

**Bulletin Number:** MSA 13-11

**Distribution:** Prepaid Inpatient Health Plans (PIHP)/Community Mental Health Services Programs (CMHSPs)

**Issued:** April 1, 2013

**Subject:** Add New Service and Revise Policy Limitation on Respite Services for the Children's Waiver Program (CWP); Revision of Eligibility Criteria and Add New Service for the Waiver for Children with Serious Emotional Disturbances (SEDW)

**Effective:** As Indicated

**Programs Affected:** Waiver for Children with Serious Emotional Disturbances (SEDW) and the Children's Waiver Program (CWP)

The purpose of this bulletin is to inform Community Mental Health Services Programs (CMHSPs) of the Centers for Medicare & Medicaid Services (CMS)-approved policy revisions to the CWP and the SEDW.

### **New Waiver Service is Approved for Children Enrolled in the CWP**

On March 28, 2011, CMS approved the following waiver service for the CWP, retroactive to October 1, 2010:

#### **Financial Management Services - FMS (Alternate Title: Fiscal Intermediary Services)**

Healthcare Common Procedure Coding System (HCPCS) code "T2025" should be used to bill for this service; it is the intent of this policy that this is a "per month" service with a maximum unit of one per month.

Financial Management Services / Fiscal Intermediary Services include, but are not limited to:

1. Facilitation of the employment of service workers by the child's parent or guardian acting as the consumer's representative, including federal, state and local tax withholding/payments, unemployment compensation fees, wage settlements, and fiscal accounting;
2. Assuring adherence to federal and state laws and regulations; and
3. Ensuring compliance with documentation requirements related to management of public funds.

The fiscal intermediary may also perform other supportive functions that enable the consumer – through his/her parent or guardian - to self-direct needed services. These functions may include helping the consumer's representative recruit staff (e.g. developing job descriptions, placing ads, assisting with interviewing); contracting with or employing providers of services; verification of provider qualifications (including reference and background checks); and assisting the consumer and his/her representative to understand billing and documentation requirements.

This is a service that handles the financial flow-through of Medicaid dollars for children enrolled in the CWP who are using Choice Voucher arrangements. This CWP waiver service is available only to CWP consumers whose parent or guardian, serving as the consumer's representative, chooses to self-direct selected services through Choice Voucher arrangements. A CMHSP may terminate self-direction of services (and therefore Financial Management Services) when the health and welfare of the consumer is in jeopardy due to the failure of the consumer's representative to direct services and supports or when the consumer's representative consistently fails to comply with contractual requirements.

A fiscal intermediary is an independent legal entity – organization or individual - that acts as the fiscal agent of the CMHSP for the purpose of assuring fiduciary accountability for the funds authorized to purchase specific services identified in the consumer's individual plan of service (IPOS). The fiscal intermediary receives funds from the CMHSP and makes payments authorized by the consumer's parent or guardian, as the consumer's representative. The fiscal intermediary acts as an employer agent when the consumer's representative directly employs staff or other service providers.

The fiscal intermediary can be an agency or organization (e.g., financial management services agency accounting firm, local ARC or other advocacy organization) or individual (e.g., accountant, financial advisor / manager, attorney). The fiscal intermediary must meet requirements as identified in the MDCH/CMHSP Managed Mental Health Supports and Services Contract – Attachment C3.4.4 Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program FY12 (and subsequent years) – Attachment P3 4.4.

### **The Limits on Amount, Frequency and Duration of CWP Respite Services are Revised**

On December 16, 2011, CMS approved the following changes to CWP Respite Services, effective January 1, 2012:

1. Respite services billed under HCPCS code T1005 – Respite Care Service 15 Min. will be changed to allow up to 1,152 hours (4,608 15 minute units per year), eliminating the maximum of 96 hours per month.
2. Respite services billed under HCPCS codes H0045 – Respite Not-In-Home Per Diem, S5151 – Unskilled Respite Care/Diem, S9125 – Respite care, in the home, per diem are being replaced by the more flexible use of the T1005 and should no longer be billed effective with the date of this bulletin.

This change will allow flexibility to plan, schedule and use respite in a manner that best meets the consumer's and the family's needs.

### **New Waiver Service is Approved for Children/Youth Enrolled in the SEDW**

On March 19, 2012, CMS approved the following waiver service for the SEDW, effective April 1, 2012:

#### **Home Care Training, Non-Family**

HCPCS Code S5116 – Non-Family Home Care training/session should be used to bill for this service. It is the intent of this policy that this service is reimbursable for up to 4 sessions per day but no more than 12 sessions per 90 days (i.e., three calendar months). A session can be of varying lengths of time but should meet the needs of the plan of service (POS); a billable session must be at least 45 minutes.

This service provides coaching, training, supervision and monitoring of Community Living Support (CLS) staff by clinicians (i.e., licensed psychologist, Master's level social worker, occupational therapist, physical therapist, speech therapist, or Child Mental Health Professional). Professional staff work with CLS staff to implement the consumer's POS, with focus on services designed to improve the child's/youth's social interactions and self-control by instilling positive behaviors instead of behaviors that are socially disruptive, injurious to the consumer or others, or that cause property damage. The activities of the professional staff ensure the appropriateness of services delivered by CLS staff and continuity of care. This service can be provided by more than one clinician in any given month, as the service provider is selected on the basis of his/her competency in the aspect of the POS on which training is conducted.

Services must be provided by qualified providers who meet the requirements of, and in accordance with, 42 CFR §440,50, through §440,60(a) and other applicable state and federal law or regulations.

### **Eligibility Criteria for the SEDW are Revised**

On March 19, 2012, CMS approved the following eligibility criteria for the SEDW, effective April 1, 2012:

The approved Request for Amendment increases the age through which a consumer can remain eligible for the SEDW. This change permits waiver services to continue to be provided to youth in foster care, and corresponds with changes in Michigan statute that conform with Federal Fostering Connections legislation.

The last criterion under Section 1 – General Information, 1.2 Eligibility of the “Children’s Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix” of the Mental Health/Substance Abuse Chapter of the Michigan Medicaid Provider Manual is revised to read as follows:

“A youth can remain on the waiver up to his/her 21<sup>st</sup> birthday, if all of the following criteria are met...”

This revision effectively increases the maximum age for the SEDW from age 19 to age 20 for children and youth who were under the age of 18 when approved for the waiver and who continue to meet all non-age-related eligibility criteria for the waiver and who continue to need waiver services.

### **Manual Maintenance**

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **Approved**



Stephen Fitton, Director  
Medical Services Administration