

January 11, 2013

Montana Health Care Programs Notice

Home- and Community-Based Services

New Program, Montana i-Home, State Plan Amendment for Youth with Serious Emotional Disturbance (SED)

The Centers for Medicare and Medicaid Services have approved the Department's State Plan Amendment effective January 1, 2013. This new federal authority allows states to provide home- and community-based waiver-like services through a state plan amendment (instead of through the 1915(c) HCBS waiver authority). Below are some features of this new program in Montana:

- Youth is age 5 through 17 (up to 18th birthday unless youth is in secondary school, and then may consent to Montana i-Home until age 20).
- Youth meets criteria for serious emotional disturbance.
- Youth resides in the community with family in the state of Montana.
- Youth meets Needs-Based Criteria, which is less stringent than Psychiatric Residential Treatment Facility (PRTF) level of care (UR Contractor responsibility).
- Youth needs at least one Montana i-Home service, determined through a face-to-face assessment (UR Contractor responsibility).
- Youth and family agree to participate in the high fidelity wraparound facilitation process.
- The youth is re-evaluated annually and meets Needs-Based Criteria and another face-to-face assessment is completed.
- All Montana i-Home services require prior authorization from the Regional Managers, Children's Mental Health Bureau.
- Providers of Montana i-Home services must enroll as Montana Medicaid providers, Provider Type 28, through Xerox State Healthcare, LLC, the Department's MMIS Contractor.

The fee schedule, including codes, modifiers and service descriptions, is attached to this provider notice. Please read thoroughly as there are specific billing directions for some of the services.

The referral form for Montana i-Home is attached and is available on the CMHB website, <http://www.dphhs.mt.gov/mentalhealth/children/index.shtml>. There is also an informational packet for Montana i-Home on the CMHB website listed above.

Contact Information

If you have any questions, please contact Laura Taffs, Children's Mental Health Bureau, at 406-444-1460 or LTaffs@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.

MONTANA i-HOME – CODES, MODIFIERS, FEES 1/1/13

IN-HOME THERAPY								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0040 UA	In-Home Therapy, Per Encounter	28	Fee Schedule	\$110.00	005	017	Y	Encounter rate includes all pre and post activities; 50 minutes minimum per encounter; one encounter per day <u>EXCEPT</u> for wraparound team meetings.
H0040 UA HQ	In-Home Therapy (for wraparound team meetings, include additional modifier)	28	Fee Schedule	\$110.00	005	017	Y	Only one wraparound team meeting per youth/per day; include additional modifier after UA modifier.
RESPITE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S5150 UA	Respite Care, Per 15 Minutes	28	Fee Schedule	\$5.32	005	017	Y	
S5151 UA	Respite Care, Per Diem	28	Fee Schedule	\$200.00	005	017	Y	Rate is for 24 hour, overnight respite provided in a therapeutic group home or shelter care (or similar provider settings).
EDUCATION & SUPPORT								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
G0177 UA	Training & Education Services Related To Care & Treatment of Mental Health Problems; Per Session	28	Fee Schedule	\$75.00	005	017	Y	Curriculum must be approved by the Department (CMHB, Program Director).
NON-MEDICAL TRANSPORTATION								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S0215 UA	Non-Medical Transportation, Per Mile	28	Fee Schedule	\$0.33	005	017	Y	
CONSULTATIVE CLINICAL AND THERAPEUTIC SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
90899 UA	Call (or other modes of communication) TO A PSYCHIATRIST by a Physician or Mid-Level Practitioner For Consultation	28	Fee Schedule	\$120.00 \$ 80.00	005	017	Y	Psychiatrist is paid \$120; consulting physician or mid-level practitioner is paid \$80.
SUPPLEMENTAL SUPPORTIVE SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
T1999 UA	Therapeutic Items and Supplies	28	Fee Schedule	Limited	005	017	Y	\$1000 per enrollment year/youth.
FAMILY SUPPORT SPECIALIST								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S9482 UA	Family Support Specialist, Per 15 Minutes	28	Fee Schedule	\$14.00	005	017	Y	Use this code, per 15 minutes, when attending wraparound team meetings.

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PEER-TO-PEER SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0038 UA	Peer-to-Peer Service for Parent/Guardian- Per 15 Minutes	28	Fee Schedule	\$11.00	005	017	Y	Adult (Caregiver) Peer-to-Peer Service
H2014 UA	Peer-to-Peer Service for Enrolled Youth- Per 15 Minutes	28	Fee Schedule	\$10.00	005	017	Y	Enrolled Youth Peer-to-Peer Service
HIGH FIDELITY WRAPAROUND FACILITATION SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0039 UA	High Fidelity Wraparound Facilitation Service, Per 15 Minutes	28	Fee Schedule	\$15.00	005	017	Y	Billable activities included below*
H0039 UA HQ	High Fidelity Wraparound Facilitation Service (for non-face-to-face care coordination, please include this modifier)	28	Fee Schedule	\$15.00	005	017	Y	When billing for non-face-to-face care coordination, please include additional modifier after UA modifier.
GEOGRAPHICAL FACTOR								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
A0160 UA	Per Mile (based on the providers listing in "Comments" traveling more than 25 miles from the home office, excludes satellite offices)	28	Fee Schedule	\$0.50	005	017	Y	Only available for Wraparound Facilitators, Family Support Specialists, Peer-to-Peer Specialists, In-Home Therapists AND Co-Occurring Service Providers.
SPECIALIZED EVALUATION SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H2000 UA	Per Specialized Evaluation (NOT covered by Medicaid or other sources)	28	Fee Schedule	Limited	005	017	Y	\$1500 per enrollment year/ youth
CO-OCCURRING SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H20047 UA	Per Encounter (rate includes all pre and post activities; 50 minutes minimum per encounter; one encounter per day <u>EXCEPT</u> for WRAPAROUND team meetings)	28	Fee Schedule	\$123.50	005	017	Y	Service is provided by a dually Licensed Mental Health Professional (LMHP) & Licensed Addiction Counselor (LAC). When this service is provided by 2 professionals (LMHP & LAC), only ONE of the providers may bill for that encounter.
H0047 UA HQ	Co-Occurring Service (for WRAPAROUND Team Meeting occurring on the same day as the encounter; USE ADDITIONAL MODIFIER)	28	Fee Schedule	\$123.50	005	017	Y	Only one wraparound team meeting per youth/per day; include additional modifier after UA modifier. When this service is provided by 2 professionals (LMHP & LAC), only ONE of the providers may bill for that encounter.

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CRISIS INTERVENTION SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
T2034 UA	Per Diem (24 hour)	28	Fee Schedule	\$200.00	005	017	Y	Short-term placement in a therapeutic group home or youth shelter home (not greater than 14 days). Multiple consecutive stays are not allowed.

PA = All services require “Prior Authorization” from the Regional Manager.

***High Fidelity Wraparound Facilitation** services are comprehensive services comprised of a variety of specific tasks and activities designed to support the family and youth in identifying, prioritizing and achieving their goals using the wraparound process within a team of the family choosing. Wraparound facilitators work under the supervision of a licensed mental health professional. The following table provides a breakdown of billable/non-billable activities.

FACE-TO-FACE (billable per 15 minute code)	COORDINATION (billable per 15 minute code with modifier)	PAPERWORK (not billable; activities are included in the rate)
Engaging the family	Engaging the family	
Completing the Strengths, Needs and Cultural Discovery with the family Review completed SNCD with family for editing.	Completing the Strengths, Needs and Cultural Discovery with the family (can possibly occur multiple times as family dynamics/circumstances change).	Completing the Strengths, Needs and Cultural Discovery with the family Edits to the SNCD typing and updating
	Assembling the wraparound team (mostly coordination; some face-to-face).	Agenda for meeting and progress notes (meeting overview minutes)
Facilitating family team meetings and developing a crisis plan (mostly, some coordination)	Updating/coordinating w/ team members not present at the meeting; Gathers information from team members who will not be at the meeting/reminder calls of meeting time and date.	Typing/writing the meeting overview
	Working with the department to identify providers of services and other community resources family and youth can select from to meet their needs	
	Making necessary referrals for youth (often includes follow-up until support/service is secured; coordination of integrating new support/service)	
Convening regular meeting with family and team to review accomplishments and progress towards goals and to make adjustments	Convening regular meeting with family and team to review accomplishments and progress towards goals and to make adjustments	Preparing agenda for meeting, updating ground rules, etc.
	Calls to team members to elicit information/updates if member will not be in attendance; ensuring follow through of role on team responsibilities.	Documenting and maintaining all information regarding the approved service plan including revisions approved by the

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FACE-TO-FACE (billable per 15 minute code)	COORDINATION (billable per 15 minute code with modifier)	PAPERWORK (not billable; activities are included in the rate)
		Regional Manager
	Presenting the team's suggested services plan changes to the Regional Manager for approval.	
Providing copies of the current approved service plan to the youth and family/legal representatives and to professional and agency team members.	Providing copies of the current approved services plan to the youth and family/legal representatives and to professional and agency team members	Making copies of current approved service plan and mailing out copies to those not present and/or after revisions have been made and approved by the Regional Manager
	Monitoring the service plan to ensure service are provided as planned; on-going with Regional Manager.	
	Consulting with family to ensure services received continue to meet identified needs	
	Maintaining communication between all wraparound team members.	
	Educating new members to the wraparound process (specific to youth).	
	Maintaining team cohesiveness	
	Preparing family for transition out of formal wraparound 1915(i) HCBS State Plan services	Documenting proposed team revisions to service plan to support transition and providing this to the Regional Manager for approval and revision of the service plan
Complete MT CANS (to occur at admission, every 3 months, and at discharge).	Complete MT CANS (to occur at admission, every 3 months, and at discharge).	Complete MT CANS (data entry; report activities).
	As Needed: Serious Occurrence Report.	As Needed: Serious Occurrence Report.