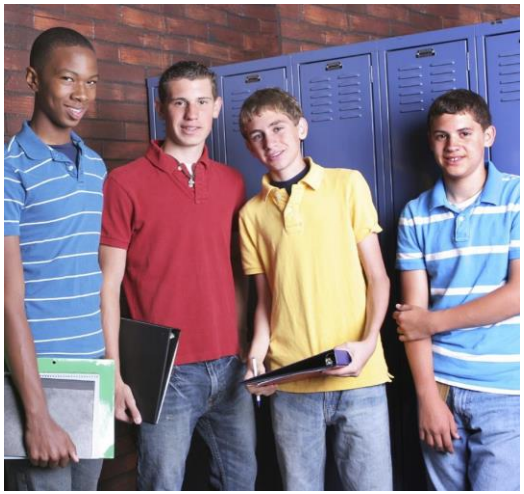
Children with Serious Emotional Disorder Waiver (CSEDW)

Provider Training



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Bureau for Medical Services

WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR
MEDICAL SERVICES

Agenda

- **CSEDW Overview**
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  - Application Process
- **CSEDW Provider Requirements**
- **CSEDW Codes and Services**
- **Managed Care Organization (MCO) Responsibilities**
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  - Appeals Process
- **Administration Service Organization (ASO) Responsibilities**
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  - Assessment
- **Medical Eligibility Contracted Agent (MECA) Responsibilities**
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  - Redetermination

CSEDW Overview

What is CSEDW?

CSEDW is a part of the West Virginia wraparound services which:

- Serves children, youth and young adults ages three up to the member's 21st birthday.
- The member must have a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet the current Diagnostic and Statistical Manual or Mental Health Disorders (DSM) criteria or the International Classification of Disease (ICD) criteria.
- Must result in functional impairment interfering with or limiting their role in their family, school and/or their community settings/activities identified through the Child and Adolescent Functional Assessment Scale/Preschool and Early Childhood Functional Assessment Scale (CAFAS/PECFAS), and the Behavior Assessment System for Children, Third Edition (BASC 3).

CSED Medical Card

- West Virginia Department of Health and Human Resources (DHHR), Bureau of Medical Services (BMS) was able to identify a gap in individuals needing intensive HCBS.
- BMS made an allowance for any individual medically approved for CSED to be eligible for West Virginia Medicaid while eligible for CSEDW.
- This means if a member is clinically eligible for CSEDW the financial requirements for a West Virginia Medicaid card would be based on the member's (child's) income and not the family income.
- Once approved, the member would have access to all Medicaid billable services.

Application Process

- An application (WV-BMS-CSED-1) is submitted to the ASO (currently Kepro).

Mail to: Kepro
1007 Bullitt St., Suite 200
Charleston, WV 25301
Fax: (866) 473-2354
Email: wvcsedw@kepro.com

- ASO will contact the family, legal representative or member to complete the CAFAS/PECFAS.
- If the CAFAS/PECFAS shows impairment of functioning defined as a Youth Total Score of 90 or more, ASO will work with the applicant or guardian in continuing the application process.
- The application can be found on the CSEDW website at: https://dhhr.wv.gov/bms/Programs/WaiverPrograms/CSEDW/Pages/default.aspx.

Application Process (Cont.)

- The applicant and/or legal representative is presented with an Independent Evaluator Network (IEN) list.
- ASO will assist the applicant or legal representative in selecting a provider from the list and contact the chosen Independent Evaluator (IE) from the list to schedule the evaluation.
- The IE will accept or decline the referral.
- If declined, ASO will work with applicant or guardian to find an alternative IE.
- The IE will evaluate the youth and upload the evaluation onto the Kepro website.
- The MECA makes the eligibility determination and uploads that to the Kepro website.
- The applicant or legal representative will be notified of the eligibility and informed of the next steps.

Eligible Diagnosis Assessments

- Behavioral Assessment for Children-3 (BASC-3)
  - Ratings on the most current BASC must reflect T-scores greater that 60 in two or more clinical scales.
- PECFAS or CAFAS
  - The member must show an impairment in functioning that is due to the mental health and/or behavioral health diagnosis.
  - The member must have an impairment in functioning as defined (Youth Total Score of 90 or greater).
  - The impairment must be supported by narrative descriptors of behavioral reports and previous evaluations.

Annual Eligibility/Redetermination Process

All children/youth enrolled in the CSEDW program go through a recertification process annually with the ASO:

- ASO will contact member or guardian approximately 90 days from the member's anchor date to schedule assessment.
- ASO will complete the Child and Adolescent Needs and Strength (CANS) Assessment in addition to the CAFAS and/or PECFAS.
- Results are submitted to the MECA who will make an eligibility redetermination.
- If the results of these re-assessments result in possible program termination, the member or legal guardian has the option of a second medical exam in addition to their other appeal rights.

Applicant Denial and Appeals

If an applicant is denied by the MECA:

- The Written Notice of Decision, Request for Medicaid Fair Hearing Form and a copy of the IE are mailed to the applicant via certified mail.
- Any appeals must be received within 90 days by submitting the Request for Medicaid Fair Hearing form to the Board of Review.
- A second IE is then conducted by a separate providers within 60 days.
- If the applicant is denied a second time by the MECA, they may submit the Request for Medicaid Fair Hearing form to the Board of Review within 90 days in order to schedule a hearing.
- The applicant may request a pre-hearing conference at any time prior to the Medicaid Fair Hearing.

CSEDW Provider Requirements

CESDW Requirements

- All agencies who provide CSEDW services must be a Licensed Behavioral Health Center (LBHC) in West Virginia.
- If an agency wants to pursue LBHC designation, the agency must contact the West Virginia Healthcare Authority at 304-558-7000 to begin the process.
- All agencies who provide CSEDW services must have a signed contract with the current approved MCO as a CSEDW provider.
- A provider agency MUST meet both criteria in order to provide CSEDW services.

CESDW Codes, Services and Rates

CSEDW Codes and Services

- T1016-HA: Wraparound Facilitation
- H2033-HA: Independent Living/Skills Building
- T2021-HA: Job Development
- T2019-HA: Supported Employment, Individual
- H0004-HO-HA: Family Therapy
- H0004-HA: In-Home Family Support
- T1005-HA: Respite, In-Home
- T1005-HA-HE: Respite, Out-of-Home
- G0176-HA: Specialized Therapy
- T2035-HA: Assistive Equipment
- T2038-HA: Community Transition
- H2017-HA: Mobile Response
- A0160-HA: Non-Medical Transportation
- H0038-HA: Peer Parent Support

CSEDW Codes and Rates

- T1016-HA: Wraparound Facilitation
  - $15.07 per 15-minute unit
  - 874 units per service plan
- H2033-HA: Independent Living/Skills Building
  - $10.50 per 15-minute unit
  - 160 units per week in combination with T2021-HA and T2019-HA
- T2021-HA: Job Development
  - $5.23 per 15-minute unit
  - 168 units per week in combination with H2033-HA and T2019-HA

CSEDW Codes and Rates (Cont.)

- T2019-HA: Supported Employment, Individual
  - $5.26 per 15-minute unit
  - 160 units per week in combination with H2033-HA and T2019-HA
- H0004-HO-HA: Family Therapy
  - $32.38 per 15-minute unit
  - 8 units per day or 56 units per week
- H0004-HA: In-Home Family Support
  - $17.77 per 15-minute unit
  - 8 units per day or 56 units per week

CSEDW Codes and Rates (Cont.)

- T1005-HA: Respite, In-Home*
  - $5.26 per 15-minute unit
  - 24 days per year in combination with T1005-HA-HE
- H2017-HA: Mobile Response
  - $21.00 per 15-minute unit
  - 56 units per week
- A0160-HA: Non-Medical Transportation
  - .54 per mile
  - 800 miles per month within West Virginia or within 30 miles of the West Virginia border.

CSEDW Codes and Rates (Cont.)

- H0038-HA: Peer Parent Support
  - $10.50 per 15-minute unit*
  - 8 units per week
- G0176-HA: Specialized Therapy
  - $1.00 per unit up to $1,000 per service plan year in combination with Assistive Equipment
- T2035-HA: Assistive Equipment
  - $1.00 per unit up to $1,000 per service plan year in combination with Specialized Therapy.
- T2038-HA: Community Transition
  - $1.00 per unit up to $3,000 for a one-time transition for an individual coming out of a Residential or Psychiatric Residential Facility into Independent Living
- T1005-HA-HE: Respite, Out-of-Home
  - $5.26 per 15-minute unit*
  - 24 days per year in combination with T1005-HA

Prior Authorization

- Authorization required from the first unit for codes T2021, T2019, T1005, H2033, G0176, T2035 and T2038
- You can request prior authorization by:
  - Phone: 1-844-835-4930;
  - Fax: 1-866-366-7008; or
  - Through the Availity Provider Portal.

MCO Responsibilities

MCO Responsibilities

Aetna Better Health of West Virginia is the current MCO who is responsible for:

- Execution of provider contracts.
- Ensuing statewide provider capacity for all services.
- Care management.
- Distribution of the Member Handbook and the Provider Reference Guide.
- Prior authorizations.
- Utilization management of CSEDW services.
- Ensuring the development of and reviews of the Plan of Care (POC) prior to service authorization and necessary forms.
- Ensuring the case manager works in collaboration with wraparound facilitator and the child and family team.
- Providing the child and family team assistance and helps to secure services.

MCO Responsibilities (Cont.)

Aetna Better Health of West Virginia is the current MCO who is responsible for:

- Claim processing and reporting.
- Quality assurance and quality improvement.
- Grievances and appeals.
- Review of any hospitalization and/or death data.
- Tracking and reporting of all incidents.
- Receives and monitors provider's report of critical incidents as soon as possible.
- Verifying the provider has made a report to Adult Protective Services (APS) or Child Protective Services (CPS) for suspected abuse and/or neglect.

Claims Resubmission and Corrected Claims

- Resubmitted claims may be sent electronically.
- Label all corrected claims as **“Corrected Claim”** on the claim form.
- All claim lines must be submitted, not just the line being corrected.
- Send paper claims for adjustment with attached documentation to:

Aetna Better Health of West Virginia
P.O. Box 67450
Phoenix, AZ 85082-7450

Peer-to-Peer Review

- For denied prior authorization, the request for a peer-to-peer review must be received within five business days of the date the denial of coverage determination fax was sent, prior to services being rendered, and prior to the receipt of a claim or request for an appeal.
- For services that have already begun or have been completed, the request is handled in accordance with the Aetna Better Health provider appeal process.

Denied Claims Process

Determine reason for denial from remittance advice.

- Timely filing or no prior authorization denials must follow the appeals process.
- Claims editing for mutually exclusive, inclusive or non-covered services must follow the reconsideration process.
- Incorrect rate paid or provider non-participating must follow the disputes process.

Appeal Process

The provider appeal process is a formal mechanism that allows the provider the right to appeal the health plan's decision.

Appeal submissions:

- Provider appeals must be received within 90 days of the action taken by Aetna Better Health of West Virginia, giving rise to the appeal.
- The appeal letter should clearly note you are filing an **"appeal."**
- All documents to support the appeal should be provided such as a copy of the claim, remittance advice, medical review sheet, medical records and correspondence.
- Claims editing denials are **NOT** subject to appeal.

Appeal Process (Cont.)

- Submission via U.S. Mail, fax or the Availity Provider Portal:

Mail: Aetna Better Health of West Virginia
Attn: Provider Appeals
500 Virginia St. East, Suite 400
Charleston, WV 25301
Fax: 1-888-388-1752

- Decision response is within 30 calendar days.
- The appeal decision is the final decision.

Reconsideration

- Can be submitted for claim editing denials such as duplicate, inclusive or mutually exclusive services.
- Medical records are required for review.
- Submit via the secure provider portal, or mail to the claims address with a copy of the CMS 1500 form.

Claims Dispute

- Claims disputes may be submitted for incorrect rate paid or services denied for prior authorization when prior authorization was on file.
  - Email: ABH_WV_ProviderRelations@Aetna.com
  - Fax: 1-866-810-8476

ASO Responsibilities

ASO Responsibilities

Kepro is the current ASO who:

- Screens potential waiver applicants.
- Provides data to the MECA to facilitate both initial and re-determinations of medical eligibility.
- Provides education for CSEDW providers, DHHR and other stakeholders.
- Contacts the MCO (Aetna Better Health of West Virginia) when a new member is determined eligible.

MECA Responsibilities

MECA Responsibilities

Psychological Consultation & Assessment, Inc. (PC&A) is the current MECA who:

- Determines eligibility of initial applicants.
- Re-determines eligibility of current members.
- Recruits and trains licensed clinicians to participate in the IEN.

The ASO (Kepro) and the MECA (PC&A) work together to process the initial applications and re-determination packets.

Contacts

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