

## Behavioral Treatment Benefit and Other Support Services for Children with Autism

### FREQUENTLY ASKED QUESTIONS (FAQs) BY FAMILIES

This FAQ document has been developed to respond to questions families may have regarding the upcoming transition of coverage for autism treatment services from the Children's Long-Term Support (CLTS) Waiver Program to the new ForwardHealth behavioral treatment benefit.

The Department of Health Services will regularly review and update this FAQ document to make sure families have the most current information about the transition.

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#### A. BACKGROUND

##### A-1 Why are changes being made to the coverage of autism treatment services?

**Response:** In July 2014, the federal government directed states to cover autism treatment services under the [Medicaid State Plan](#). In response, the Department is moving coverage of autism treatment services from the CLTS Waiver Program to a new behavioral treatment benefit under ForwardHealth. ForwardHealth includes the Medicaid, BadgerCare Plus, and Katie Beckett programs.

##### A-2 When will the new ForwardHealth behavioral treatment benefit be available?

The new benefit will be available beginning January 1, 2016.

## **B. ELIGIBILITY FOR FORWARDHEALTH BEHAVIORAL TREATMENT BENEFIT**

### **B-1 How can my child qualify for the ForwardHealth behavioral treatment benefit?**

**Response:** To qualify for the ForwardHealth behavioral treatment benefit, your child must meet the following conditions:

- He or she must be enrolled in Medicaid, BadgerCare Plus, or the Katie Beckett Program (see section [K](#) for information about how to apply for Medicaid, BadgerCare Plus, or the Katie Beckett Program).
- He or she must have a diagnosed need for behavioral treatment (this includes, but is not limited to, an autism diagnosis), and
- His or her Medicaid-enrolled behavioral treatment provider must get prior authorization from ForwardHealth for medically necessary behavioral treatment.

### **B-2 Will there be an age limit for services under the ForwardHealth behavioral treatment benefit?**

**Response:** Coverage of services under the ForwardHealth behavioral treatment benefit will be based on the medical necessity of those services for the child, not the child's age. Medical necessity will be determined by ForwardHealth through the prior authorization process. A service may be considered medically necessary when it is the most appropriate, clinically effective, cost-effective plan of care for the child at the time, as determined by ForwardHealth.

### **B-3 Will my child need to get a disability determination before he or she can get services under the ForwardHealth behavioral treatment benefit?**

**Response:** No, behavioral treatment services under ForwardHealth will not be limited to children with a disability determination.

### **B-4 Will my child have to complete a CLTS functional screen in order to get services under the ForwardHealth behavioral treatment benefit?**

**Response:** No, children will not be required to complete a CLTS functional screen in order to get services under the ForwardHealth behavioral treatment benefit.

## **C. TRANSITION OF CHILDREN WAITING FOR AUTISM TREATMENT SERVICES**

### **C.1 My child is currently on the state Autism Wait List. When will my child be able to start getting services under the ForwardHealth behavioral treatment benefit?**

**Response:** Behavioral treatment providers can begin submitting prior authorization requests to ForwardHealth at any time for behavioral treatment services to begin on or after January 1, 2016. Families with children on the state Autism Wait List may work with their treatment provider to ask for treatment at any time.

### **C.2 What if my child needs additional services that are not covered under the ForwardHealth behavioral treatment benefit?**

**Response:** While your child's prior authorization request is being evaluated for the ForwardHealth behavioral treatment benefit, the Department will move your child's name from the state Autism Wait List to the county's CLTS Wait List. When your child's name comes to the top of the county's CLTS Wait List, the waiver agency will determine your child's CLTS Waiver Program eligibility and will assess the needs of your child and family for ongoing waiver services.

## **D. TRANSITION OF CHILDREN CURRENTLY RECEIVING AUTISM TREATMENT SERVICES UNDER CLTS WAIVER PROGRAM**

### **D-1 My child is currently getting autism treatment under the CLTS Waiver Program; when will my child begin getting behavioral treatment under the ForwardHealth benefit?**

**Response:** Children currently getting autism treatment services under the CLTS Waiver Program will be moved to the behavioral treatment benefit under ForwardHealth between May and October 2016.

### **D-2 How does the transition of coverage from the CLTS Waiver Program to ForwardHealth affect children who have been receiving intensive services and are transitioning to post-intensive services?**

**Response:** Between May and October 2016, waiver agency Support and Services Coordinators will meet with families of children currently receiving CLTS Waiver Program services and transition children who are receiving post-intensive autism treatment services to the ForwardHealth behavioral treatment benefit. Support and Services Coordinators will also determine if a child and family have an assessed need for available CLTS Waiver services.

### **D-3 If my child gets behavioral treatment under ForwardHealth, can my child still get CLTS Waiver Program services?**

**Response:** Yes. After your child has been found eligible for the ForwardHealth behavioral treatment benefit through the prior authorization process, your waiver agency Support and Services Coordinator will meet with you and your child to assess your needs for ongoing waiver services. (**Note:** Your child will continue to receive autism treatment through the waiver until the assessment is complete.)

## **E. PRIOR AUTHORIZATION**

### **E.1 What does prior authorization mean?**

**Response:** Prior authorization is a process ForwardHealth uses to determine in advance if a service, medication, or procedure will be covered.

**E-2 How does the ForwardHealth prior authorization process work?**

**Response:** Your behavioral treatment provider is responsible for completing the prior authorization process. Your family is not responsible for submitting a prior authorization request to ForwardHealth.

Your behavioral treatment provider will submit a prior authorization request to ForwardHealth describing your child’s assessed treatment needs and the provider’s proposed plan of care. ForwardHealth clinicians will review the plan submitted by your child’s provider for medical necessity. If the plan is approved, your child can begin getting behavioral treatment.

**E-3 What does “medical necessity” mean?**

**Response:** “Medical necessity” pertains to the proposed service and the likelihood that it will effectively address your child’s condition. A service may be considered medically necessary when it is the most appropriate, clinically effective, cost-effective plan of care for your child at the time, as determined by ForwardHealth. ForwardHealth uses the definition of “medically necessary” found in [Wisconsin Administrative Code DHS 101.03\(96m\)](#).

**E-4 How long does it take to get a prior authorization request approved?**

**Response:** ForwardHealth will make a decision regarding a prior authorization request within 20 business days after receiving all of the necessary information from your provider. Once the complete prior authorization request is processed, ForwardHealth will send your provider a decision notice letter.

**E-5 How often will the prior authorization process occur?**

**Response:** Typically, prior authorization requests are approved for six months of service; however, a prior authorization request may be approved for fewer months or additional months—up to 12 months in a single authorization—depending on the progress made by your child and the proposed treatment plan submitted by the behavioral treatment provider.

**E-6 If we have private health insurance, do we have to have prior authorization from Medicaid before getting services covered by our private health insurance?**

**Response:** No, you can receive services from your private health insurance at any time. However, if you want to use ForwardHealth coverage in addition to your private health insurance, your provider must submit a prior authorization request to ForwardHealth.

**E-7 How will other Medicaid services our child receives, such as occupational therapy, physical therapy, or speech therapy, be considered when evaluating our child’s need for services under the ForwardHealth behavioral treatment benefit?**

**Response:** In its review of the behavioral treatment prior authorization request, ForwardHealth will consider other services your child is getting and will expect your behavioral treatment provider to coordinate care with other treatment providers. ForwardHealth does not reimburse for duplicate services.

**E-8 Can we appeal a prior authorization decision? If so, how long do we have to appeal?**

**Response:** If your child's PA request is denied or modified, you can appeal with the [Division of Hearings and Appeals \(DHA\)](#). You must file an appeal within 45 days of receiving a Notice of Appeal Rights from ForwardHealth.

**F. COVERED SERVICES UNDER FORWARDHEALTH BEHAVIORAL TREATMENT BENEFIT**

**F-1 What services are covered under the ForwardHealth behavioral treatment benefit?**

**Response:** The ForwardHealth behavioral treatment benefit will include two different types of treatment: comprehensive and focused:

- **Comprehensive treatment** is an early-intervention treatment approach designed to address multiple aspects of development and behaviors in young children; typically, this treatment involves more weekly hours and longer duration.
- **Focused treatment** is dedicated to addressing specific behaviors or developmental deficits; typically, this treatment involves fewer weekly hours and shorter duration.

Your family's Medicaid-enrolled behavioral treatment provider will help determine which treatment meets your child's needs.

The ForwardHealth behavioral treatment benefit covers evidence-based treatments, including Applied Behavior Analysis (ABA) and Early Start Denver Model (ESDM). Services must be medically necessary and prior authorized by ForwardHealth.

**F-2 Will there be a limit on the number of years that my child can get services under the ForwardHealth behavioral treatment benefit?**

**Response:** No, under the ForwardHealth behavioral treatment benefit, treatment may continue to be authorized if the child is making progress and the services continue to be medically necessary.

**F-3 Can treatment under the ForwardHealth behavioral treatment benefit increase if needed (under the CLTS Waivers, if you dropped to 10-20 hours, you could not go back to 30-40 hours of treatment per week)?**

**Response:** Yes, under the ForwardHealth behavioral treatment benefit, treatment hours will be specific to the child's current behavioral treatment needs.

**F-4 Will an independent agency assess my child, or will a behavioral treatment provider assess my child, provide the diagnosis, and also deliver the treatment services?**

**Response:** Families may seek a **diagnosis** from any qualified professional. Families may seek **treatment** from any Medicaid-enrolled behavioral treatment provider, which may include the provider who made the diagnosis.

**F-5 Can providers dictate a level of service to Medicaid members?**

**Response:** Behavioral treatment providers should work with Medicaid members and their families to identify agreed-upon treatment plans. Medicaid members have a choice of Medicaid-enrolled behavioral treatment providers.

**F-6 Will daily living skills training be covered under the ForwardHealth behavioral treatment benefit?**

**Response:** Daily living skills training will continue to be covered under the CLTS Waiver Program at this time.

**G. ACCESS TO MEDICAID-ENROLLED BEHAVIORAL TREATMENT PROVIDERS**

**G-1 My child's provider is not a Medicaid-enrolled provider. Does he or she need to enroll?**

**Response:** Yes, your child's provider will need to enroll in Wisconsin Medicaid as a behavioral treatment provider in order to provide services under the new ForwardHealth benefit. If your child's provider does not enroll in Medicaid, you will need to find a Medicaid-enrolled behavioral treatment provider in order for services to be covered by ForwardHealth.

**G-2 How long does the Medicaid enrollment process typically take?**

**Response:** Once your provider submits all necessary documentation, ForwardHealth will usually provide a decision within 10 business days.

**G-3 How can I find a Medicaid-enrolled behavioral treatment provider in my area who can serve my child?**

**Response:** You can go to the Provider Directory Search page on the ForwardHealth Portal to find a Medicaid-enrolled behavioral treatment provider.

Following is the direct link:

[www.forwardhealth.wi.gov/WIPortal/Directory%20Search/tabid/150/Default.aspx](http://www.forwardhealth.wi.gov/WIPortal/Directory%20Search/tabid/150/Default.aspx)

You can also access this page from the Portal Home page by following these steps:

1. Go to the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
2. Click on the Members icon or link in the middle of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.

Once on the Provider Directory Search page:

1. In the Program field, select BadgerCare Plus from the drop-down.
2. In the Provider Type field, select Other from the drop-down.

3. In the Provider Specialty field, select “Behavioral Treatment” from the drop-down.
4. Complete the City, County, or Zip Code field.
5. In the Sort Results By field, select an option from the drop-down.
6. Click on Search.

**G-4 We live in a rural area and our private health insurance company does not contract with any providers who serve the area where we live; would that be considered a denial and allow ForwardHealth to cover a different out-of-network provider who could serve us?**

**Response:** If you are getting treatment that is covered by your private health insurance company, you must work within their network of providers. If you are having difficulty finding a provider in your area, you should work with your private health insurance company.

**G-5 There aren't enough providers in my private health insurer's network; can I work with an out-of-network provider and have him or her bill ForwardHealth?**

**Response:** ForwardHealth does not cover treatment if the only reason for a denial from your private health insurer is that the provider is out-of-network. You must identify a provider able to work with both your private health insurer and ForwardHealth to coordinate benefits.

**G-6 Will providers be able to handle the additional children seeking treatment under the new benefit?**

**Response:** The Department has worked extensively with behavioral treatment providers to get their feedback on program requirements. The Department is encouraging all behavioral treatment providers to enroll in Wisconsin Medicaid to provide the new benefit to ForwardHealth members.

**G-7 Will behavioral treatment providers be allowed to have wait lists?**

**Response:** The Department does not have the authority to direct providers on how to operate their privately run businesses.

**H. OVERSIGHT OF BEHAVIORAL TREATMENT PROVIDERS**

**H-1 Who is going to provide oversight of providers?**

**Response:** Behavioral treatment providers who are licensed by the state of Wisconsin must adhere to their professional licensing and ethical responsibilities.

**H-2 Who will monitor our provider's treatment plan for quality and appropriateness?**

**Response:** Through the prior authorization process, ForwardHealth clinicians will review the treatment plan and progress reports submitted by your child's provider to make sure that treatment meets your child's assessed needs.

## **I. COORDINATION OF BENEFITS WITH PRIVATE HEALTH INSURANCE**

### **I-1 Will ForwardHealth work with our private health insurance company?**

**Response:** Yes, ForwardHealth will coordinate benefits with your private health insurance company or self-funded private insurance plan. Your provider must bill your private health insurance before billing Medicaid.

### **I-2 Will we need to use our private health insurance before behavioral treatment can be covered by ForwardHealth?**

**Response:** Yes, coordination of benefits with private health insurance is a requirement for all Medicaid programs. Your provider must bill your private health insurance company before billing Medicaid. ForwardHealth will pay the remaining medical costs for covered services after your private health insurance company has paid its share. When you use your ForwardHealth benefit, your provider may not charge you for your private health insurance cost share.

### **I-3 We have private health insurance that pays for most of our child's autism treatment, but we have trouble paying the high deductible and co-pays. Will ForwardHealth help with those costs?**

**Response:** Yes, ForwardHealth will pay for treatment while your private health insurance deductible is being met. ForwardHealth will also cover other cost sharing, such as coinsurance or copayments. Your provider must have an approved ForwardHealth prior authorization request in order for you to receive coverage of private health insurance cost sharing.

### **I-4 Do we need to be denied coverage for treatment under our private health insurance in order to get coverage for treatment under ForwardHealth?**

**Response:** No, a denial is not needed from your private health insurance company in order to get coverage for behavioral treatment under ForwardHealth. If you do receive a denial from your private health insurance company, your behavioral treatment may still be covered under ForwardHealth. Your provider needs to work with both your private health insurance company and ForwardHealth to ensure behavioral treatment coverage.

### **I-5 If I have private health insurance, do I have to use a treatment provider in my private health insurer's network?**

Yes. A treatment provider can let you know if he or she is an in-network provider with your private health insurer; or, you can contact your private health insurer to find in-network providers. If your private health insurer tells you that autism treatment services are not covered, and therefore the insurer does not have in-network providers, then you may use any Medicaid-enrolled behavioral treatment provider. You should still notify your treatment provider of your private health insurance coverage, so that the provider can confirm with your private health insurer whether or how to bill for services.

### **I-6 Currently, we use CLTS Waiver services to cover the private health insurance deductible for our child's autism treatment. Will we be able to continue using CLTS Waiver funds to cover the cost of the deductible for autism treatment—or**

**will the ForwardHealth behavioral treatment benefit automatically cover services during the period of time the deductible is not met?**

**Response:** After your child's autism treatment services are transitioned from the CLTS Waiver Program to ForwardHealth, you will no longer use CLTS Waiver Program funding to cover cost sharing for autism treatment. Instead, your behavioral treatment provider must obtain a prior authorization for treatment, allowing ForwardHealth to then cover your child's private health insurance deductibles, coinsurance, or copayments.

**I-7 How can I determine if my private health insurance policy covers my child's behavioral treatment?**

**Response:** You can contact your private health insurance company or your employer's human resources representative, if applicable, to learn about your benefits. You should also provide your private health insurance policy information to your treatment provider; he or she can contact your private health insurance company to learn of available insurance coverage.

**I-8 My child is getting autism treatment covered by my private health insurance and is not currently enrolled in Medicaid. If I lose my insurance, will my child be eligible for treatment through the ForwardHealth behavioral treatment benefit?**

**Response:** Your child may be eligible for the ForwardHealth behavioral treatment benefit if your child qualifies for BadgerCare Plus, Medicaid, or the Katie Beckett Program. Your child may also be eligible for additional waiver services if your child qualifies for the CLTS Waiver Program. You can contact your county to start the process of determining BadgerCare Plus, Medicaid, or Katie Beckett Program eligibility or CLTS Waiver Program eligibility.

**I-9 Am I required to notify my waiver agency Support and Service Coordinator of changes in my child's health insurance coverage?**

**Response:** Yes, you must inform your Support and Service Coordinator when there is a change in insurance coverage affecting your child participating in the CLTS Waivers. You also need to inform your Medicaid program contact about the change in insurance coverage (for example, Income Maintenance consortia, Katie Beckett Program, etc.).

**J. ONGOING CLTS WAIVER SERVICES**

**J-1 If my child receives services under the ForwardHealth behavioral treatment benefit and I don't need any other CLTS Waiver services, except for support and service coordination, will my child remain eligible for the CLTS Waiver Program just to receive support and service coordination?**

**Response:** Your child will **not** remain eligible for the CLTS Waiver Program if the only CLTS Waiver service is support and service coordination. If your child is assessed as needing at least one waiver service in addition to support and service coordination, your child will remain eligible for the CLTS Waiver Program and will be able to continue to use support and service coordination services under the CLTS Waiver Program.

**J-2 If my child is currently receiving autism treatment under the CLTS Waiver Program, can he or she continue to receive daily living skills training under the Waivers, or will my child's needs be met through the ForwardHealth behavioral treatment benefit?**

**Response:** Daily living skills training remains a CLTS Waiver-covered service at this time.

**K. ELIGIBILITY FOR MEDICAID, BADGERCARE PLUS, AND THE KATIE BECKETT PROGRAM**

**K-1 How can I apply for Medicaid, BadgerCare Plus, or the Katie Beckett Program?**

**Response:** You can apply for Medicaid or BadgerCare Plus online, by phone, by mail, or in person with your local agency:

- **To apply online**, go to [ACCESS.wi.gov](http://ACCESS.wi.gov) and click on Apply for Benefits. ACCESS is the fastest and easiest way to apply for Medicaid or BadgerCare Plus.
- **To apply by phone or in person**, contact your local agency.
- **To apply by mail**, complete an application for each program you are applying for (applications can be found online in the Department's Forms Library at [www.dhs.wisconsin.gov/forms/index.htm](http://www.dhs.wisconsin.gov/forms/index.htm)). Send the completed application and any proof/verification to:
  - If you live in Milwaukee County:  
MDPU  
PO Box 05676  
Milwaukee WI 53205  
Fax: 1-888-409-1979
  - If you do not live in Milwaukee County:  
CDPU  
PO Box 5234  
Janesville, WI 53547-5234  
Fax: 1-855-293-1822

**To apply for Katie Beckett**, contact the Katie Beckett Program consultant for your local region. To find the contact information for your local Katie Beckett Program consultant, visit the following website: [www.dhs.wisconsin.gov/kbp/consultants.htm](http://www.dhs.wisconsin.gov/kbp/consultants.htm).

**K-2 If my child is not currently eligible for Medicaid, is the Katie Beckett Program the only way to get autism treatment services under the ForwardHealth behavioral treatment benefit?**

**Response:** The Katie Beckett Program is part of the Medicaid program. A child must be eligible for Medicaid—which includes the Katie Beckett Program—or for BadgerCare Plus in order to receive coverage of behavioral treatment services from ForwardHealth.

**K-3 My child is enrolled in a Medicaid HMO; how will my child get behavioral treatment?**

**Response:** You will **not** work with your Medicaid HMO to get behavioral treatment for your child. Instead, you will need to identify a Medicaid-enrolled behavioral treatment provider who will request services from ForwardHealth on your child's behalf.

Your Medicaid HMO is responsible for covering all appointments necessary to diagnose your child prior to any referral for behavioral treatment. If your child is receiving behavioral treatment, your Medicaid HMO is still responsible for covering any medical services or other therapies according to established policies for those services.

**K-4 What does it mean if my child has “Waiver-Only” Medicaid?**

**Response:** If your child has a “Waiver-Only” Medicaid status, it means that your child has been determined to meet the eligibility criteria for Medicaid through the CLTS Waiver Program. To the extent possible, the Department will directly transition your child's eligibility for “Waiver-Only” Medicaid to the Katie Beckett Program. If additional information is needed in order to transition your child, your waiver agency will contact you.