

STATE OF WISCONSIN
 Department of Health Services
 Division of Mental Health and Substance Abuse Services



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Date: June 1, 2015

DMHSAS Numbered Memo 2015-XX
 Reissue of 2014-02

To: Area Administrator / Human Services Area Coordinators
 Bureau Directors/Program Office Directors / Section Chiefs
 County Departments of Community Programs Directors
 County Departments of Developmental Disabilities Services Directors
 County Departments of Human Services Directors
 county Departments of Social Services Directors
 Tribal Chairpersons / Human Services Facilitators

From: Patrick Cork
 Administrator

**MA Reimbursement for Emergency Mental Health Services-Reissue of DMHSAS Info
 Memo 2014-02 with New Information and Clarification**

Document Summary

On December 16, 2013, the Department of Health Services (DHS) formally adopted the November 11, 2013 Administrative Law Judge decision in the matter of Milwaukee County Behavioral Health Division, case number ML-12-0156, regarding whether the definition of emergency mental health services for purposes of Medicaid (MA) reimbursement is most appropriately contained in the MA rules, Wis. Admin. Code § DHS 101.03(52), or in the emergency detention (ED) statute, Wis Stat. § 51.15.

The ruling states that for the purposes of MA reimbursement, the definition of emergency mental health services is most appropriately contained in MA rules, Wis. Admin. Code § DHS 101.03(52), which states,

(52) "Emergency Services" means those services which are necessary to prevent the death or serious impairment of the health of the individual.

This decision affects the appropriate protocol for the Certificate of Need (CON) form. If the reason for the ED was that the risk presented by the individual (under age 21) was a risk to others alone, or the identified risk did not impose a serious impairment of the health of the individual, then the admission is **NOT** an emergency under MA standards. When this is the case and the MA standard is not met, the CON must be completed by professionals independent of the institution prior to the admission for the treatment to be MA compensable. If the ED meets the standards for serious impairment of the individual (for example, a suicide attempt), the admission and treatment of that individual can be authorized by a CON completed after admission by a team that includes a physician who has an employment or consultant relationship with the admitting institution.

Changes to Wisconsin Mental Health Institutes' Billing Practices

Since January 2014, DHS' Mental Health Institutes are reviewing admissions of individuals under age 21 to determine whether the subject of an ED is admitted solely as a danger to others and the extent to which a risk of death or serious impairment is evident. There is a large variation among counties in the manner in which the CON form is completed and in how any dangerousness associated with the admission is documented. This

memo is a reminder to counties that in order to receive Medicaid reimbursement for patients, the Mental Health Institutes must have a properly completed CON.

The Mental Health Institutions complete the CON for Emergency Psychiatric / Substance Abuse admission authorization for all youth under age 21 detained as a result of dangerousness to themselves or dangerousness to themselves in combination with dangerousness to others only if the documented reason for admission meets the standard of "necessary to prevent the death or serious impairment of the health of the individual". If a child or youth's need for inpatient care under an ED is solely the result of dangerousness to others, or if the documented severity of impairment does not meet the Medicaid standard, the Elective/Urgent CON must be completed in the community.

Elective/urgent admissions require an independent team to complete the elective/urgent CON assessment. This independent team is required to meet the following requirements:

- The team is required to consist of at least two individuals, one of whom is a physician.
- The team members are required to have competence in the diagnosis and treatment of mental illness, preferably in child psychiatry.
- The individuals are required to have knowledge of the member's situation.

None of the members of the independent team may have an employment or consultant relationship with the admitting facility. A referring or admitting physician may be a part of the independent team if he or she does not have an employment or consultant relationship with the admitting facility and meets the independent team requirements listed above. Each team member is required to sign and date the elective/urgent CON form and state his or her credentials. The form must be signed prior to admission.

Please use form F11047 "Certification of Need for Elective/Urgent Psychiatric/Substance Abuse Admissions to Hospital Institutions for Mental Disease for Members Under Age 21". Without this document DHS cannot seek payment from Medicaid and the county will be responsible for 100% of the cost of care. Medicaid reimbursement cannot be sought for CONs completed retrospectively, accentuating the importance of timely completion and authorization of the CON form.

DHS-DMHSAS is informing counties that all child/youth admissions to the Mental Health Institutes billed to Medicaid are reviewed by an external auditing source after the MA payment is made. The audits are identifying CON forms found to be incomplete and/or the necessary severity of impairment of the youth was not found to be evident. In these cases DHS has experienced denials of Medicaid reimbursement and subsequent recoupment of payments. To date these recoupments have not been assessed to counties (counties are reimbursed by Medicaid as payments are received, the recoupments occur after the county is reimbursed).

Counties are responsible for approving all admissions to mental health institutions and as necessary, engaging in the certificate of need process. In the summer of 2015, DHS is meeting with county personnel via Area Administration regional meetings to review youth admissions and CON processes in an effort to better inform counties of practice expectations. DHS will begin assessing MA recoupments to county agencies after the regional meetings have occurred.

For more information on Medicaid policy on Certification of Need requirements, see ForwardHealth online handbook Hospitals, Inpatient: Covered-Non-covered Services: Covered Services and Requirements: Institutions for Mental Disease Services (Topic #1411).

Emergency Detention Documentation

Following consultation with Wisconsin County Human Services Association Behavioral Health Policy Advisory Committee, DHS recommends counties take the following steps to assure reimbursements are received:

- Carefully review the statement of Emergency Detention whenever this is the pathway to admission. The language on the ED paperwork is how DHS determines the nature of any dangerousness and the severity of impairment associated with the admission.
- When the Medicaid standard of dangerousness (services needed to avoid death or serious injury/impairment to the individual) is clearly met, counties do not need to complete a CON document for any child emergently detained and admitted for dangerousness to self, or a combination of dangerousness to self and to others (though counties can complete a document if it's desirable to have a standard practice for all admissions).
- For all children being detained on an emergent basis for behavior that presents a danger to others alone, collaborate with local professionals to complete the Urgent/Elective CON form prior to admission. WMHI can only submit a CON to Medicaid if the professional's signature is dated prior to or the day of admission. In the absence of a properly dated and executed Urgent/Elective CON, WMHI will not pursue MA reimbursement and the county will be responsible for 100% of the cost of care.
- The physician and team members signing the CON form must sign their full names and write their credentials; initials may be used for the first and/or middle name only. A signature stamp or computer-generated signature is acceptable as long as the hospital institution for mental disease (IMD) has written policies and procedures covering these signatures. Verbal orders and/or telephone orders are acceptable, but they must be co-signed by the physician giving the order and the date of the co-signature of the physician must be written beside the signature. The hospital IMD written policies and procedures must state the allowed time by which a verbal order or telephone order must be co-signed by the physician. The signature must be dated within this time frame for it to be accepted.
- Wisconsin Medicaid requires a CON assessment and CON form for all patient transfers when the receiving hospital is a psychiatric or substance abuse IMD. This applies even if the transferring hospital is an IMD and a CON assessment was previously completed. Providers are required to follow these procedures for elective/urgent and emergency admissions. Therefore, for all children being admitted under any other means (return to more restrictive setting, transfer from another facility, AODA referrals under Ch. 938.295) collaborate with local professionals to complete the Urgent/Elective CON. WMHI can submit a CON to Medicaid if dated prior to or the day of admission. In the absence of a properly dated and executed Urgent/Elective CON, WMHI will not pursue MA reimbursement and the county will be responsible for 100% of the cost of care.

Contacts with County Agencies

DHS is committed to a partnership with counties using mental health institution services and will make three attempts to contact the county referent/board authority to obtain the proper CON document when a youth is admitted. If no CON is received, Medicaid cannot be billed.

REGIONAL OFFICE CONTACT:

Area Administrators

MENTAL HEALTH INSTITUTION CONTACT:

Laura Wood
Winnebago Mental Health Institute
920 235 4910 Ext. 2592
Laura.Wood@dhs.wisconsin.gov

Chris Craggs
Winnebago Mental Health Institute
920 237 2803
Chris.Craggs@wisconsin.gov

CENTRAL OFFICE CONTACT:

Troy Kitzrow
Department of Health Services
Bureau of Fiscal Services
1 W. Wilson St., Rm. 750
Madison, WI 53703
Telephone: (608) 261-5984
Email: troy.kitzrow@wisconsin.gov

MEMO WEBSITE:

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WISCONSIN MEDICAID

**CERTIFICATION OF NEED FOR ELECTIVE / URGENT PSYCHIATRIC/SUBSTANCE ABUSE ADMISSIONS
 TO HOSPITAL INSTITUTIONS FOR MENTAL DISEASE FOR MEMBERS UNDER AGE 21**

ForwardHealth requires information to enable the programs to certify providers and to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information shall include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

Completion and retention of this form is required under s. 7000 of the Hospital Inpatient State Plan. Failure to complete and retain this form may result in denial of payment for the services.

INSTRUCTIONS

1. Type or print clearly.
2. All requested information must be provided, including physician and team member credentials. Providers may use their own version of this form as long as it includes all the same information.
3. Persons completing this form must be members of an independent team that:
 - Do not have an employment or consultant relationship with the admitting facility.
 - Includes a physician.
 - Have competence in diagnosis and treatment of mental illness, preferably in child psychiatry.
 - Have knowledge of the member's situation.
4. The physician and team members signing this form must sign their full names and write their credentials; initials may be used for the first and/or middle name only. A signature stamp or computer-generated signature is acceptable as long as the hospital institution for mental disease (IMD) has written policies and procedures covering these signatures. Verbal orders and/or telephone orders are acceptable, but they must be co-signed by the physician giving the order and the date of the co-signature of the physician must be written beside the signature. The hospital IMD written policies and procedures must state the allowed time by which a verbal order or telephone order must be co-signed by the physician. The signature must be dated within this time frame for it to be accepted.
5. If the signature and completion dates indicated on the form differ, the Certification of Need (CON) form will be presumed to have been completed on the latest date indicated on the form.
6. Retain the completed form in the member's medical record.
7. For more information about CON procedures, contact Provider Services at (800) 947-9627.

SECTION I — MEMBER INFORMATION		
Name — Member	Member ID (10 digits)	Date of Birth (MM/DD/CCYY)

SECTION II — FACILITY INFORMATION	
Name — Admitting Facility WINNEBAGO MENTAL HEALTH INSTITUTE	Provider Number 10063000
Address — Admitting Facility (Street, City, State, and ZIP Code) 1300 SOUTH DRIVE, PO BOX 9 WINNEBAGO, WI 54985	Date of Admission (MM/DD/CCYY)

We hereby certify the following:

- Ambulatory care resources available in the community do not meet the treatment needs of this member.
- Proper treatment of the member's psychiatric condition requires services on an inpatient basis under the direction of a physician.
- The services can reasonably be expected to improve the member's condition or prevent further regression so that the services will no longer be needed.

Name — Physician (Print)		
SIGNATURE — Physician	Credentials	Date Signed
SIGNATURE — Other Team Member	Credentials	Date Signed
SIGNATURE — Other Team Member	Credentials	Date Signed

Date of CON Form Completion (MM/DD/CCYY)
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