Children with Serious Emotional Disorder Waiver (CSEDW)

Wraparound Provider Training

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WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

Agenda

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CSEDW Overview

What is the CSEDW?

CSEDW is a piece of the West Virginia wraparound services which:

- Serves children, youth and young adults ages three up to the member's 21st birthday.
- The member must have a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet the Diagnostic and Statistical Manual or Mental Health Disorders (DSM) criteria or the International Classification of Disease (ICD) criteria.
- Must result in functional impairment interfering with or limiting their role of functioning in their current family, school and/or their community settings/activities identified through the Child and Adolescent Functional Assessment Scale/Preschool and Early Childhood Functional Assessment Scale (CAFAS/PECFAS), and the Behavior Assessment System for Children, Third Edition (BASC 3).

CSEDW Eligibility

Members must be:

- Medically eligible.
- Financially eligible for West Virginia Medicaid or meet requirements for the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), also known as Katie Beckett's Law.
- Between the ages of three and up to 21 (member can receive services up to 21st birthday).
- A West Virginia resident and be able to provide proof of residency upon application.

Additionally, the member and family must choose to participate in Home and Community Based Services (HCBS) over placement in an institutional setting.

TEFRA

- The West Virginia Department of Health and Human Resources, Bureau of Medical Services (BMS) is requesting that the Centers for Medicare and Medicaid Services (CMS), through TEFRA, allow the state to elect the option of providing services under Medicaid.*
- This allows children with a severe disability who are eligible to receive the level of care provided in a medical institution to receive a West Virginia medical card.
- If the child meets clinical eligibility requirements for CSEDW services, but the family does not meet the financial requirements for Medicaid, TEFRA would allow the child receive a Medicaid care and then receive CSEDW services.

**The request has not been approved; however, BMS is currently working with CMS for full approval.*

Application Process

- An application (WV-BMS-CSED-1) is submitted to the Administrative Service Organization (ASO), currently Kepro.

Mail to: Kepro
1007 Bullitt St., Suite 200
Charleston, WV 25301
Fax: (866) 473-2354
Email: wvcsedw@kepro.com

- Kepro will contact family, guardian, or applicant to determine if they are eligible for West Virginia Medicaid.
- If the application is eligible, Kepro will complete the CAFAS/PECFAS with the applicant or guardian.
- If the CAFAS/PECFAS shows impairment of functioning defined as a Youth Total Score of 90 or more, Kepro will work with the applicant or guardian in continuing the application process.
- The application can be found on the CSEDW website.

Application Process (Cont.)

- The applicant or guardian is presented with an Independent Evaluator Network (IEN) list.
- Kepro will ask the applicant or guardian to select a provider from the list, and Kepro will contact the Independent Evaluator (IE) from the list to schedule the evaluation.
- The IE will accept or decline the referral.
- If declined, Kepro will work with applicant or guardian to find an alternative IE.
- The IE will evaluate the youth and upload the evaluation onto the Kepro website.
- The Medical Eligibility Contact Agent (MECA) makes the eligibility determination and uploads that to the Kepro website.
- The applicant or guardian will be notified of the eligibility and informed of the next steps.

Eligible Diagnosis Assessments

- Behavioral Assessment for Children-3 (BASC-3)
  - Ratings on the most current BASC must reflect T-scores greater that 60 in two or more clinical scales.
- PECFAS
- CAFAS
  - The member must show an impairment in functioning that is due to diagnosis.
  - The member must have an impairment in functioning as defined as a Youth Total Score of 90 or greater.
  - The impairment must be supported by narrative descriptors of behavioral reports and previous evaluations.

Annual Eligibility/Re-determination Process

All children/youth enrolled in the CSEDW program go through a re-certification process annually with Kepro:

- Kepro will contact member or guardian approximately 90 days from the member's anchor date to schedule assessment.
- Kepro will complete the Child and Adolescent Needs and Strength (CANS) Assessment in addition to the CAFAS and/or PECFAS.
- Results are submitted to the MECA who will make an eligibility re-determination.
- If the results of these re-assessments result in possible program termination, the member or legal guardian has the option of a second medical exam in addition to their other appeal rights.

Applicant Denial and Appeals

If an applicant is denied by the MECA:

- The Written Notice of Decision, Request for Medicaid Fair Hearing Form and a copy of the IE are mailed to the applicant via certified mail.
- Any appeals must be received within 90 days by submitting the Request for Medicaid Fair Hearing form to the Board of Review.
- A second IE is then conducted by a separate providers within 60 days.
- If the applicant is denied a second time by the MECA, they may submit the Request for Medicaid Fair Hearing form to the Board of Review within 90 days in order to schedule a hearing
- The applicant may request a pre-hearing conference at any time prior to the Medicaid Fair Hearing.

CSEDW Provider Requirements

CESDW Requirements

- All agencies who provide CSEDW services must be a Licensed Behavioral Health Center (LBHC) in West Virginia.
- If an agency wants to pursue LBHC designation, the agency must contact the West Virginia Healthcare Authority at (304) 558-7000 to start the process.
- All agencies who provide CSEDW services must have a signed contract with the MCO, Aetna Better Health of West Virginia, as a CSEDW provider.
- A provider agency MUST meet both criteria in order to provide CSEDW services.

CESDW Codes, Services and Rates

CSEDW Codes and Services

- T1016-HA: Wraparound Facilitation
- H2033-HA: Independent Living/Skills Building
- T2021-HA: Job Development
- T2019-HA: Supported Employment, Individual
- H0004-HO-HA: In-Home Family Therapy
- H0004-HA: In-Home Family Support
- T1005-HA: Respite, In-Home
- H1005-HA-HE Respite, Out-of-Home
- G0176-HA: Specialized Therapy
- T2035-HA: Assistive Equipment
- T2038-HA: Community Transition
- H2017-HA: Mobile Response
- A0160-HA: Non-Medical Transportation
- H0038-HA: Peer Parent Support

CSEDW Codes and Rates

- T1016-HA: Wraparound Facilitation
  - $24.40 per 15-minute unit
  - 874 units per service plan
- H2033-HA: Independent Living/Skills Building
  - $17.00 per 15-minute unit
  - 160 units per week in combination with T2021-HA and T2019-HA
- T2021-HA: Job Development
  - $8.47 per 15-minute unit
  - 168 units per week in combination with H2033-HA and T2019-HA
- Rates are in effect from April 1, 2021 through March 31, 2022.

CSEDW Codes and Rates (Cont.)

- T2019-HA: Supported Employment, Individual
  - $8.52 per 15-minute unit
  - 160 units per week in combination with H2033-HA and T2019-HA
- H0004-HO-HA: In-Home Family Therapy
  - $52.43 per 15-minute unit
  - 8 units per day or 56 units per week
- H0004-HA: In-Home Family Support
  - $28.76 per 15-minute unit
  - 8 units per day or 56 units per week
- Rates are in effect from April 1, 2021 through March 31, 2022.

CSEDW Codes and Rates (Cont.)

- T1005-HA: Respite, In-Home
  - $8.52 per 15-minute unit
  - 24 days per year in combination with T1005-HA-HE
- H2017-HA: Mobile Response
  - $34.00 per 15-minute unit
  - 56 units per week
- A0160-HA: Non-Medical Transportation
  - 0.54 per mile
  - 800 miles per month within West Virginia or within 30 miles of the West Virginia border.
- Rates are in effect from April 1, 2021 through March 31, 2022.

CSEDW Codes and Rates (Cont.)

- H0038-HA: Peer Parent Support
  - $17.00 per 15-minute unit
  - 8 units per week
- G0176-HA: Specialized Therapy
  - $1.00 per unit up to $1,000 per service plan year in combination with Assistive Equipment
- T2035-HA: Assistive Equipment
  - $1.00 per unit up to $1,000 per service plan year in combination with Specialized Therapy.
- T2038-HA: Community Transition
  - $1.00 per unit up to $3,000 for a one-time transition for an individual coming out of a Residential or Psychiatric Residential Facility into Independent Living
- T1005-HA-HE: Respite, Out-of-Home
  - $8.52 per 15-minute unit
  - 24 days per year in combination with T1005-HA
- Rates are in effect from April 1, 2021 through March 31, 2022.

Prior Authorization

- Authorization required from the first unit for codes T2021, T2019, T1005, H2033, G0176, T2035 and T2038
- You can request prior authorization:
  - Call 1-844-835-4930;
  - Fax 1-866-366-7008; or
  - Through the Availity Provider Portal.

Managed Care Organization (MCO) Responsibilities

MCO Responsibilities

Aetna Better Health of West Virginia is the current MCO who:

- Execution of provider contracts.
- Ensuing statewide capacity.
- Care management.
- Distribution of the Member Handbook and the Provider Reference Guide.
- Prior authorizations
- Utilization management of CSEDW services
- Ensure the development of and reviews of the Plan of Care (POC) prior to service authorization and necessary forms
- Case manager works in collaboration with wraparound facilitator and the child and family team
- Provides the child and family team assistance and helps to secure services

MCO Responsibilities (Cont.)

Aetna Better Health of West Virginia is the current MCO who:

- Claim processing and reporting.
- Quality assurance and quality improvement.
- Grievances and appeals.
- Review of any hospitalization and/or death data.
- Tracking and reporting of all incidents.
- Receives and monitors provider's report of critical incidents as soon as possible.
- To verify the provider has made a report to Adult Protective Services (APS) or Child Protective Services (CPS) for suspected abuse and/or neglect.

Claims Resubmission and Corrected Claims

- Resubmitted claims may be sent electronically.
- Label all corrected claims as **“Corrected Claim”** on the claim form.
  - Submit all claim lines, not just the line being corrected.
- Send paper claims for adjustment with attached documentation to:

Aetna Better Health of West Virginia
P.O. Box 67450
Phoenix, AZ 85082-7450

Peer-to-Peer Review

- For denied prior authorization, the request for a peer-to-peer review must be received within five business days of the date the denial of coverage determination fax was sent, prior to services being rendered, and prior to the receipt of a claim or request for an appeal.
- For services that have already begun or have been completed, the request is handled in accordance with the Aetna Better Health provider appeal process.

Denied Claims Process

- Determine reason for denial from remittance advice.
  - Timely filing or no prior authorization denials: follow the appeals process.
  - Claims editing for mutually exclusive, inclusive or non-covered services: follow the reconsideration process.
  - Incorrect rate paid or provider non-participating: follow the disputes process.

Appeal Process

The provider appeal process is a formal mechanism that allows the provider the right to appeal the health plan's decision.

Appeal submissions:

- Provider appeals must be received within 90 days of the action taken by Aetna Better Health of West Virginia, giving rise to the appeal.
- The appeal letter should clearly note you are filing an **"appeal."**
- All documents to support the appeal should be provided such as a copy of the claim, remittance advice, medical review sheet, medical records and correspondence.
- Claims editing denials are **NOT** subject to appeal.

Appeal Process (Cont.)

- Submission via mail, fax or the Availity Provider Portal

  Mail: Aetna Better Health of West Virginia
  Attn: Provider Appeals
  500 Virginia St. East, Suite 400
  Charleston, WV 25301
  Fax: 1-888-388-1752

- Decision response is within 30 calendar days.
- The appeal decision is the final decision.

Reconsideration

- Can be submitted for claim editing denials such as duplicate, inclusive or mutually exclusive services.
- Medical records are required for review.
- Submit via the secure provider portal, or mail to the claims address with a copy of the CMS 1500 form.

Claims Dispute

- Claims disputes may be submitted for incorrect rate paid or services denied for prior authorization when prior authorization was on file.
  - Email: ABH_WV_ProviderRelations@Aetna.com
  - Fax: 1-866-810-8476

Administration Service Organization (ASO) Responsibilities

ASO Responsibilities

Kepro is the current ASO who:

- Screens potential waiver applicants.
- Provides data to the MECA to facilitate both initial and re-determinations of medical eligibility.
- Provides education for CSEDW providers, West Virginia Department of Health and Human Resources (DHHR) and other stakeholders.
- Contacts the MCO (Aetna Better Health of West Virginia) when a new member is determined eligible.

Medical Eligibility Contracted Agent (MECA) Responsibilities

MECA Responsibilities

Psychological Consultation & Assessment, Inc. (PC&A) is the current MECA who:

- Determines eligibility of initial applicants.
- Re-determines eligibility of current members.
- Recruits and trains licensed clinicians to participate in the IEN.
- The ASO (Kepro) and the MECA (PC&A) work together to process the initial applications and re-determination packets.

Contacts

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