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CHANGES TO HEALTHCHECK PRIOR AUTHORIZATION FOR BEHAVIORAL HEALTH AND BEHAVIORAL TREATMENT SERVICES

This ForwardHealth Update clarifies prior authorization (PA) requirements for behavioral treatment and certain behavioral health services that align with current HealthCheck "Other Services" PA policy.

As introduced in the February 2019 Update (2019-08), titled <u>"Explanation of Prior Authorization Requirements for HealthCheck</u> <u>'Other Services,'"</u> and published in the <u>Prior Authorization for</u> <u>HealthCheck "Other Services"</u> topic (#1) of the ForwardHealth Online Handbook, ForwardHealth streamlined the PA process for HealthCheck "Other Services."

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

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Adult Mental Health Day Treatment **Providers, Advanced Practice Nurse** Prescribers With Psychiatric Speciality, Behavioral Treatment Providers, Child/ Adolescent Day Treatment Providers, Community Recovery Services Providers, Community Support Programs, Comprehensive Community Service Providers, HealthCheck Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's-Level Psychotherapists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychiatrists, Psychologists, **Qualified Treatment Trainees, Substance** Abuse Counselors, Substance Abuse Day Treatment Providers, HMOS and Other Managed Care Programs



This impacts HealthCheck "Other Services" PA requests for the following services:

- Child/adolescent day treatment services
- Intensive in-home mental health/substance abuse services
- Behavioral treatment services

HealthCheck Overview

The purpose of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is to ensure that children receive early detection and care, so that health problems are prevented or diagnosed and treated as early as possible.

HealthCheck is Wisconsin's term for EPSDT. The HealthCheck benefit provides periodic, comprehensive screening exams (also known as "well-child checks"), as well as interperiodic screens, outreach and case management, and additional medically necessary services, referred to as HealthCheck "Other Services," for members under 21 years of age.

Wisconsin Medicaid follows EPSDT guidelines as outlined in the Centers for Medicare & Medicaid Services State Medicaid Manual ch. 5 §§ 5010, 5121, and 5310.

HealthCheck "Other Services"

HealthCheck "Other Services" provides access to additional services a member might require to meet the medical needs or concerns that have been identified during a comprehensive or interperiodic screen.

HealthCheck "Other Services" may additionally cover medically necessary health care services for members through two types of PA requests:

- Requests for exceptions to coverage limitations for a Medicaid benefit
- Requests for federally allowable Medicaid services not routinely covered by Wisconsin Medicaid

PA Guidance

For services that are covered under an established benefit, providers must submit the required PA documentation detailed in the appropriate service area of the Online Handbook. This applies even for benefits established under HealthCheck authority, such as behavioral treatment, child/adolescent day treatment, and intensive in-home mental health and substance abuse services.

QUICK LINKS

- <u>An Overview of HealthCheck</u> <u>Services</u> topic (#2405)
- Definition of HealthCheck <u>"Other Services"</u> topic (#22)
- Prior Authorization for HealthCheck "Other <u>Services</u>" topic (#1)
- <u>Requirements</u> topic (#41)
- <u>Resources for HealthCheck</u>
 <u>Providers page</u>

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 107.22.

If the requested level of service will exceed typical Medicaid limitations or the requested service is not typically covered by Wisconsin Medicaid, refer to the Prior Authorization for HealthCheck "Other Services" topic (#1) in the Online Handbook for more information about submitting PA requests for HealthCheck "Other Services."

PA Requirement Change

No Medical Exam or HealthCheck Screen Required

As introduced in Update 2019-08 and published in the Prior Authorization for HealthCheck "Other Services" topic (#1), ForwardHealth no longer requires providers to submit documentation of a completed, comprehensive medical exam or HealthCheck screen with a PA request. No special forms are required, including the "pink card." ForwardHealth no longer requires providers to submit documentation of a completed, comprehensive medical exam or HealthCheck screen with a PA request.

The removal of the comprehensive medical exam or HealthCheck screen requirement aligns with current HealthCheck policy for members under 21 years of age.

Note: A physician's prescription or order is different from a comprehensive medical exam or a HealthCheck screen and may be required for PA. To request services, providers should refer to the <u>Online Handbook</u> for policy and PA guidelines.

Changes to PA Attachment Forms and Instructions

The Attachment of this Update lists the PA attachment forms and/or instructions that have been revised to align with current HealthCheck "Other Services" PA policy.

Providers should refer to the <u>Forms page</u> of the ForwardHealth Portal for all current PA forms and instructions.

Incomplete or missing forms will be returned to the provider for resubmission.

Revised Prior Authorization/In-Home Treatment Attachment Form

ForwardHealth has revised the Prior Authorization/In-Home Treatment Attachment (PA/ITA) form, F-11036 (12/2019), and the instructions. The required documentation of a HealthCheck screen has been removed.

Revised Prior Authorization/Child/Adolescent Day Treatment Attachment Form

ForwardHealth has revised the Prior Authorization/Child/Adolescent Day Treatment Attachment (PA/CADTA) form, F-11040 (12/2019), and the instructions. The required documentation of a HealthCheck screen has been removed.

Revised Prior Authorization/Intensive In-Home Mental Health/ Substance Abuse Services Assessment and Recovery/Treatment Plan Attachment Instructions

ForwardHealth has revised the Prior Authorization/Intensive In-Home Mental Health/Substance Abuse Services Assessment and Recovery/ Treatment Plan Attachment Instructions, F-00212A (12/2019). The required documentation of a HealthCheck screen was removed.

No changes were made to the Prior Authorization/Intensive In-Home Mental Health/Substance Abuse Services Assessment and Recovery/ Treatment Plan Attachment form, F-00212 (02/2010).

Revised Prior Authorization/Behavioral Treatment Attachment Form

ForwardHealth has revised the Prior Authorization/Behavioral Treatment Attachment (PA/BTA) form, F-01629 (12/2019), and instructions. In addition to the removal of the medical exam requirement, several sections of the PA/BTA form were streamlined to follow current behavioral treatment coverage policy, provide clinical clarity, and simplify the completion process.

Reminder: Behavioral treatment providers are not required to submit the PA/BTA form for comprehensive services for members under the age of 6.

Medical Evaluation

Details of any medical conditions that may impact delivery of treatment and/or the member's response to treatment such as visual or hearing

impairment, genetic difference, seizures, digestion or elimination problems, sleep disorder, nutrition concerns, or mental health concerns should be noted in the member's plan of care (POC).

Age-Normed Testing Results

Providers must submit documentation of the member's most recent agenormed testing results when members are age 6 and older. The test results may be reported on the PA/BTA form or as a separate attachment.

Current POC

For all initial or subsequent PA requests, the provider must submit a current POC. In addition to existing POC requirements, the following clinical information should be addressed in the POC:

- The start date of treatment with the provider's agency
- The treatment approach or protocol to be used
- The medical conditions that may impact delivery of treatment and/or response to treatment
- The behavior reduction **and** functional replacement goals for each behavior targeted for reduction
- The discharge criteria and a transition plan

Progress Summary

In addition to existing progress summary requirements, providers must submit progress summaries for all subsequent PA requests and for initial PA requests for members who are already receiving treatment. The introductory date and progress or mastery date for each targeted goal must be included in the summary.

Retention of Documentation Reminder

Providers are reminded that they must follow the documentation retention requirements, per Wis. Admin. Code § <u>DHS 106.02(9)</u>. Information about those requirements are explained in the following ForwardHealth Online Handbook topics:

- Financial Records (#201)
- Medical Records (#202)
- Preparation and Maintenance of Records (#203)
- Record Retention (#204)
- Availability of Records to Authorized Personnel (#1640)

Providers are required to produce and/or submit the documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment for services that fail to meet this requirement. Refusal to produce documentation may result in sanctions including, but not limited to, termination from the Medicaid program.

Information Regarding HealthCheck and Managed Care Organizations

Child/adolescent day treatment services and intensive in-home mental health/substance abuse services for children are administered by managed care organizations.

All HealthCheck requirements must be adhered to for members who receive services under managed care arrangements. ForwardHealth is responsible for medically necessary services not included in the managed care contract. It is the responsibility of the managed care organization to ensure members are aware of HealthCheck and to assist members with accessing benefits and services.

The behavioral treatment benefit is an administered fee-for-service benefit for all Medicaid-enrolled members who demonstrate medical necessity for covered services. The behavioral treatment benefit is separate from managed care organizations, which include BadgerCare Plus and Medicaid SSI HMOs and special managed care plans. Special managed care plans include Children Come First, Wraparound Milwaukee, Care4Kids, Family Care, Program of All Inclusive Care for the Elderly (PACE), and the Family Care Partnership Program, with PA requests and claims processed by ForwardHealth instead of the member's HMO.



800-947-9627

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 107.22.

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

ATTACHMENT Changes to Prior Authorization Attachment Forms and Instructions

The table below lists the prior authorization attachment forms and instructions that have been revised to align with current HealthCheck policy. Providers should refer to the Forms page of the ForwardHealth Portal for these revised forms and instructions.

FORM NAME	FORM NUMBER	REVISED OR NO CHANGES MADE	REVISION DATE
Prior Authorization/In-Home Treatment	F-11036	Revised	12/2019
Attachment (PA/ITA)			
Instructions	F-11036A	Revised	12/2019
Prior Authorization/Child/Adolescent			
Day Treatment Attachment	F-11040	Revised	12/2019
(PA/CADTA)			
Instructions	F-11040A	Revised	12/2019
Prior Authorization/Intensive In-Home	F-00212	No changes made	02/2010
Mental Health/Substance Abuse			
Services Assessment and Recovery/			
Treatment Attachment			
Instructions	F-00212A	Revised	12/2019
Prior Authorization/Behavioral	F-01629	Revised	12/2019
Treatment Attachment (PA/BTA)			
Instructions	F-01629A	Revised	12/2019