

Medical Assistance Provider Bulletin

Attention: County Coordinators of Mental Health and Alcohol and Other Drug Abuse Treatment Services

Subject: WMAP Reimbursement for Intensive In-Home Treatment And Mental Health Day Treatment for Severely Emotionally Disturbed Children and Adolescents

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Department of Health and Social Services, Division of Health,
Bureau of Health Care Financing, P.O. Box 309, Madison, Wisconsin 53701

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I. INTRODUCTION

This Medical Assistance Provider Bulletin (MAPB) contains information on reimbursement through the Wisconsin Medical Assistance Program (WMAP) for intensive in-home treatment and day treatment services for severely emotionally disturbed children and adolescents through the HealthCheck "Other Services" option.

Please review all materials carefully. These materials will give you background information on who may provide HealthCheck "Other Services", provider certification, services which may be reimbursed, recipient eligibility criteria and prior authorization. The instructions and guidelines in this MAPB apply to recipients who are eligible for fee-for-service Medical Assistance. Coverage of services for individuals enrolled in WMAP-contracted Health Maintenance Organizations (HMOs) are subject to the prior authorization requirements of the enrolling HMO. Providers must contact the recipient's HMO, as identified on the Medical Assistance identification card, prior to delivering services, to determine whether the services are covered.

For additional information on intensive in-home treatment and child adolescent day treatment, you should obtain MAPB-092-001-Z. This MAPB contains detailed information on requesting prior authorization, including sample prior authorization forms, and billing instructions. This MAPB is automatically sent to providers who become certified as HealthCheck "Other Services" providers for intensive in-home treatment or day treatment, or it may be purchased by writing to the following address:

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

If you have further questions after reviewing these materials you may contact:

Bureau of Health Care Financing
Attn: Mental Health/AODA Policy Analyst
P.O. Box 309
Madison, WI 53701

(608) 266-8473

II. THE HEALTHCHECK PROCESS

A. *What is HealthCheck?*

HealthCheck is the name that the WMAP has given to a federally mandated Medical Assistance benefit known as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). HealthCheck is designed to ensure regular, comprehensive medical screening of Medical Assistance recipients under the age of 21. The screening includes review of growth and development, identification of potential physical or developmental problems, preventive health education, and referral and assistance to appropriate providers of service. The screens must be performed by, or under the supervision of a physician, physician's assistant, nurse practitioner, public health nurse, or registered nurse. A variety of agencies employing these individuals may be certified to provide HealthCheck screenings.

B. *What are HealthCheck "Other Services"?*

Although HealthCheck screeners are required to make referrals for the treatment of conditions discovered during a HealthCheck exam, the required services may or may not be covered by the WMAP. Congress recognized that states differ significantly in the scope of their Medical Assistance coverage since many services are available at a state's option (such as dental services, prescription drugs, and physical therapy). As a result, the federal Omnibus Budget Reconciliation Act (OBRA) of 1989 mandated that states make available any services allowable under federal Medicaid regulations which are necessary to correct or ameliorate a condition or defect discovered during a HealthCheck exam.

HealthCheck "Other Services" are only available to HealthCheck-eligible recipients. While it was believed that this mandate was directed primarily toward states which did not cover many of the optional services, it was recognized that Wisconsin's fairly comprehensive Medical Assistance program did not cover some services which are allowable under the federal regulations. It is these services, which are not part of our regular Medical Assistance benefit, which are referred to as HealthCheck "Other Services."

C. *Covered HealthCheck "Other Services"*

The federal mandate for HealthCheck "Other Services" allows reimbursement for any federally allowable services. However, states retain the discretion to develop criteria for determining when services are medically necessary, and for determining the amount, duration, and scope of the services provided. States may also develop reasonable criteria regarding the qualifications providers must possess to provide the services.

The WMAP, in consultation with Wisconsin's Office of Mental Health and Office of Alcohol and Other Drug Abuse, has identified in-home treatment services (for emotional problems or alcohol and other drug abuse problems) and mental health day treatment services, which are often necessary for severely emotionally disturbed (SED) youth, as potential HealthCheck "Other Services." (AODA day treatment is already covered by the WMAP for youth.) While other services may be covered under the "Other Services" mandate, these two services are seen as supportive of the development of a community-based system of care for SED youth. Therefore, the WMAP has developed unique prior authorization attachments and instructions for providers seeking authorization for these services.

When treatment for conditions discovered through a HealthCheck screening is available through the regular WMAP benefit package, then the services must be provided through the regular benefit. It is important, therefore, for providers to address why the regular mental health or AODA benefits are not appropriate for those individuals for whom in-home treatment or day treatment are being requested.

Providers interested in learning more about the HealthCheck process or becoming certified as a HealthCheck screener should contact:

Bureau of Health Care Financing
Attn: HealthCheck Outreach Coordinator
P.O. Box 309
Madison, WI 53701 (608) 266-9438

Providers interested in receiving a listing of HealthCheck screeners in your area should contact:

EDS
Attn: EDS Correspondence Unit for Policy/Billing Information
6406 Bridge Road
Madison, WI 53784-0006

1-800-947-9627
608-221-9883

III. RECIPIENT ELIGIBILITY FOR HEALTHCHECK "OTHER SERVICES"

Recipients are eligible for mental health-related HealthCheck "Other Services" when the following conditions are met:

1. The recipient has had a comprehensive HealthCheck screening and has been referred either to the particular treatment service being requested, or for further evaluation of the mental health or AODA conditions. If the referral is to the particular treatment service and the HealthCheck screener is not a physician, then a physician's prescription is also required. If the referral is for further evaluation, a physician's prescription is required for the particular service subsequent to the evaluation.
2. The recipient meets the definition of severely emotionally disturbed as defined in sec. HSS 107.32, Wis. Adm. Code.
3. The provider receives prior authorization from the WMAP.

IV. INTENSIVE IN-HOME TREATMENT

A. *General Description of Service*

Intensive in-home treatment is a combination of individual and family treatment modalities. Treatment services must be identified in the recipient's in-home treatment plan. Measurable goals and the intensity of treatment should be consistent with the assessment conducted on the child and with a multi-agency treatment plan. Methods of intervention should meet professional standards of practice.

Services which are primarily social or recreational are not reimbursable by the WMAP. However, this should not be construed as implying that appropriate clinical interventions that employ social or recreational activities to augment the therapeutic process, such as play therapy, are not covered. The treatment plan should be used to clearly identify the relationship of the planned interventions to the treatment goals.

The WMAP reimburses up to eight hours per week of direct treatment services to the family (some of these treatment hours may involve more than one therapist). Reasonable travel time is separately reimbursed. All services provided must be directly related to the recipient's emotional disturbance. Services delivered to other family members, either as a group or individually, must relate directly to the SED child's mental illness. For example, services to the parent or primary caregiver which relate to parenting skills are appropriate when the documentation shows that behavioral problems may be related to inadequate or inappropriate parenting skills. The treatment plan must outline the measurable goals of this intervention.

Services directed at the primary mental health or AODA problems in the parent or caregiver are not reimbursable under HealthCheck "Other Services" even though such treatment may indirectly benefit the child. These treatment services may be covered under the other WMAP mental health or AODA benefits and are subject to the policy associated with these other benefits.

B. *Who May Provide Services*

Intensive in-home treatment services must be provided by an outpatient psychotherapy clinic certified under Chapter HSS 61.91-61.98, Wis. Adm. Code and certified with the WMAP under HSS 105.22. Clinics may be 51.42 Board-operated or private.

The in-home treatment team must consist of two individuals, at least one of whom is a WMAP-certified psychotherapy provider. Please see the WMAP Provider Handbook, Part H, Division I or II for a description of eligibility to become a WMAP-certified psychotherapy provider. Providers at 51.42 Board-operated clinics or hospital outpatient facilities, who are not required to receive their own performing provider number for outpatient services, must receive a performing provider number in order for the clinic to be reimbursed for the in-home treatment services. Providers in private clinics use the provider number already assigned to them.

The second team member must meet one of the following qualifications:

- An individual who possesses at least a bachelor's degree in a behavioral science, a RN, an occupational therapist, a WMAP-certified AODA or a counselor professional with equivalent training. In addition the second team member must have at least 1,000 hours of supervised clinical experience working in a program whose primary clientele are emotionally disturbed youth, or;
- Other individuals who have had at least 2,000 hours of supervised clinical experience working in a program whose primary clientele are emotionally disturbed youth.

The second team member does not need separate WMAP certification but must work under the supervision of the certified psychotherapy provider. The certified psychotherapy provider's performing provider number is used to bill for services performed by the second team member.

The second team member may also be a WMAP-certified psychotherapy provider. However, for billing purposes, this person is identified as the second team member and is reimbursed at a lower rate.

C. *Certification*

Providers meeting the eligibility criteria outlined above must be appropriately certified with the WMAP in order to obtain reimbursement for in-home treatment services.

WMAP-certified private outpatient psychotherapy clinics wishing to provide in-home treatment do not require any additional certification.

Board-operated clinics wishing to provide in-home services can use their outpatient clinic billing number. However, performing providers with these agencies who do not currently have a performing provider number need to contact EDS to obtain a provider number.

Hospitals providing outpatient mental health services which are being billed under their hospital provider number must become separately certified by the WMAP as an outpatient psychotherapy clinic provider in order to provide HealthCheck "Other Services."

Providers who meet the eligibility criteria and who wish to become certified in order to provide in-home treatment must contact:

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

Prior authorization requests from providers not appropriately certified for in-home treatment with the WMAP are accepted. However, determination of the provider's eligibility to provide the service occurs concurrently with the review of the prior authorization materials which may delay approval of the request. Providers are strongly encouraged to obtain the appropriate WMAP certification prior to submitting a prior authorization request for one of these services.

V. **DAY TREATMENT**

A. *General Description of Service*

Day treatment services must be provided by a multi-disciplinary team as described in HSS 61.75, 61.78 and 61.81, Wis. Adm. Code. These sections describe the Division of Community Services' (DCS) requirements for child/adolescent day treatment providers. Up to 5 hours per day and 25 hours per week of day treatment services may be reimbursed by the WMAP.

Treatment services must be identified in the recipient's day treatment program treatment plan. Measurable goals must be consistent with the assessment conducted on the child and with a multi-agency treatment plan. Methods of intervention should meet professional standards of practice. The level of intensity of services must be justifiable based on the psychiatric assessment and the severity of the recipient's condition.

Services which are primarily social or recreational are not reimbursable by the WMAP. However, this should not be construed as implying that appropriate clinical interventions that employ social or recreational activities to augment the therapeutic process are not covered. For example, a group may use a recreational activity to provide a focus for a discussion of styles of relating or communication skills. The treatment plan should be used to clearly identify the relationship of the planned interventions to the treatment goals.

Time spent in day treatment programs associated with public educational activities, including homework time, is not reimbursable by the WMAP. Providers should coordinate these educational activities with their local education authority.

B. *Who May Provide Services*

Day Treatment services must be provided by a provider who is certified under Chapter HSS 61.75, 61.78 and 61.81 Wis. Adm. Code.

Performing providers in day treatment programs do not need individual certification.

C. *Certification*

Providers meeting the eligibility criteria outlined above must be appropriately certified with the WMAP in order to obtain reimbursement for day treatment services.

All providers wishing to provide child/adolescent day treatment must apply to EDS for a unique billing provider number for this purpose even if the provider has a WMAP provider number for adult day treatment or AODA day treatment. Providers must send a copy of their DCS certification under HSS 61.75, 61.78 and 61.81, Wis. Adm. Code, with their application as proof that they meet the eligibility criteria.

Providers meeting the eligibility criteria outlined in the previous section who wish to become certified in order to provide day treatment services to children and youth must contact:

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

Prior authorization requests from providers not appropriately certified with the WMAP to provide day treatment are accepted. However, determination of the provider's eligibility to provide the service occurs concurrently with the review of the prior authorization materials and this may delay approval of the request. Providers are strongly encouraged to obtain the appropriate WMAP certification prior to submitting a prior authorization request for one of these services.