



Indiana Department of Child Services

LCPA and Residential Behavioral Health Rates

July 18, 2011



Medicaid Enrollment Unit (MEU)

MEU Process

Applications for Wards

FCM/PO runs IV-E eligibility in ICWIS/JTAC/Quest



A report of IV-E and non IV-E eligible
children is generated to MEU



IV-E eligible children are enrolled in MA 4 by MEU



Non IV-E children are referred to
DFR by MEU with a Medicaid application



Medicaid Enrollment Unit (MEU)

Changes: if changes in placement, IV-E eligibility, reunification, Trial Home Visit and case closure, MEU gets report and makes appropriate Medicaid changes

DFR Redeterminations: MEU gets notices, requests information from worker and communicates eligibility information back to DFR



Medicaid Enrollment Unit (MEU)

Issues with Medicaid eligibility:

- Contact PO/FCM and/or their Supervisor
- PO/FCM will contact MEU



LCPA Behavioral Health

465 IAC 2-17-25

- (a) Counseling, therapy, skill building, behavioral health management, and other behavioral health services to meet the behavioral healthcare needs of the child may be provided by the CPA upon separate authorization from the department.
- (b) Effective no earlier than January 1, 2012, for children who are Medicaid eligible, behavioral health costs shall be billed to:
 - (1) Medicaid for services authorized by the department that are Medicaid eligible; and
 - (2) the department through a contract with the department for services authorized by the department that are not covered by Medicaid.
- (c) If subsection (b) does not apply and if private insurance is not available or does not cover the costs of services or treatment, behavioral health costs shall be billed to the department through a contract with the department for services authorized by the department.



LCPA Behavioral Health

465 IAC 2-17-25

- (a) Counseling, therapy, skill building, behavioral health management, and other behavioral health services to meet the behavioral healthcare needs of the child may be provided by the CPA upon separate authorization from the department.
- This does not include normal IV-E case management provided by CPA
 - DCS will issue BH service referral (in addition to placement referral), which will specify # of BH units based on level of need of child
 - DCS can refer to any BH provider; per settlement agreement, preference given to CPA for therapeutic and therapeutic plus categories of supervision unless in best interest of child to refer to another provider



LCPA Behavioral Health

465 IAC 2-17-25

“(b) Effective no earlier than January 1, 2012, for children who are Medicaid eligible, behavioral health costs shall be billed to: (1) Medicaid for services authorized by the department that are Medicaid eligible...”

- If CPA offers BH services, must bill Medicaid (or another source) through MCO or MRO on 1/1/12
- Can partner with other agencies/providers to bill Medicaid



LCPA Behavioral Health

465 IAC 2-17-25

“(b) Effective no earlier than January 1, 2012, for children who are Medicaid eligible, behavioral health costs shall be billed to: ... (2) the department through a contract with the department for services authorized by the department that are not covered by Medicaid.”

- Bill Medicaid first
- When Medicaid denies and PAs not approved, bill DCS based on referral
 - If CMHC, current community based process for billing excess will apply
- Must attached Medicaid documentation showing Medicaid not available when billing DCS



LCPA Behavioral Health

465 IAC 2-17-25

“(c) If subsection (b) does not apply and if private insurance is not available or does not cover the costs of services or treatment, behavioral health costs shall be billed to the department through a contract with the department for services authorized by the department.”

- Non-Medicaid eligible children: bill to DCS based on service referral at contracted rates
- For Medicaid and non-Medicaid eligible children, staff providing BH services must meet Medicaid standards
- DCS rate: same as community based rates



Residential Behavioral Health

465 IAC 2-16-23

- (a) Counseling, therapy, skill building, behavioral health management, and other behavioral health services to meet the behavioral healthcare needs of the child, will be provided upon authorization from the department.
- (b) Effective no earlier than January 1, 2012, for children who are Medicaid eligible, behavioral health costs shall be billed to:
- (1) Medicaid, for services authorized by the department that are Medicaid eligible; and
 - (2) the department through a contract with the department for services authorized by the department that are not covered by Medicaid.
- (c) If subsection (b) does not apply and if private insurance is not available or does not cover the costs of services or treatment, behavioral health costs shall be billed to the department through a contract with the department for services authorized by the department.



Residential Behavioral Health

465 IAC 2-16-23

“(a) Counseling, therapy, skill building, behavioral health management, and other behavioral health services to meet the behavioral healthcare needs of the child, will be provided upon authorization from the department.”

- Placement referral will be issued by FCM / PO
 - Will have residential program listed
 - Will not need additional service referral
 - BH will be authorized on backend



Residential Behavioral Health

465 IAC 2-16-23

“(b) Effective no earlier than January 1, 2012, for children who are Medicaid eligible, behavioral health costs shall be billed to:

- (1) Medicaid, for services authorized by the department that are Medicaid eligible; and
- (2) the department through a contract with the department for services authorized by the department that are not covered by Medicaid.”

- DCS will pre-approve the BH package for each residential program
 - Spreadsheet



Residential Behavioral Health

465 IAC 2-16-23

“(c) If subsection (b) does not apply and if private insurance is not available or does not cover the costs of services or treatment, behavioral health costs shall be billed to the department through a contract with the department for services authorized by the department.”

- Non-Medicaid eligible children: DCS will pre-approve packages using spreadsheet
- For Medicaid and non-Medicaid eligible children, staff providing BH services must meet Medicaid standards



Residential Behavioral Health

- Spreadsheet due 8/1/11
- July 27 conference call to answer questions regarding spreadsheet
 - 9am AND 1030am
 - Limited to 25 per time slot
- RSVP to Gurline Jones – gurline.jones@dcs.in.gov



LCPA and Residential Contracts

- Rates/Contracts to providers October, 2011
- Provider Manual available October, 2011
- Must have contract with DCS on 1/1/12 in order to be paid for placement 1/1/12 and thereafter
- Appeal process for rates set out in Rules
 - Can appeal rate but important to have a contract
- Training on contracts/rules in late Fall / early Winter