



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

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SUBJECT

Medical Assistance Funded
Services for Children

BY

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SCOPE: County Mental Health/Mental Retardation Administrators
Base Service Unit Directors
Early Intervention Program Directors
Early Intervention Service Coordinators

PURPOSE: The purpose of this bulletin is to provide information regarding services available through the Medical Assistance Program for individuals under 21 years of age with mental retardation or developmental delays, and to clarify the role of mental retardation case managers and early intervention service coordinators in helping to access these services.

DEFINITION:

For the purposes of this bulletin, the term "child" will refer to any individual under the age of 21 years.

BACKGROUND:

The needs of Pennsylvania's children and families are becoming increasingly complex. These needs defy categorical program approaches and often require the coordinated services and supports of several traditionally separate service systems.

In 1992, an effort was launched to reach across office and department jurisdictions, and to focus on issues involving children and families. This initiative drew together a number of programs targeting rising teen birth rates, increasing child welfare placements, a growing population of children born into poverty, and other problems that erode the strength of families and threaten the well-being of children.

REFER COMMENTS AND QUESTIONS TO:

Comments and questions regarding the information in this bulletin should be directed to the Office of Mental Retardation, Division of Policy Development and Program Support.

As a result, Pennsylvania's children's programs are working cooperatively to ensure that health, education, social and economic programs help families provide the best and most stable environments possible for their children. Examples of this effort include the family to family foster care initiative, which promotes permanency and stability for children; family preservation, which prevents child welfare placements of children through multiple family supports; and family centers, which serve as clearinghouses for families needing health care services, parenting skills training and other family-focused services.

Funding for these services is delivered through a variety of state and federal programs, including Pennsylvania's Medical Assistance (MA) program, which is administered by the Department of Public Welfare. MA provides funds for a wide range of medical and medically-related services for eligible children, with particular emphasis on primary and preventive health care programs.

MA provides opportunities for many children who have disabilities or are members of low-income families to obtain necessary medical screening, diagnostic and treatment services. The commonwealth has initiated a comprehensive outreach effort to identify and enroll children who are eligible for MA services, and to ensure that they receive the health care services they need. This effort involves local Department of Public Welfare offices, schools, public housing authorities, county human service offices and other child-serving programs.

DISCUSSION:

ROLE OF MENTAL RETARDATION CASE MANAGERS AND EARLY INTERVENTION SERVICE COORDINATORS

County mental retardation programs are responsible for locating, coordinating and monitoring services to help children with mental retardation or developmental delays reach and maintain their developmental potentials.

This responsibility, which is generally carried out by mental retardation (MR) case managers and early intervention (EI) service coordinators, includes the management of any service or support necessary to facilitate developmental progress, including medical, educational, psychological, psychiatric and social services. It also includes the identification of available funding sources for these services.

Medical assistance can often be that funding source. It is essential that MR case managers and EI service coordinators consider the eligibility potential for each child they serve, and assist in the application and enrollment process whenever necessary. This assistance could include, but should not be limited to, help in contacting the county assistance office, compiling needed documentation and completing the medical assistance application.

MEDICAL ASSISTANCE ELIGIBILITY

Medical assistance eligibility is determined by caseworkers in the Department of Public Welfare's county assistance offices (CAOs). There is at least one CAO in each of Pennsylvania's 67 counties.

Eligibility is based on a number of criteria, including monthly income. The standards vary with family size and with certain other characteristics such as pregnancy and disability. Resources, such as a home, car or bank account, which are owned by children or their families are not considered in determining eligibility for MA.

While anyone who receives cash assistance, including supplemental security income (SSI), automatically qualifies for MA, a person does not have to qualify for cash benefits to be eligible. For pregnant women and children in particular, the income threshold for MA eligibility is much higher than that for cash assistance.

Children with developmental or other disabilities, including those children who have been determined to have disabilities for the purpose of determining eligibility for SSI or Title II social security benefits, qualify for MA benefits without regard to their parents' income. MA eligibility for these children is determined by considering only the child's income.

Case managers and EI service coordinators should help any child who may be eligible to apply for MA by helping to complete the simplified MA application form known as the PA 600-C or ACCESS form. They should also provide a copy of the form to families who want to complete it independently. ACCESS forms are also available at hospitals, health centers, psychiatric facilities and other child-serving agencies.

Completed forms must be sent to the CAO, where eligibility can be determined without a face-to-face interview if the form is completed properly and necessary documentation is attached.

SERVICES FUNDED THROUGH MEDICAL ASSISTANCE

General Medical Services

Medical assistance pays for most common health care services. Health care providers such as doctors, hospitals and home health agencies enroll as MA providers and are paid an established rate each time they provide an approved service to an enrolled MA recipient. Most services are listed on a fee schedule, which includes the maximum rate MA will pay for each service. An exception to the maximum payment rate can be requested through the 1150 administrative waiver process described later in this section.

For children, MA must pay for any medically necessary health care, diagnostic or treatment service needed to correct or ameliorate a defect or physical or mental illness or condition. Among the health care services available to children are those available through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, which is administered for the department by Automated Health Systems, Inc. (AHSI).

A child who is enrolled in MA is automatically eligible for EPSDT. AHSI is responsible for contacting the family and scheduling an appointment for a complete physical examination with an enrolled provider. The examination includes a medical and developmental assessment, a hearing and vision screen, laboratory tests (for example, blood tests for lead poisoning, sickle cell anemia, anemia), as age appropriate, and referral for a dental examination, as age appropriate. Ongoing exams are scheduled at periodic intervals depending on the age of the child.

AHSI is also responsible for assisting the family in scheduling any follow-up appointments for treatment services that were prescribed or recommended as a result of the screening examination. Case managers should inform families of the availability of these services and encourage them to respond to AHSI inquiries and to follow through with scheduled appointments.

For children enrolled in an MA health maintenance organization (HMO) or HealthPASS, the managed care plan is responsible for ensuring EPSDT screenings and follow-up care.

Prior approval by the department is required before some services and equipment on the fee schedule can be provided. To get prior approval a provider must explain why the service or equipment is medically necessary on an MA 97 form, which the provider submits, along with supporting documentation, to the department. The department approves or denies each request within 21 days of when the request is received, based on the medical necessity of the service or item requested. If a request is not denied within 21 days, it is deemed approved.

Items on the fee schedule requiring prior approval are listed in the MA provider handbooks and bulletins, and include prosthetics, braces and supports and partial hospitalization services over 720 hours in a calendar year. Some rental equipment may be provided for up to three months without prior authorization.

The MA 97 form is also used by providers to request services which are not listed on the MA fee schedule, exceptions to limits on the amount, duration and scope of services that are on the fee schedule, and exceptions to fee schedule rates. These requests are called 1150 administrative waiver requests and require documentation supporting medical necessity. Requests for exceptions to fee schedule rates also require documentation that the service or item is not available at the fee schedule rate.

Some items typically requested through the 1150 waiver process include air purifiers, nerve stimulants, personal care services and wrap-around services.

Early Intervention Services

Children are eligible for early intervention (EI) if they have a condition that is likely to result in a developmental delay or if, as determined through an evaluation, they have demonstrated at least a 25 percent delay in: cognitive development; communication development; social or emotional development; adaptive development; or physical development, including vision and hearing. Children do not need to be eligible for MA to receive EI services. Specific eligibility criteria are contained in MR Bulletin 00-94-18 "Definition and Procedures for Infants and Toddlers with Developmental Delays".

Medical Assistance is available for some services provided through the EI program. To access this funding through the EI program, several conditions must be met: the child must be eligible for MA and EI; the service must be listed on the child's individual family service plan (IFSP); the service must be included on the MA early intervention fee schedule; and the provider must be an enrolled MA provider. EI services are managed by an early intervention service coordinator based on the individual needs of each child and family.

Intermediate Care Facilities for People with Mental Retardation

Medical assistance pays for 24-hour residential care in intermediate care facilities for people with mental retardation (ICFs/MR). All people seeking admission to ICFs/MR must have mental retardation, be eligible for MA, and need an ICF/MR level of care. ICF/MR providers must be enrolled as MA providers and licensed and certified by the department in accordance with U.S. Health Care Financing Administration (HCFA) regulations.

Specific criteria and procedures for determining a person's need for ICF/MR care are outlined in MR Bulletin 99-86-11 "Need for ICF/MR Level of Care." In addition, due to emphasis on providing in-home and community supports, ICF/MR placements of children are considered only when less restrictive services in the home and community cannot be provided. Child placements in state-operated ICFs/MR are prohibited in MR Bulletin SC-94-01 "Closure of Admissions of Children to State-Operated Intermediate Care Facilities for the Mentally Retarded".

Home and Community-Based Waiver Services

A broad range of community services is funded by MA through the mental retardation home- and community-based (2176) waiver program. Waiver services include community residential, in-home family support, case management, permanency planning and other services that allow individuals to live in their homes and communities.

To receive waiver services, a person must have mental retardation, be eligible for MA and need the level of services that would otherwise have to be provided in an ICF/MR. Waiver services are limited to the annual number of recipients approved by HCFA. Therefore, county MH/MR programs have a limited number of people for whom they may provide waiver services.

Case Management Services

Medical assistance pays for case management services for children through the Medical Assistance Case Management (MACM) and Targeted Service Management (TSM) programs. These programs, which may not duplicate other MA-funded case management services, provide coordination for and facilitation of access to necessary medical, educational, habilitative and social services.

Specific case management services include assessing service needs, based on a medical treatment plan; identifying and coordinating available services; developing and implementing a service coordination plan; facilitating access to services; and monitoring the effectiveness of services. MACM services must be recommended by the child's physician or licensed psychologist. MR case managers must help children obtain case management services in the amount, duration and scope that is medically necessary and inform families of the right to freedom of choice in selecting a case management provider.

Procedures and requirements for MACM are outlined in MA Bulletin Number 1239-94-01 titled "Medical Assistance Case Management Services for Recipients under the Age of 21". These services may be provided to any MA eligible child, with prior approval from the Office of Medical Assistance Programs.

Specific requirements for providing TSM, which serves children and adults with mental retardation, are contained in the Service Management Amendment of the state Medicaid plan. Frequently asked questions regarding TSM are addressed in MR Bulletin 00-94-15 "Targeted Service Management Technical Assistance Packet".

Personal Care Services

MA provides funding for health-related personal care services to enable families to care for children at home, thereby avoiding unnecessary institutional care. Eligible services include assistance with activities of daily living such as personal hygiene, dressing and feeding.

Personal care services must be prior approved by the department and prescribed by a physician. Providers must be non-family members who are qualified to provide the type of care needed. Personal care services may not be provided to people in hospitals, nursing facilities, ICFs/MR or inpatient psychiatric facilities.

An MA bulletin regarding personal care services is currently under development. Until its publication, these services may be accessed through the 1150 waiver process.

Mental Health Wrap-Around Services

MA provides funding for a variety of community-based mental health services for children which are commonly known as "wrap-around services". These services help children who might otherwise require an out-of-home placement to remain in the community with their families.

Wrap-around services emphasize treatments that are provided to the child at home or in school. Family and individual counseling, mobile clinical therapy, behavioral support services and therapeutic staff support are examples of available wrap-around services.

To be eligible for mental health wrap-around services, a child must be eligible for MA and have a psychiatric or severe emotional disorder, as indicated by a psychiatric or psychological evaluation. Services must be prescribed as medically necessary by a physician or licensed psychologist.

Some wrap-around services are included on the MA fee schedule. Those services and their maximum reimbursement rates, in the absence of an exception granted through the 1150 waiver process, have been published in Medical Assistance Bulletin #94-01 "Outpatient Psychiatric Services for Children Under 21 Years of Age" for provider types 01, 41, 48, 49, and 50.

Medically necessary services which are not on the fee schedule must be prior approved using the 1150 waiver process. Procedures for obtaining approval are described in Medical Assistance Bulletin #1153-95-01, "Accessing Outpatient Wrap-Around Mental Health Services Not Currently Included in the Medical Assistance Program Fee Schedule for Eligible Children Under 21 Years of Age" for provider types 01, 17, 29, 33, 41, 48 and 50.

Wrap-around service providers must be enrolled as MA providers and qualified to provide the needed service as specified in the above referenced bulletins. Technical assistance in obtaining these services is available from county Child and Adolescent Social Service Program (CASSP) coordinators.

Behavioral Health Rehabilitation Services

MA also provides funding for rehabilitation services for children with serious behavioral problems that are not the result of a mental health diagnosis. In order to be reimbursed through MA, a service must address specific serious behaviors which compromise the child's ability to remain in the community. The services must be prescribed by a physician or licensed psychologist, and be part of a comprehensive treatment plan.

The department is currently developing a bulletin to provide specific guidelines for providing behavioral services, such as therapeutic staff support and behavioral specialist consultation, to children who do not have mental health diagnoses. These guidelines will include, among other things, provider qualifications and criteria for establishing medical necessity. Until publication of the bulletin, these services will be available through the 1150 waiver process.

BENEFIT DELIVERY SYSTEMS

Background

Historically, the majority of MA recipients have received health care through the fee-for-service system. In recent years, the department has moved toward expanding several managed care options for benefit delivery. These programs include the statewide Family Care Network for children, the Lancaster Community Health Care Plan in Lancaster County, and several capitated managed care programs in various parts of the state. MR case managers must work with these programs to assure that eligible children receive medically necessary services.

Family Care Network

In 60 of Pennsylvania's 67 counties, primary health care for children enrolled in MA will be provided through the Family Care Network program. The program will be effective in all but the following counties: Berks, Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia.

Under the Family Care Network all MA recipients under age 21 choose, or are assigned to, a primary care physician who is enrolled as a network provider. The program is designed to improve access to primary and preventive health care and to promote more cost effective use of medical services.

Network physicians must be available to recipients 24-hours-a-day and are responsible for providing comprehensive primary and preventive care; authorizing and arranging for specialty services; conducting routine exams and screenings at required intervals; coordinating services with other providers; and advising clients of other community-based social services.

MA will generally not pay for specialized care for Family Care Network enrollees unless it has been arranged and authorized by the primary care physician. A few exceptions to this rule include: emergency and ambulance services; dental and eye care; inpatient hospital care; drug and alcohol treatment; mental health services; and obstetrical and gynecological services. Prior approval must be obtained for the same services for which prior approval is required under fee-for-service. MR case managers must work with primary care physicians to ensure continuity of care.

Specific guidelines governing the Family Care Network program are outlined in Medical Assistance Bulletin #99-94-06 "Implementation of the Family Care Network: A Primary Care Case Management Program for Children and Adolescents". Questions may be referred to the network contractor, Automated Health Systems Inc., at 1-800-892-1028 or (412) 367-3030.

Capitated Managed Care Programs

Capitated health care systems are programs through which MA pays an HMO or other private health care organization a set monthly fee for each patient enrolled. The organization is responsible for providing, coordinating and managing the health care of each patient; arranging for and approving specialty services when necessary; and ensuring continuity of care. Capitated services are designed to deliver improved access to services, more continuity and an increased level of primary and preventive care.

Pennsylvania's MA program provides care to several hundred thousand recipients through contracts with HMOs and HealthPASS. With the exception of mental health services for persons enrolled in HealthPASS, managed care organizations are required to provide all medically necessary services to children. Services which HMOs are not required to fund are paid for by the department. Procedures for accessing some services may vary from plan to plan.

Each managed care organization has its own process for approving services. Each also has a grievance process through which the recipient can appeal decisions to the organization, the department or both. Managed care organizations may not deny requests for behavioral health, or wrap-around, services without first submitting documentation to the department for review.

Because the procedures in each program vary, questions regarding how specific services may be obtained should be directed to the managed care plan in which the recipient is enrolled, which is indicated on the enrollment card issued to each recipient.

To ensure the provision and continuity of medically necessary services and to avoid duplication of case management services for children with mental retardation who are enrolled in managed care plans, MR case managers and EI service coordinators must collaborate with the child's primary care physician or the HMO case manager.

Locating Service Providers

For children enrolled in the fee-for-service system, including the Family Care Network, who are having difficulty locating an appropriate service provider, help in locating a provider may be obtained by contacting Automated Health Systems, Inc., at 1-800-892-1028 or 412-367-3030.

Individuals acting on behalf of children enrolled in managed care plans may contact the managed care plan for assistance in locating an appropriate provider.