

Wisconsin Birth to 3 program

Health care providers working with these young children have an important role in helping such children to access Birth to 3 services, reach their maximum potential, become as independent and productive as possible, and avoid costly services later.

This feature describes the responsibility of Medicaid providers for health care services delivered to children with disabilities and developmental delays aged birth to three. Health care providers working with these young children have an important role in helping such children to access Birth to 3 services, reach their maximum potential, become as independent and productive as possible, and avoid costly services later.

Requirements for health care providers

The Code of Federal Regulations (CFR) (34 CFR Part 303) for Birth to 3 (early intervention) services requires all health, social service, education, and tribal programs receiving federal funds, including Medicaid health care providers, to:

- Identify children with developmental delays, atypical development, and disabilities who might be eligible for Birth to 3 services (see below) for referral to the county Birth to 3 agency. For example, if a provider's health exam or developmental screen (e.g. Denver Developmental Screening Test) indicates that a child may have a qualifying disability or developmental delay, the child must be identified for referral to the county Birth to 3 agency.
- Refer all such children within two working days to the designated county Birth to 3 agency. Providers are encouraged to explain the need for the Birth to 3 referral to the child's parent(s)/guardian(s).

- Coordinate subsequent evaluations and services for such children with the county Birth to 3 agency by working closely with that agency to ensure health care services are compatible with Birth to 3 standards.
- Deliver health services that are included in a child's Individualized Family Services Plan (IFSP) for Birth to 3 services in the child's natural environment, unless otherwise specified in the IFSP. The child's natural environment includes the child's home and other community settings where children without disabilities participate.
- Assist parents of a child receiving Birth to 3 services to maximize their child's development and to participate fully in implementation of their child's IFSP. For example, an occupational therapist is required to work closely with the child's parents and caretakers to show them how to perform daily tasks in ways that maximize the child's potential for development.

Birth to 3 eligibility criteria

A child from birth up to (but not including) age three is eligible for Birth to 3 services if the child meets one of the following criteria:

- Has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.
- Has been determined to have at least a 25% delay in one or more of the following areas of development:

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- ✓ Cognitive development.
- ✓ Physical development.
- ✓ Vision and hearing.
- ✓ Communication development.
- ✓ Social and emotional development.
- ✓ Development of adaptive behavior and self-help skills.
- Has been determined to have atypical development affecting the child's overall development, as determined by a qualified team using professionally acceptable procedures and informed clinical opinion.

Individualized Family Services Plan (IFSP)

A child determined to be eligible for Birth to 3 services receives an IFSP developed by an interdisciplinary team that includes the child's family. The IFSP specifies individualized outcomes for the child's development and determines the necessary Birth to 3 services.

Birth to 3 services

Birth to 3 covers the following types of services when they are included in the child's IFSP:

- Evaluation and assessment.
- Special instruction.
- Occupational therapy.
- Physical therapy.
- Speech-language pathology.
- Audiology.
- Psychological.
- Social work.
- Assistive technology.
- Transportation.
- Service coordination.
- Certain medical services for diagnosis and evaluation purposes.
- Certain health services to enable the child to benefit from early intervention services.
- Family training, counseling, and home visits.

Billing Birth to 3 services

Federal and state regulations require Wisconsin Medicaid providers to bill payers for Birth to 3 services that are included in an IFSP in the following order:

- First, bill the child's health insurance, with the informed, written consent of the child's parent/guardian.
- Second, bill Wisconsin Medicaid.
- Last, bill the county Birth to 3 agency.

If the parents refuse permission to bill IFSP services to their insurance, see Wisconsin Medicaid Provider Update 97-14, dated May 7, 1997, and contact the county Birth to 3 agency.

Medicaid providers delivering Birth to 3 services must meet the requirements in this *Update* regardless of the source of funds paying for the Birth to 3 services. Note that school-based service providers may not bill Wisconsin Medicaid for Birth to 3 services.

Administration and regulations

In Wisconsin, Birth to 3 services are administered at the local level by county departments of community programs, human service departments, public health agencies, or any other public agency designated or contracted by the county board of supervisors. The state Department of Health and Family Services provides technical assistance to county Birth to 3 agencies and other services.

The enabling federal legislation for the Birth to 3 program is 34 CFR Part 303. The enabling state legislation is s. 51.44, Wis. Stats., and the regulations are found in Chapter HFS 90, Wis. Admin. Code.

Contact your county's Birth to 3 agency for more information.

In Wisconsin, Birth to 3 services are administered at the local level by county departments of community programs, human service departments, public health agencies, or any other public agency designated or contracted by the county board of supervisors.

Revised fee schedule order form enclosed

Enclosed you will find a revised Appendix 38 of Part A, the all-provider handbook. Delete old pages and insert new pages as instructed on the transmittal log included with revised Appendix 38.

Special managed care programs list

If you are not part of a program's provider network, contact the respective agency prior to providing services to an enrollee.

In addition to Medicaid HMOs that serve over 185,000 low-income children and families, Wisconsin Medicaid also has seven special managed care programs that provide services to over 4,800 individuals who are elderly and/or who have disabilities. (Persons enrolled in these programs have a yellow ID card.) The following is a list of agencies that operate the Medicaid special managed care programs. If you are not part of their provider network, contact the respective agency prior to providing services to an enrollee.

Center for Independent Living for Western Wisconsin, Inc.

Program: Wisconsin Partnership

Address: Center for Independent Living for
Western Wisconsin, Inc.
2240 East Ridge Center
Eau Claire, WI 54701

Phone: (715) 838-2900

Target population: Frail elderly and persons with physical disabilities.

Medicaid services covered: All Medicaid services *except* outpatient hospitalization, x-rays, laboratory services, and prenatal care coordination, which remain billable fee-for-service.

Counties served: Chippewa, Dunn, Eau Claire

Managed care code on Dial-Up: 67

Code on recipient's Medicaid ID card:
MCPCIL

Community Care Organization, Inc.

Programs: Community Care for the Elderly (CCE) –PACE
Community Care for the Elderly (CCE) –Partnership

Address: Community Care Organization, Inc.

1555 South Layton Boulevard
Milwaukee, WI 53215

Phone: (414) 385-6600

Target population: Frail elderly over age 55.

Medicaid services covered: All Medicaid services.

County served: Milwaukee

Managed care code on Dial-Up: 65

Code on recipient's Medicaid ID card:
MCPCCE

Community Living Alliance, Inc. (formerly Access to Independence)

Program: Wisconsin Partnership

Address: Community Living Alliance, Inc.
1310 Mendota Street
Madison, WI 53714

Phone: (608) 242-8335

Target population: People with physical disabilities, who are age 18 to 65.

Medicaid services covered: All Medicaid services *except* inpatient and outpatient hospitalizations, x-rays, laboratory services, and prenatal care coordination, which remain billable fee-for-service.

County served: Dane

Managed care code on Dial-Up: 63

Code on recipient's Medicaid ID card:
MCPCLA

Dane County Department of Human Services

Program: Children Come First (CCF)

Address: Dane County Human Services
Children Come First Program
1202 Northport Drive
Madison, WI 53704-2092

Phone: (608) 242-6206

Target population: Recipients under age 18 with a diagnosis of severe emotional

disturbance and who are at risk of institutional placement.

Medicaid services covered: Mental health, alcohol and other drug abuse treatment, and targeted case management. All other Medicaid services remain billable fee-for-service.

County served: Dane

Managed care code on Dial-Up: 64

Code on recipient's Medicaid ID card:
MCPCCF

Elder Care of Dane County, Inc.

Programs: Elder Care Options (ECO) – PACE

Elder Care (EC) – Partnership

Address: Elder Care of Dane County, Inc.
2802 International Lane
Madison, WI 53704

Phone: (608) 240-0020

Target population: Frail elderly over age 55.

Medicaid services covered:

Elder Care Options (ECO) PACE covers all Medicaid services. These services may be performed in an adult day health center setting. ECO PACE members must use the ECO PACE site physician.

Elder Care (EC) Partnership covers services in the recipient's home including all Medicaid services *except* inpatient and outpatient hospitalizations, x-rays, and laboratory services, which remain billable fee-for-service. EC Partnership members may choose their own physician.

County served: Dane

Managed care code on Dial-Up: 69

Code on recipient's Medicaid ID card:
MCPECO

Independent Care (I Care or ICP)

Address: Independent Care
101 West Pleasant Street, Suite 102
Milwaukee, WI 53212

Phone: (800) 777-4376

Target population: Recipients over age 15 with medical status 21.

Medicaid services covered: All Medicaid services (including care coordination and nursing home stays of less than 90 days) except family planning, prenatal care coordination, school-based services, and chiropractic services, which remain billable fee-for-service.

County served: Milwaukee

Managed care code on Dial-Up: 66

Code on recipient's Medicaid ID card:
MCPICP

Milwaukee County Mental Health Division

Programs: Wraparound Milwaukee (WAM)

Address: Wraparound Milwaukee
Milwaukee County Mental Health
9501 Watertown Plank Road
Wauwatosa, WI 53226

Phone: (414) 257-6847
Mobile Urgent Treatment Team, (414) 257-7621 (24 hours, for youth up to age 18)

Target population: Recipients under 18.

Medicaid services covered: Mental health, alcohol and other drug abuse treatment, and targeted case management services. All other Medicaid services remain billable fee-for-service.

County served: Milwaukee

Managed care code on Dial-Up: 62

Code on recipient's Medicaid ID card:
MCPWAM

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Bureau of Health Care Financing, Division of Health, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call the Medicaid fiscal agent, EDS, at (800) 947-9627 or (608) 221-9883.

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Appendix 38

Wisconsin Medicaid Fee Schedule and Related Information Order Form

Fee schedules and related information are available on the Electronic Bulletin Board and can be acquired (free of charge) by following the downloading instructions in Appendix 11 of Part A, the all-provider handbook.

If writing a check or money order, make payable to EDS. Send check or money order (including State and County Sales Tax) to:

Provider Maintenance
EDS
6406 Bridge Road
Madison, WI 53784-0006

FEE SCHEDULES AND RELATED INFORMATION	QTY	RATE	TOTAL
All Fee Schedules: (magnetic tape): 1600 BPI___ 6250 BPI___ (includes DME Index) (microfiche) (3480 tape cartridge)		32.00 19.00 32.00	
Ambulatory Surgical Centers		14.00	
Case Management		2.00	
Chiropractor		2.00	
Community Support Program		2.00	
Crisis Intervention		2.00	
Dental		2.00	
Disposable Medical Supplies (DMS)		2.00	
Durable Medical Equipment (DME): Please refer to the other side of this form for DME Index / Fee Schedules.			
Family Planning		2.00	
HealthCheck		2.00	
Hearing Aid/Audiology		2.00	
Home Care (Home Health, Private-Duty Nursing, Personal Care, and Respiratory Care Services)		2.00	
Lab, X-ray		11.00	
Mental Health/AODA (non 51.42 board operated clinics)		2.00	
Physician services: (paper report - 483 pages) (microfiche) (magnetic tape): 1600 BPI___ 6250 BPI___ (3480 tape cartridge)		55.00 4.00 27.00 27.00	
Podiatry		3.00	
Prenatal Care Coordination		2.00	
School-based Services		2.00	
Therapy		6.00	
Transportation		2.00	
Tuberculosis-related services		2.00	
Vision		2.00	
DRG Weight Index		2.00	
Second Opinion Consultant Registry		No Charge	

NOTE: Tapes and cartridges will be non-labeled.

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FEE SCHEDULES AND RELATED INFORMATION		QTY	RATE	TOTAL
DME for DME Vendors, Pharmacy, Home Health Agencies	<i>(paper report)</i>		16.00	
	<i>(microfiche)</i>		2.00	
	<i>(3480 tape cartridge)</i>		27.00	
	<i>(magnetic tape)</i> 1600 BPI ____ 6250 BPI ____		27.00	
DME for Nursing Homes, Rehab Agencies, Therapy Groups (includes OT, PT, Speech)	<i>(paper report)</i>		7.00	
	<i>(microfiche)</i>		2.00	
	<i>(3480 tape cartridge)</i>		27.00	
	<i>(magnetic tape)</i> 1600 BPI ____ 6250 BPI ____		27.00	
DME for Physical Therapy	<i>(paper report)</i>		6.00	
	<i>(microfiche)</i>		2.00	
	<i>(3480 tape cartridge)</i>		27.00	
	<i>(magnetic tape)</i> 1600 BPI ____ 6250 BPI ____		27.00	
DME for Occupational Therapy (OT) Providers	<i>(paper report)</i>		6.00	
	<i>(microfiche)</i>		2.00	
	<i>(3480 tape cartridge)</i>		27.00	
	<i>(magnetic tape)</i> 1600 BPI ____ 6250 BPI ____		27.00	
DME for Speech Therapy Providers	<i>(paper report)</i>		2.00	
	<i>(microfiche)</i>		2.00	
	<i>(3480 tape cartridge)</i>		27.00	
	<i>(magnetic tape)</i> 1600 BPI ____ 6250 BPI ____		27.00	

NOTE: Tapes and cartridges will be non-labeled.

TOTAL PURCHASES _____
 Tax Exempt Number _____
 (where appropriate)

SUBTOTAL \$ _____
 5% State Sales Tax \$ _____
 1/2 % County Sales Tax \$ _____
 TOTAL ENCLOSED \$ _____

*NOTE: Some counties have imposed a county sales tax of 1/2%. Please indicate the name of your county in the space provided.

County: _____

Company or Organization: _____

Mailing Address: _____

Contact Person: _____

Telephone Number: _____