Waiver for Persons with Mental Retardation and Developmental Disabilities (Waiver).

These rules amend the previously published rules by reducing the billing unit from 1 hour to fifteen minutes consistent with current billing requirements; requiring a provider to render at least eight minutes of service for each billing unit; and authorizing the waiver of the annual service limit of 1,040 hours for an individual with a complex plan of care that is approved by a physician and the Mental Retardation and Developmental Disabilities Administration's Human Rights Committee or its subsidiary, the Restricted Control Review Committee. The proposed changes in the billing unit will improve the fiscal integrity of the Medicaid Program and ensure compliance with the Health Insurance Portability and Accountability Act billing code requirements. Many persons enrolled in the Waiver have complex needs and require a higher level of care. The proposed change to waive the annual service limit of 1,040 hours, will ensure that persons with intensive service needs are provided the necessary services to allow them to remain in a community based setting. Emergency action is necessary for the immediate preservation of the health, safety, and welfare of Waiver participants who are in need of attendant care services.

The emergency rulemaking was adopted on November 6, 2006 and will become effective on the date of publication of this notice in the *D.C. Register*. The emergency rules will remain in effect for 120 days or until March 6, 2007, unless superseded by publication of a Notice of Final Rulemaking in the *D.C. Register*, whichever comes first.

The Director gives notice of the intent to take final rulemaking action to adopt these proposed rules not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

Section 927 (Attendant Care Services) of Chapter 9 of Title 29 DCMR is deleted in its entirety and amended to read as follows:

**SECTION 927 ATTENDANT CARE SERVICES**

- 927.1 Attendant care services shall be reimbursed by the Medicaid Program for each participant with mental retardation in the Home and Community Based Waiver for Persons with Mental Retardation and Developmental Disabilities (Waiver) subject to the requirements set forth in this section.
- 927.2 Attendant care services shall consist of hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those services which substitute for the absence, loss, diminution, or impairment of physical or cognitive function.
- 927.3 Attendant care services eligible for reimbursement include, but are not limited to the following services:
- (a) Basic personal care including assistance with bathing and personal hygiene, dressing, grooming, lifting and transferring, feeding and bowel and bladder care;
  - (b) Household services including assistance with meal preparation, shopping, cleaning and laundry which are incidental to the performance of care;
  - (c) Cognitive services including assistance with money management, use of medications, and cueing with adaptive living skills;
  - (d) Mobility services including escort and client transportation; and
  - (e) Health-related tasks, including those medical tasks that can be performed by an unlicensed person or delegated to an unlicensed person by a licensed health professional to the extent permitted by State law.
- 927.4 Attendant care services eligible for reimbursement may be provided in the following settings:
- (a) An individual's home;
  - (b) A foster home;
  - (c) A supervised apartment; and
  - (d) A non-institutional place of residence other than as described in (a) through (c) of this section as permitted by District law.
- 927.5 Attendant care services shall not be reimbursable when anyone else in the household is capable of performing these services.
- 927.6 Attendant care services shall be authorized and provided in accordance with each client's Individual Habilitation Plan (IHP) or Individual Support Plan (ISP).

- 926.7 Each person providing attendant care services shall be supervised by one of the following:
- (a) A registered nurse subject to the requirements set forth in section 927.8;
  - (b) The client subject to the requirements set forth in section 927.9; or
  - (c) The client's case manager.
- 927.8 The frequency and intensity of supervision by the registered nurse shall be specified in the client's written plan of care.
- 927.9 If under consumer directed care, the client may supervise his care after training to perform this function and receipt of written certification by a registered nurse who has observed the client and attendant care provider during the actual provision of care. Documentation of the certification shall be maintained in the client's Individual Plan of Care (IPC).
- 927.10 Each provider of attendant care services shall:
- (a) Be a non-profit, home health agency, social service agency, or other business entity;
  - (b) Have a current District of Columbia Medicaid Provider Agreement that authorizes billing for attendant care services under the Waiver;
  - (c) Maintain a copy of the most recent IHP or ISP approved by the Department of Human Services, Mental Retardation and Developmental Disabilities Administration (MRDDA);
  - (d) Ensure that each person providing attendant care services is qualified and properly supervised;
  - (e) Be available twenty-four (24) hours a day, seven (7) days a week;
  - (f) Offer the Hepatitis B vaccination to each person providing services pursuant to these rules; and
  - (g) Provide training in infection control procedures consistent with the requirements of the Occupational Safety and Health Administration, U.S. Department of Labor regulations at 29 CFR 1910. 1030.
- 927.11 Each person providing attendant care services for a provider under section 927.10 shall meet all of the following requirements:
- (a) Be at least eighteen (18) years of age;
  - (b) Be acceptable to the client;
  - (c) Be certified in cardiopulmonary resuscitation (CPR) and thereafter obtain CPR certification annually;
  - (d) Demonstrate annually that he or she is free from communicable disease as confirmed by an annual purified protein derivative of tuberculin (PPD) Skin Test or documentation from a physician;

- (e) Have the ability to communicate with the client;
- (f) Be able to read and write the English language;
- (g) Have a high school diploma or general equivalency development (GED) certificate;
- (h) Be able to recognize an emergency and execute emergency procedures;
- (i) Agree to carry out attendant care responsibilities consistent with the client's IHP or ISP;
- (j) Complete MRDDA approved pre-service and in-service training;
- (k) Complete a forty (40) hour training consistent with the training guidelines for Level 1 Home Care workers established by the National Home Caring Council, prior to employment; and
- (i) Comply with the requirements of the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (D.C. Law 12-238), as amended by the Health-Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002, effective April 13, 2002 (D.C. Law 14-98; D.C. Official Code, §§ 44-551 et seq.).

927.12 A family member other than a spouse or parent of a minor recipient may provide attendant care services. Each family member providing attendant care services shall meet all the requirements set forth in sections 927.10 and 927.11 of these rules.

927.13 A provider shall notify, in writing, the client's case manager and the client or client's representative no later than seven (7) calendar days prior to a discharge or referral. An oral notice may be substituted in place of the written notice, if the discharge is the result of:

- (a) A medical emergency;
- (b) A physician's order to admit the client to an inpatient facility;
- (c) A determination by the provider that the discharge or referral is necessary to protect the health, safety or welfare of agency staff; or
- (d) A determination by the ISP or IHP team indicates that a need for service no longer exists.

927.14 If the client seeks to change providers, the current provider shall assist the client in selecting a new provider and cannot abandon the client until the transfer has been successfully completed.

927.15 Each provider shall develop contingency staffing plans for each client in the event the assigned attendant care aide is unable to provide services.

927.16 The billable unit of service for attendant care services shall be 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.

- 927.17 The reimbursement rate for attendant care services shall be \$4.08 per billable unit.
- 927.18 Attendant care services shall be limited to 1,040 hours per client during a one (1) year period commencing on the date that services are authorized.
- 927.19 The 1,040 hours limitation set forth in section 927.18 may be waived by the Department of Health, Medical Assistance Administration for a client who has a complex plan of care signed by a physician or supported by orders signed by a physician. Waiver of the 1,040 hours limitation shall be approved by the MRDDA Human Rights Committee or its subsidiary the Restricted Control Review Committee. The plan of care shall include the client's therapeutic goals and a staffing schedule.

**927.99 DEFINITIONS**

When used in this section, the following terms and phrases shall have the meanings ascribed.

**Activities of Daily Living** - The ability to get in and out of bed, bathe, dress, eat, take medication prescribed for self-administration and to engage in toileting.

**Client** - An individual with mental retardation who has been determined eligible to receive services under the Home and Community-Based Waiver for Persons with Mental Retardation and Developmental Disabilities.

**Communicable Disease** - Shall have the same meaning as set forth in section 201 of Chapter 2 of Title 22, District of Columbia Municipal Regulations.

**Family** - Any person related to the client by blood, marriage or adoption.

**Individual Habilitation Plan (IHP)** - That plan as forth in section 403 of the Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978, effective March 3, 1979 (D.C. Law 2-137; D.C. Official Code, § 7-1304.03).

**Individual Support Plan (ISP)** - The successor to the individual habilitation plan (IHP) as defined in the court-approved Joy Evans Exit Plan.

**Plan of Care**- A written plan that meets the requirements set forth in section 1904.4 of Title 29 DCMR.

**Provider** - Any non-profit, home health agency, social service agency or other business entity that provides services pursuant to these rules.

DEC 15 2006

**Registered Nurse** - A person who is licensed or authorized to practice registered nursing pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code, §§ 3-1202 et seq.) or licensed as a registered nurse in the jurisdiction where the services are provided.

**Supervised Apartment** - A living arrangement for one to three clients with mental retardation that provides drop-in to twenty-four hour supervision, and is funded by the Department of Human Services, Mental Retardation and Developmental Disabilities Administration, through a Human Care Agreement.

Comments on the proposed rules shall be submitted in writing to Robert T. Maruca, Senior Deputy Director, Medical Assistance Administration, Department of Health, 825 North Capitol Street, N.E., 5<sup>th</sup> Floor, Washington, DC 20002, within thirty (30) days from the date of publication of this notice in the *D.C. Register*. Copies of the proposed rules may be obtained from the same address.

## DEPARTMENT OF HEALTH

## NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health, 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. 774; D.C. Official Code, § 1-307.02), Reorganization Plan No. 4 of 1996, and Mayor's Order 97-42, dated February 18, 1997, hereby gives notice of the adoption, on an emergency basis, of an amendment to section 937 of Chapter 9 of Title 29 of the District of Columbia Municipal Regulations (DCMR), entitled "Preventive, Consultative and Crisis Support Services". These rules establish standards governing reimbursement by the District of Columbia Medicaid Program for preventive, consultative and crisis support services provided by health care professionals to participants with mental retardation in the Home and Community Based Services Waiver for Persons with Mental Retardation and Developmental Disabilities (Waiver).

These rules amend the previously published rules by increasing the reimbursement rates; reducing the billing unit from 1 hour to fifteen minutes consistent with current billing requirements; increasing the annual service limit from 104 hours to 200 hours; and authorizing the waiver of the annual service limit of 200 hours for an individual who requires additional crisis services to implement behavior support plans, when approved by a psychologist and the Mental Retardation and Developmental Disabilities Administration's Human Rights Committee. The revised reimbursement methodology, including amended provider standards will result in increased rates that are consistent with the Medicaid reimbursement rates for crisis and emergency services provided by the persons receiving services from the Department of Mental Health. This proposed change will ensure consistency in standards and reimbursement for similar services. The proposed changes in the billing unit will improve the fiscal integrity of the Medicaid program and ensure compliance with the Health Insurance Portability and Accountability Act billing code requirements. The proposed changes to the annual limits will ensure that persons with intensive service needs can be supported with the necessary services to allow them to remain in a community based setting.

The emergency rulemaking was adopted on November 14, 2006 and will become effective one day following the date of publication of this notice in the *D.C. Register*. The emergency rules will remain in effect for 120 days or until March 14, 2007, unless superseded by publication of a Notice of Final Rulemaking in the *D.C. Register*, whichever comes first.

The Director gives notice of the intent to take final rulemaking action to adopt these proposed rules not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

Section 937 (Preventive, Consultative and Crisis Support Services) of Chapter 9 of Title 29 DCMR is deleted in its entirety and amended to read as follows:

**SECTION 937        PREVENTIVE, CONSULTATIVE AND CRISIS SUPPORT SERVICES**

937.1        Preventive, consultative, and crisis support services shall be reimbursed by the Medicaid Program for each client with mental retardation in the Home and Community Based Services Waiver for Persons with Mental Retardation and Developmental Disabilities (Waiver) subject to the requirements set forth in this section.

937.2        Preventive, consultative, and crisis support services are services designed to support and encourage the client in his or her decision to reside within the community, decrease the impact of the crisis event, and assist the client in developing effective adaptive and coping mechanisms. These services shall be available to all Waiver eligible clients to prevent any unnecessary change in placement, placement in a more restrictive environment, or prevent a psychiatric hospitalization. Services shall be delivered through two venues: Crisis Intervention and Stabilization and Preventive and Consultative.

937.3        Crisis intervention and stabilization services eligible for reimbursement include, but are not limited to the following services:

- (a)        On-site assessment of the crisis situation which includes identifying the client's strength and resources;
- (b)        Development of intervention strategies, including person-specific intervention strategies, which address environmental and emotional issues that may affect the client's behavior;
- (c)        Training on proactive strategies and behavioral interventions, guiding the client through exploration and identification of the problem and interpretation and resolution thereof;
- (d)        Crisis supervision or expanded supervision and monitoring to stabilize the client;
- (e)        Formulation of a constructive plan and client resource mobilization; and
- (f)        Follow-up services, including client progress assessment.

937.4        The provider shall develop a written plan for crisis intervention which shall include all of the following information:

- (a)        The names of individuals to be contacted in the event of a crisis;
- (b)        The process of responding to a crisis or emergency;
- (c)        A list of appropriate referrals;
- (d)        Conflict resolution counseling and problem solving;

- (e) Training of informal caregivers for emergency and crisis stabilization;
  - (f) A written evaluation, including diagnosis and proposed treatment;
  - (g) Goals of the proposed treatment;
  - (h) Support and staffing schedules; and
  - (i) Record keeping requirements.
- 937.5 Development of the required plan set forth in section 937.4 shall be based on the following activities:
- (a) Client interview;
  - (b) Client observations at his/her residence or in the community;
  - (c) Conversations with family members, friends and other professionals;
  - (d) Interpreting results of lab or other medical diagnostic studies; and
  - (e) Medical and psychiatric history.
- 937.6 Preventive and consultative services eligible for reimbursement include, but are not limited to the following services:
- (a) Training on creating positive environments and coping mechanisms; developing interventions, teamwork, and evaluation strategies to assess the effectiveness of interventions;
  - (b) Consultative services to assist in the development of client-specific strategies;
  - (c) Development and implementation of functional assessment techniques and strategies; and
  - (d) Development of an effective strategy for crisis prevention.
- 937.7 Preventive, consultative, and crisis support services are available to family members, service providers, or other individuals that provide support and/or services to the client.
- 937.8 Preventive, consultative, and crisis services may be provided to supplement traditional medical and clinical services available under the District of Columbia State Plan for Medical Assistance.
- 937.9 Preventive, consultative, and crisis support services shall be authorized and provided in accordance with each client's individual habilitation plan (IHP) or individual support plan (ISP).
- 937.10 Each provider of preventive, consultative and crisis support services shall:
- (a) Be a non-profit organization, home health agency, social service agency or other business entity;

- (b) Have a current District of Columbia Medicaid Provider Agreement that authorizes the provider to bill for preventive, consultative and crisis support services under the Waiver;
- (c) Maintain a copy of the most recent IHP or ISP approved by the Department of Human Services, Mental Retardation and Developmental Disabilities Administration (MRDDA);
- (d) Ensure that all preventive, consultative, and crisis support services staff are qualified and properly supervised;
- (e) Ensure that the service provided is consistent with the client's IHP or ISP;
- (f) Offer the Hepatitis B vaccination to each person providing services pursuant to these rules and maintain a copy of the acceptance or declination of the vaccine; and
- (g) Provide training in infection control procedures consistent with the requirements of the Occupational Safety and Health Administration, U.S. Department of Labor, as set forth in 29 CFR 1910.1030.

937.11 Persons authorized to provide preventive, consultative, and crisis support services without supervision are as follows:

- (a) Psychologist;
- (b) Psychiatrist;
- (c) Independent Clinical Social Worker; and
- (d) Advanced Practice Registered Nurse.

937.12 Persons authorized to provide preventive, consultative and crisis support services working under the supervision of qualified practitioners set forth in section 937.11 are as follows:

- (a) Registered nurse;
- (b) Independent social worker;
- (c) Licensed Professional Counselor; and
- (d) Attendant subject to the limitations set forth in section 927.13.

937.13 Services provided by an attendant shall be limited to the following tasks and duties associated with the implementation of the behavior support plan including:

- (a) Basic personal care including assistance with bathing and personal hygiene, dressing, grooming, feeding, and bowel and bladder care;
- (b) Household services including assistance with meal preparation, shopping, cleaning and laundry which are incidental to the performance of care;
- (c) Cognitive services and cueing with adaptive living skills;
- (d) Mobility services including escort and client transportation; and

- (e) Recording and reporting on behavior as required by the behavior support plan on a regular basis.
- 937.14 Each psychologist and licensed professional counselor shall have at least three (3) years of experience in a setting providing habilitation and crisis support services to persons with mental retardation and other developmental disabilities.
- 937.15 Each psychologist shall possess professional knowledge of psychological principles, theories, and methods with an ability to develop and implement treatment plans.
- 937.16 Each social worker shall have a Masters degree from a school of social work accredited by the Council in Social Work Education and have at least three (3) years of experience in a setting providing habilitation and crisis support services to persons with mental retardation and other developmental disabilities.
- 937.17 Each social worker shall possess knowledge of human behavior and of public and private human service systems in the District of Columbia.
- 937.18 Each nurse shall have at least three (3) years of experience in a setting providing habilitation and crisis support services to persons with mental retardation and other developmental disabilities.
- 937.19 Each psychologist, social worker, registered nurse and licensed professional counselor shall have a minimum of one (1) year's experience developing, implementing and monitoring behavior intervention plans and developing effective interventions in response to crisis situations.
- 937.20 Each attendant shall receive training on the ISP and IHP and meet all of the following qualifications:
- (a) Have a high school diploma or general educational development (GED) certificate;
  - (b) Have basic training and education in mental health;
  - (c) Have a minimum of one (1) year experience working with persons with challenging behaviors; and
  - (d) Have a minimum of three (3) years experience working with persons with mental retardation and developmental disabilities.
- 937.21 Each person providing preventive, consultative, and crisis support services shall meet all of the following requirements:
- (a) Be at least eighteen (18) years of age;
  - (b) Be acceptable to the client;

- (c) Demonstrate annually that he or she is free from communicable disease, as confirmed by an annual PPD Skin Test or provide documentation from a physician;
- (d) Be able to communicate with the client;
- (e) Have a minimum of one (1) year experience developing, implementing, and monitoring behavior intervention plans, and developing effective interventions in response to crisis situations;
- (f) Be able to read and write the English language;
- (g) Have completed training in crisis intervention and positive behavioral interventions;
- (h) Complete pre-service and in-service training required by MRDDA;
- (i) Have the ability to provide preventive, consultative and crisis support services consistent with the client's IHP or ISP; and
- (j) Comply with the requirements of the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, as amended by the Health-Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002, effective April 13, 2002, (D.C. Laws 12-238 and 14-98; D.C. Official Code §§ 44.551 et seq.) and implementing rules.

937.22 Preventive, consultative, and crisis support services shall be made available twenty-four (24) hours a day, seven days a week. Services shall be accessed through the client's case manager during regular working hours. In the event of an after hours emergency, authorization for services shall be obtained by contacting MRDDA.

937.23 The reimbursement rate for each assessment is \$240.00, which shall be at least three (3) hours in duration, including the development of the written plan for crisis intervention. Each assessment shall be rendered every six months, unless an additional billable unit of service has been authorized by the MRDDA Human Rights Committee or its subsidiary the Restricted Control Review Committee.

937.24 The reimbursement rate and billing unit for follow-up visits performed by health care professionals authorized in accordance with sections 937.11 and 937.12 is \$33.57 per billable unit. The billable unit of service shall be 15 minutes. A provider shall provide at least eight (8) minutes of service in a span of 15 continuous minutes to bill for the service.

937.25 The reimbursement rate and billing unit for attendant care is \$4.08 per billable unit. The billable unit of service shall be 15 minutes. A provider shall provide at least eight (8) minutes of service in a span of 15 continuous minutes to bill for the service.

937.26 Preventive, consultative and crisis support services shall be limited to 200 direct support hours per client during any one year period commencing on the date that services are authorized.

937.27 The 200 hour limitation set forth in section 937.26 may be waived by the Department of Health, Medical Assistance Administration for a client who has a written behavior support plan supported by approval from a psychologist and the MRDDA Human Rights Committee or its subsidiary, the Restricted Control Review Committee. Behavior support plans that exceed the 200 hour limit shall be formally reviewed every three months by the psychologist and submitted to the MRDDA Human Rights Committee.

### 937.99 DEFINITIONS

When used in this section, the following terms and phrases shall have the meanings ascribed:

**Advance Practice Registered Nurse-** A person who is licensed as an advance practice registered nurse pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1202 et seq.) or licensed as an advanced practice registered nurse in the jurisdiction where the services are being provided.

**Client-**An individual with mental retardation who has been determined eligible to receive services under the Home and Community-Based Waiver for Persons with Mental Retardation and Developmental Disabilities.

**Communicable Disease-**Shall have the same meaning as set forth in section 201 of Chapter 2 of Title 22, District of Columbia Municipal Regulations.

**Crisis-**A situation where the client is exhibiting threatening behavior, or appears to be capable of causing physical harm or damage to another individual, personal property, or themselves.

**Crisis Intervention and Stabilization Services-**Services that are designed to provide an immediate on-call crisis support at the client's home due to an emergency or unpredicted crisis to assist the client to mobilize resources regain equilibrium and develop effective adaptive and coping mechanisms.

**Crisis Supervision/ Expanded Supervision-**Supervision of the client during the crisis by professionals or paraprofessionals consistent with the requirements of this section.

**Functional Assessment-**Includes (1) indirect assessment techniques such as interviews, written record reviews and questionnaires; (2) direct assessment techniques such as observation of the client, documentation of the frequency, duration and intensity of problem behaviors; and (3) the evaluation of the relationship between the environmental and emotional variables and the occurrence of problem behaviors.

**Independent Clinical Social Worker**-A person who is licensed as an independent clinical social worker pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1202 et seq.) or licensed as an independent clinical social worker in the jurisdiction where the services are being provided.

**Independent Social Worker**-A person who is licensed as an independent social worker pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1202 et seq.) or licensed as an independent social worker in the jurisdiction where the services are being provided.

**Individual Habilitation Plan (IHP)**- That plan as set forth in section 403 of the Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978, effective March 3, 1979 (D.C. Law 2-137; D.C. Official Code § 7-1304.03).

**Individual Support Plan (ISP)** - The successor to the individual habilitation plan (IHP) as defined in the court-approved Joy Evans Exit Plan.

**Licensed Professional Counselor**- A person who is licensed to practice professional counseling pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1202 et seq.) or licensed as a professional counselor in the jurisdiction where the services are being provided.

**Psychiatrist**- A person who is licensed to practice psychiatry pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1202 et seq.) or licensed as a psychiatrist in the jurisdiction where the services are being provided.

**Psychologist**- A person who is licensed to practice psychology pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1202 et seq.) or licensed as a psychologist in the jurisdiction where the services are being provided.

**Preventive and Consultative Services**- Services that are designed as an ongoing, preventive service to improve and maintain outcomes in the health, attitude and behavior of the client.

**Registered Nurse**- A person who is licensed to practice registered nursing pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1202 et seq.) or licensed as a registered nurse in the jurisdiction where the services are being provided.

**Regular Work Hours**-Shall mean the hours of 9:00 AM to 5:00 PM, Monday through Friday, except days determined to be holidays by the District of Columbia government.

Comments on the proposed rules shall be submitted in writing to Robert T. Maruca, Senior Deputy Director, Medical Assistance Administration, Department of Health, 825 North Capitol Street, N.E., 5<sup>th</sup> Floor, Washington, DC 20002, within thirty (30) days from the date of publication of this notice in the *D.C. Register*. Copies of the proposed rules may be obtained from the same address.