



Clarification of Community Support Program (CSP) Coverage and Billing in the Family Care Program

Purpose:

The purpose of this memo is to clarify for Managed Care Organizations (MCOs) the coverage and payment policies applicable to Community Support Program (CSP) services when provided through the Family Care, Family Care Partnership or PACE programs.

Background:

CSP is a Medicaid State plan service included in the Family Care, Family Care Partnership and PACE benefit package. In 2008, a joint memo from the Division of Long Term Care (DLTC) and the Division of Mental Health and Substance Abuse Services (DMHSAS) specified coverage, billing policies, care management responsibilities and related issues for CSP services authorized by MCOs.

This memo reiterates coverage and payment policies, corrects an outdated billing process, and clarifies an inconsistency between the 2008 memo and the DHS-MCO contract.

Policy

1. MCOs shall contract with Medicaid-certified CSPs, where available, to provide CSP services to members when CSP services have been authorized in the member's care plan as necessary to support the member's long-term care outcomes.
2. For Family Care, CSP coverage excludes CSP psychiatrist services, which are to be billed fee-for-service by the CSP provider to the State Medicaid program. In other words, CSP psychiatry services are covered by the State Medicaid program rather than the MCO. This exclusion from MCO coverage is consistent with the exclusion of physician services from other Family Care-covered mental health services and from the Family Care benefit package in general.
3. For Family Care Partnership and PACE, CSP psychiatrist services are in the benefit package and paid for along with other CSP services by the MCO, since primary and acute health care including physicians' services are covered by those programs.
4. The failure to explicitly exclude psychiatry services from the definition of CSP in the 2013 DHS-MCO contract for Family Care was an oversight that will be corrected in the 2014 contract. Notwithstanding, coverage policy for Family Care is as stated in 2 above.

5. MCOs shall pay both the federal and non-federal share of the rate for CSP services; counties are not responsible for the non-federal share of CSP services for members in Family Care, Family Care Partnership or PACE. The attached document lists the current Medicaid payment rates and proper procedure coding for the different CSP disciplines. The correct payment amounts are in the column headed “Contracted Rate.”
6. Claims for CSP psychiatry services for Family Care members should be billed by the CSP provider to Medicaid as professional claims. These will be paid at the full (federal + state) CSP psychiatry rate. The direction in DLTC Info Memo 2008-12 to bill CSP psychiatric services as outpatient claims is no longer correct and should be disregarded.

The same policy regarding payment rates applies to CSP as to other State plan services in the Family Care and Partnership benefit packages. MCOs pay up to the State plan rates but may request a waiver to pay above those rates pursuant to the Provider Network Article of the DHS-MCO contract, under the Payment section, Medicaid rates subsection (2013 contract reference: Article VIII.N.7.c).

Reference: [DHS-MCO Contract](#)

Attachment: [Wisconsin Medicaid Maximum Allowable Fee Schedule for Community Support Program Services](#) (PDF)