



Comprehensive Community Services (CCS) Regional Expansion: Enrollment and Benefits

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Presentation Overview

- Description of CCS program regional expansion
- Enrollment requirements to operate regional CCS program
- Enrollment requirements to operate non-regional CCS program
- Medicaid CCS benefit requirements
- Medicaid CCS benefit
 - Covered services (service array)
 - Reimbursement restrictions
 - Non-covered services
 - Place of service restrictions



Regional Expansion of the CCS Program Under Act 20

- The Wisconsin 2013-15 biennial budget (Act 20) authorized DHS to increase funding to support regional CCS programs.
- Effective July 1, 2014, ForwardHealth will provide both the federal and non-federal share of Medicaid program costs to counties and tribes that operate CCS programs on a regional basis.
- Counties and tribes who operate their CCS programs on a non-regional basis will continue to be eligible only for the federal share of Medicaid program costs, and must still provide the non-federal share of Medicaid program costs.

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Four CCS Regional Service Models

The Wisconsin Department of Health Services' (DHS) Division of Mental Health and Substance Abuse Services (DMHSAS) has developed four models under which counties and tribes can operate CCS programs on a regional basis. The models are:

1. **Population-Based**
 - A single county with a population exceeding 350,000 residents or a single tribe operates a regional CCS program within its county or tribe.
2. **Shared Services**
 - Multiple counties/tribes partner together to operate a regional CCS program across their counties/tribes and no lead county or tribe is identified.
3. **Multi-County**
 - Multiple counties/tribes partner together to operate a regional CCS program across their counties/tribes and a lead county or tribe is identified.
4. **51.42**
 - Multiple counties that have partnered together to form a separate 51.42 legal entity to operate a regional CCS program through the 51.42 entity.

Additional information about the four regional models is available at:

<http://www.dhs.wisconsin.gov/publications/P0/P00602.pdf>

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Regional CCS Programs

To operate a regional CCS program, counties/tribes must complete the following three processes with DHS:

1. Obtain approval of their proposed regional CCS program from DMHSAS.
2. Obtain certification of their proposed regional CCS program from the DHS Division of Quality Assurance (DQA).
3. Enroll with ForwardHealth in the Medicaid program as a regional CCS provider. The enrollment will require a federally mandated application fee. Current Medicaid-enrolled CCS providers will **not** need to complete a new enrollment application; ForwardHealth will contact current Medicaid-enrolled CCS providers to update their information. Current Medicaid-enrolled CCS providers still need to complete steps 1 and 2 above if they want to be a regional provider.

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Medicaid Enrollment of Regional CCS Programs

Counties and tribes must enroll with ForwardHealth in the Medicaid program as a regional CCS provider based on the following requirements:

- Population-Based Model – The single county or single tribe within the region must enroll.
- Shared Services Model – Each county or tribe within the region must enroll separately.
- Multi-County Model – Each county or tribe within the region must enroll separately.
- 51.42 Model – The 51.42 entity must enroll; individual counties within the 51.42 region do not need to separately enroll.

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Medicaid Enrollment of Regional CCS Programs

To access the Medicaid enrollment application on the ForwardHealth Portal, providers should follow these steps:

1. Access the Portal at www.forwardhealth.wi.gov/
2. Select the "Become a Provider" link on the left side of the Portal home page. The Provider Enrollment Information home page will be displayed.
3. On the upper left side of the Provider Enrollment Information home page, select the "Start or Continue Your Enrollment Application" link.
4. In the box titled, "To Start a New Medicaid Enrollment," select the Medicaid Provider Enrollment Application link.

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ForwardHealth Enrollment of Non-Regional CCS Programs

- Medicaid enrollment requirements are not changing for counties and tribes that choose to operate CCS programs on a non-regional basis.
- Counties and tribes currently enrolled as CCS providers that continue to operate as non-regional providers do not need to do anything further.

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Billing Status for Regional CCS Providers

- Regional CCS providers will be enrolled in one of two billing categories (billing and rendering or rendering only) based on the regional service model under which their program operates.
- Billing and rendering providers may identify themselves on claims as either the provider billing the services or the provider rendering the services.
 - Regional models with billing and rendering status: population-based; shared services; 51.42; and multi-county lead county/tribe.
- Rendering providers may only identify themselves on claims as the provider rendering the services. Rendering providers must identify the lead county/tribe on claims as the billing provider.
 - Regional models with rendering only status: multi-county non-lead counties/tribes.

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CCS Medicaid Benefit

- CCS provides psychosocial rehabilitation services to individuals with mental health and/or substance abuse issues.
- All services must be non-institutional.
- Individuals across the lifespan (minors, adults, and elders) can receive the CCS benefit.

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CCS Medicaid Benefit DHS 36 Requirements

All services must meet the requirements in DHS Administrative Code Chapter 36 to be covered by Medicaid. Key requirements in DHS 36 are:

- DHS 36.13: Any individual seeking services must complete an application for services and sign an admission agreement. The CCS program must determine the individual's need for psychosocial rehabilitation services based on DHS 36.14.
- DHS 36.14: Any individual seeking services must have a mental health or substance abuse diagnosis and a functional impairment that interferes with or limits one or more major life activities. Individuals eligible for CCS need more than outpatient counseling but less than the services provided by the Community Support Program benefit.
- DHS 36.15: All services must be authorized before a service is provided to a CCS member (and submitted for reimbursement).
- DHS 36.16 and 36.17: Any CCS individual must receive an assessment and have a service plan. All services provided must be documented in the service plan.
- DHS 36.18: All CCS individuals must have a service record that contains information about the individual's needs, outcomes, and progress.

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CCS Medicaid Benefit-Other Requirements

- Any individual seeking CCS must have a physician prescription to initiate services and claim reimbursement. The CCS provider must have a current prescription on file at all times.
- Individuals cannot be in both the CCS program and the Community Support Program at the same time under Wis. Stat. 49.45(30e), DHS 107.13(7), and DHS 36.14.
- Under DHS 105.257, CCS providers can provide services directly or may contract with other qualified providers to provide all or some of the services.
- All services must be provided by a qualified Medicaid-enrolled provider to a Medicaid-enrolled member.

- Contracted providers do not need to be Medicaid-enrolled

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CCS Covered Services- Service Array

- All CCS programs must provide services that a member needs as determined by the assessment of all the domains in DHS 36.16(4).
- The service array describes the types of services that are covered by the CCS Medicaid benefit (see handout).
- CCS programs may not deny any member access to CCS by claiming that the CCS program does not provide a service that would be covered by Medicaid under the CCS service array. If a CCS program does not provide a service that is covered under the CCS service array, the CCS program must determine a way to provide a service that meets the needs of the member.

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CCS Covered Services- Service Array

- DHS staff updated the service array based on county suggestions and feedback
- Highlights of updated service array:
 - Expanded and clarified definitions of services
 - Added category for Peer Support
 - Removed category for Residential Supports
 - Services provided in certain residential settings can still be reimbursed.
 - Reimbursement will be based on category of service in the array. Providers will be required to indicate an appropriate Place of Service (POS) on the claim.

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CCS Covered Services- Service Array

- Highlights of updated service array:
 - Added language regarding youth services
 - Clarified what prescribers and non-prescribers can do for medication management
 - Maintained requirements regarding non-traditional services. Non-traditional services are not allowable unless they meet several conditions, including pre-approval from Medicaid prior to billing. Providers requesting non-traditional services must submit a specific form to receive approval.

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CCS Covered Services- Reimbursement Restrictions

- Under DHS 107.13(7), if a member is receiving CCS, the following services must be provided as part of the CCS program and cannot be claimed or reimbursed separately in fee-for-service:
 - Outpatient psychotherapy
 - Adult mental health day treatment
- The CCS program includes case management. A member that is receiving CCS cannot also be enrolled in the Targeted Case Management benefit.

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CCS Covered Services- Reimbursement Restrictions

- If a member is receiving services, any services in the array without reimbursement restrictions can be provided either as part of the CCS program or separately in fee-for-service. Examples of services that can be reimbursed as part of the CCS program or in fee-for-service are medication management services provided by a psychiatrist.

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CCS Non-Covered Services

- CCS does not cover certain services (see handout). Services not covered by the CCS benefit are not reimbursable through CCS.
- CCS non-covered services **may** be reimbursed separately from the CCS benefit **if** the services are covered by Wisconsin Medicaid and BadgerCare Plus in other benefits outside CCS.

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CCS Non-Covered Services

Highlights of CCS non-covered services:

- HealthCheck Services
 - Intensive In-home Mental Health/Substance Abuse Treatment Services for Children benefit
 - Child/Adolescent Day Treatment benefit
- Crisis Intervention benefit

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CCS Non-Covered Services

Highlights of CCS non-covered services:

- Autism services
- Developmental disability services
- Learning disorder services
- Job development
- Clubhouses
- Member transportation

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CCS Non-Covered Services

Highlights of CCS non-covered services:

- Operating While Intoxicated assessments
- Urine analysis and drug screening
- Prescription drug dispensing
- Detoxification and intoxication services
- Narcotic treatment (opioid treatment programs)

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CCS Place of Service Restrictions

- Services provided to a resident of an intermediate care facility, skilled nursing facility, an institution for mental diseases, a hospital, or other institutional facility are only covered if provided to prepare the CCS member for discharge from the facility to reside in the community.
- CCS does not cover any services provided to individuals residing in Residential Care Centers.
- If staff in a CCS program is providing CCS covered services to a CCS member while traveling with the member or attending a health appointment with the member, provider time should be billed under the appropriate psychosocial service array category and providers should use POS code 99.
- Although services can be provided in certain residential facilities, the CCS benefit **does not** include room and board.

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Next Steps and Resources

- Medicaid Provider Update and Online Handbooks
 - Provider Update (Note: Information from Provider Update will be put into the Online Handbook).
 - Will include enrollment, benefit, and financial information.
- Medicaid Reconciliation Instructions
- Resources
 - <http://www.dhs.wisconsin.gov/aboutdhs/initiatives/budget/initiatives/mh/ccs.htm> (CCS expansion website)
 - <http://www.forwardhealth.wi.gov> (Medicaid provider portal)
 - https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/36 (CCS Administrative Code)
- Questions
 - DHSDMHSASCCS@wisconsin.gov