

Bulletin Number: MSA 18-10

Distribution: All Providers

Issued: June 1, 2018

Subject: Pediatric Outpatient Intensive Feeding Program Services

Effective: July 1, 2018

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services (CSHCS)

The purpose of this bulletin is to establish coverage for Pediatric Outpatient Intensive Feeding Program services for beneficiaries with significant feeding and swallowing difficulties as part of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. Effective for dates of service on or after July 1, 2018, Pediatric Outpatient Intensive Feeding Program services may be reimbursed through Medicaid Fee-for-Service (FFS). Covered services that are carved out of the Medicaid Health Plan (MHP) delivery system will be reimbursed through FFS consistent with applicable Medicaid policy.

I. General Information

Pediatric feeding disorders are a complex set of feeding and swallowing problems that disrupt the acquisition of functional age-appropriate feeding habits. To resolve complex pediatric feeding issues, clinical evidence indicates that both medical and behavioral interventions are needed. Failure to address feeding issues in young children can be severe and include growth failure, susceptibility to chronic illness and/or death.

A Pediatric Outpatient Intensive Feeding Program is an onsite day program that is delivered by a team of medical, behavioral health and other professionals who address complex feeding issues through integrated, individualized care.

II. Program Services

Medicaid covers medically necessary Pediatric Outpatient Intensive Feeding Program services for eligible beneficiaries. Pediatric Outpatient Intensive Feeding Program services primarily focus on children who have been diagnosed by a medical professional to have significant feeding difficulties that have not been resolved or treated adequately through less intensive therapies. Pediatric Outpatient Intensive Feeding Program services utilize a multi-disciplinary team to assist the beneficiary and his/her parents/guardians in improving the beneficiary's ability to eat and swallow and improve nutritional outcomes. Pediatric Outpatient Intensive Feeding Program services include an initial comprehensive

assessment, individualized plan of care (POC), on-going monitoring, and incorporate appropriate behavioral modification techniques and parent/guardian education/training. Pediatric Outpatient Intensive Feeding Program services offer an intensive focus on oral-motor skill development with attention to nutritional markers for the most therapeutic outcome.

Medicaid covers medically necessary Pediatric Outpatient Intensive Feeding Program services for eligible beneficiaries. Pediatric Outpatient Intensive Feeding Program services:

- Primarily focus on children who have been diagnosed by a medical professional to have significant feeding difficulties that have not been resolved or treated adequately through less intensive therapies;
- Utilize a multi-disciplinary team to assist the beneficiary and his/her parents/guardians in improving the beneficiary's ability to eat and swallow and improve nutritional outcomes;
- Include an initial comprehensive assessment, individualized plan of care (POC), on-going monitoring, and incorporate appropriate behavioral modification techniques and parent/guardian education/training; and
- Offer an intensive focus on oral-motor skill development with attention to nutritional markers for the most therapeutic outcome.

Pediatric Outpatient Intensive Feeding Program services are designed to evaluate, diagnose and treat beneficiaries with significant feeding and swallowing difficulties. The initial comprehensive evaluation is performed by a multi-disciplinary team who meets with the beneficiary and his/her parents/guardians to assess the beneficiary's current status and potential for improvement. The initial comprehensive evaluation should include:

- Assessment of medical history and physical exam;
- Nutritional history and evaluation of growth and nutritional parameters;
- Psychological assessment of developmental, cognitive, emotional and behavioral function;
- Psychosocial evaluation;
- Evaluation of oral-motor function (may include videofluoroscopy swallow study, Fiberoptic Endoscopic Evaluation of Swallowing (FEES), clinical swallowing evaluation, and sensory evaluation);
- Standardized tests and/or objective functional baseline measures to assist with planning short- and long-term goals and to document progress;
- Observation of a simulated meal/snack time; and
- Development of an individualized POC.

Following the initial comprehensive evaluation, the beneficiary and parents/guardians commit to an outpatient program which may typically be held five days per week, six to eight hours per day, for a period up to six weeks. The goals of Pediatric Outpatient Intensive Feeding Program services are to:

- Promote consistent mealtime acceptance;
- Promote good nutrition;
- Increase the variety of foods the beneficiary will eat;
- Promote development of oral-motor skills for feeding;
- Promote developmental feeding skills, such as cup drinking and self-feeding;
- Transition from tube to oral feeding; and
- Assist the beneficiary and/or parents/guardians in acquiring feeding skills through education/training.

Beneficiaries should be routinely monitored, and one-on-one consultations and/or conferences with team members should be routinely scheduled to discuss progress. Supportive services provided during this time may include speech therapy, occupational therapy, physical therapy and/or social work. Progress is assessed regularly and the POC is updated, if continuation is necessary.

III. Indications for Services

Pediatric Outpatient Intensive Feeding Program services may be considered medically necessary for individuals with anatomical, physiological, congenital, or cognitive conditions and/or complications of severe illness who experience significant feeding difficulties. Eligible beneficiaries must meet all the following criteria:

- Significant oral-motor problems and/or chronic medical condition exist;
- Normal feeding milestones have not been met through previous therapies and treatment;
- Suboptimal nutritional status has been determined; and
- Inadequate responsiveness to less intensive treatment has been clinically documented.

Examples of feeding disorders treated in these programs include, but are not limited to:

- Oral-motor dysfunction (including swallowing, oral and/or pharyngeal dysphagia);
- Severe pathology in the perception of, or response to, sensory input to the extent that it significantly limits the ability to function;
- Gastrointestinal disorders; and
- Feeding tube dependency.

Pediatric Outpatient Intensive Feeding Program services are not covered for individuals with specific eating disorders (e.g., binge eating, bulimia, anorexia or obesity-related disorders).

IV. Provider Qualifications

Pediatric Outpatient Intensive Feeding Programs are provided under the delegation and supervision of a Medical Director and delivered by a multi-disciplinary team of medical, behavioral health and other professionals who are licensed, certified and/or registered to provide health-related services within the scope of practice for their discipline. The multi-disciplinary team should integrate and coordinate an individualized, comprehensive POC to address complex feeding issues. Each Pediatric Outpatient Intensive Feeding Program must have the following staff actively involved in the assessment process and/or development/implementation of the POC.

Provider Type	Required Qualifications
Pediatrician	A Medicaid-enrolled and CSHCS-approved physician who possesses or is eligible for Pediatric Specialty Board Certification. Physicians are expected to remain familiar with current developments and standards of treatment in their respective fields. May serve in the required role as Medical Director.
Subspecialist	A Medicaid-enrolled and CSHCS-approved physician who possesses or is eligible for Pediatric Subspecialty Board Certification, including physicians with special training and demonstrated clinical experience related to pediatric feeding clinic issues. Physicians are expected to remain familiar with current developments and standards of treatment in their respective fields. May serve in the required role as Medical Director.
Licensed Behavioral Health Professional	A Licensed Behavioral Health Professional, such as a licensed psychologist or licensed Master's Social Worker, with at least two years of professional experience in providing services to children/youth and their families.
Occupational Therapist	A Licensed Occupational Therapist with at least one year of professional pediatric experience.
Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN)	An RD or RDN in possession of a Master's degree in human nutrition, public health, or a health-related field with an emphasis on nutrition, and one year of pediatric nutrition experience in providing nutrition assessment, education and counseling.

Speech-Language Pathologist	A Licensed Speech-Language Pathologist in possession of a Master’s degree, and at least one year of professional pediatric experience.
Other staff	Other staff may include registered nurses, physical therapists, etc.
Parent/Guardian and/or Beneficiary	The parent/guardian and/or the beneficiary must be an active, participating team member in the development of the beneficiary’s comprehensive POC.

V. Service Provider Enrollment

CSHCS-approved, Medicaid-enrolled program sites must be certified by the Michigan Department of Health and Human Services (MDHHS). MDHHS certification will be based upon adherence to the following requirements:

- Existence of a program schedule of services and supports.
- Assessment and POC services must be delivered by professional staff, as identified.
- If an aide under professional supervision delivers direct services, that supervision must be documented in the beneficiary’s medical record.

Certification of new program sites will be contingent upon submission of acceptable enrollment information to MDHHS or upon a site visit by MDHHS.

VI. Prior Authorization

Pediatric Outpatient Intensive Feeding Program services require prior authorization. Requests for prior authorization must be submitted utilizing form MSA-6544-B (Practitioner Special Services Prior Approval – Request/Authorization) and include documentation to support medical necessity such as height/weight measurements and previously attempted therapeutic interventions. Medicaid forms can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Forms. (Refer to the Prior Authorization subsection within the Outpatient Therapy Chapter of the Medicaid Provider Manual for further information.)

A copy of the prior authorization must be retained in the beneficiary’s medical record.

Pediatric Outpatient Intensive Feeding Program services must request prior authorization to continue the intensive treatment services beyond the current authorization period, even if a beneficiary changes providers. A copy of the latest re-evaluation must be submitted with the prior authorization request.

Requests for continued treatment must be supported by all of the following:

- Summary of previous treatment period (not to exceed 90 days prior to that time period for which prior authorization is being requested), including measurable progress on each short- and long-term goal, rate of progress, statement of the beneficiary's response to treatment, and any factors that have affected progress during the therapy period. Do not send daily treatment notes.
- Revised goals and justification for any change in the treatment plan for the requested period of treatment.
- Statement detailing any parent/guardian education and training.

VII. Billing and Reimbursement

Reimbursement for Pediatric Outpatient Intensive Feeding Program services is a bundled payment rate based on the covered services provided by a multi-disciplinary team. This service is reimbursed as a daily rate comprised of all costs associated with the services provided within the day program, including: facility-related costs; medical care services provided by the physician and other licensed practitioners; services provided by clinical staff working under the delegation and supervision of a licensed medical practitioner; and diagnostic, screening and rehabilitative services. Services are billed as FFS claims through the Community Health Automated Medicaid Processing System (CHAMPS) regardless of beneficiary health plan status. Providers are to bill using Healthcare Common Procedure Coding System (HCPCS) code S0317 (disease management; per diem).

Manual Maintenance

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

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to 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 1-800-979-4662.

Approved



Kathy Stiffler, Acting Director
Medical Services Administration