

Disabilities Services Division – February 2013 Birth to 3 533 Unit Reporting Question Responses\*

\*All responses are subject to review and adjustment as deemed necessary by DSD Birth to 3 in order to ensure compliance with Federal and State guidelines related to the reporting, documentation and use of Birth to 3 funding.

**Milwaukee County DSD Birth to Three 533 Responses to 533 Unit Reporting agency questions:**

Note to Agencies: Milwaukee County has made additional modifications to the 533 unit reporting form, Units report and instruction provided in late January 2013 and reviewed during the February 5, 2013 presentation. These changes are based on suggestions, and in responses to the request for clarification from Birth to 3 agencies. Please refer to most recent forms for answers to all questions.

**The implementation date to start the new reporting is set for March 1, 2013 – Milwaukee County is scheduling a meeting during the last week of March to review with agencies the reporting process and provide ongoing support and technical assistance as we implement this new process.**

**Questions and Answers** - Questions are numbered and lettered (a...b) and in italics. Responses are bulleted.

**Agency 1**

1. *Implementation Date* – *Due to the significant amount of computer programming and additional staff training required we are unable to make these changes by the February 1, 2013 deadline. We are requesting that the implementation date be changed to April 1, 2013.*
  - Please note implementation date stated above
  
2. *Unit Tab Reporting* - *The new Unit Tab now has units broken down by the U1 through U12 designations as shown on the 533 monthly tabs. Our 2013 units submitted on our budget were not broken down into this level of detail and did not include travel or documentation time for therapy and education services. Can you please provide instruction on how you will want the Approved Budgeted Units recorded on this tab?*
  - There is no need to break down the Budgeted units to this level of detail. Please enter budgeted units in either Row C1 (County Units) or O1 (non County Units) on units tab.
  
  - Enter the approved contract budgeted rate in column “Approved Unit Rate” on Units Tab in Column F opposite U2-U13.
  
  - Screening already has a fixed flat rate of \$150 for each screen (See specific instructions U1).
  
3. *U2-TCM Evaluations* - *TCM Evaluations can take up to 45 days to complete and therefore units relating to this service can span several months. At present we report units for this service in the month they were actually performed. (i.e. January 5 units and February 5 units.) The T19 billing guidelines require us to total all units and bill this service on the date of completion as February with 10 total units.*

Disabilities Services Division – February 2013 Birth to 3 533 Unit Reporting Question Responses\*

\*All responses are subject to review and adjustment as deemed necessary by DSD Birth to 3 in order to ensure compliance with Federal and State guidelines related to the reporting, documentation and use of Birth to 3 funding.

- Report only in the month the evaluation is completed.
    - a. *We are only allowed to bill this service to T19 if the evaluation finds that the child has a 25% delay and qualifies for the Birth to Three program. Can you please provide instruction on how you want these units reported since we cannot accurately determine whether they are billable to T19 until the evaluation is complete?*
  - Report evaluation units only in the month the evaluation is completed.
4. U4-Services - *Other than face-to-face contact, what else can be considered a “service” performed by a Social Worker or Parent Education Support Specialist?*
- a. Telephone time with parent/community medical provider?
    - Billable only for Case Managers for non T-19 children.
  - b. Time spent investigating/procuring resources for parents?
    - Billable only for Case Managers for non T-19 children.
  - c. Time spent organizing child find activities?
    - Not billable to search for new children for the B2T program. Billable only for LEA activities.
  - d. Time spent organizing/planning/carrying out parent education sessions?
    - If the service is identified on IFSP, only family education and training time is billable, not any other activities. Children must be present at parent education sessions.
5. U5-Travel - *Should travel units for services that are paid by the Medicaid Natural Environment Enhanced reimbursement be reported under U5-Travel or U9-Medicaid?*
- Medicaid related travel unit should not be reported in either place;, Report face-to-face billable units in U9 only.
  - a. *Are travel units reportable to Milwaukee County if no service was performed? (i.e. A therapist travels to a child’s home to provide a schedules treatment and there is no one home.)*
    - Travel time for “no shows” is Not Billable. “No shows” and “not at home” are provided for in the contract Absenteeism rate.

Disabilities Services Division – February 2013 Birth to 3 533 Unit Reporting Question Responses\*

\*All responses are subject to review and adjustment as deemed necessary by DSD Birth to 3 in order to ensure compliance with Federal and State guidelines related to the reporting, documentation and use of Birth to 3 funding.

6. U6-Documentation Time

b. Can documentation units for children covered by Medicaid be billed in this column? If not, where should they be billed?

- Report face-to-face billable units only in U9, except for Case Management services, report the billable units, including documentation time under U2 or U8.

7. U7-Meeting Time - *We understand that this column should only include time that service providers spend meeting with each other in implementation of the Primary Coach Approach model, and must be child-specific. This should not include general meetings to discuss implementation of the Primary Coach model within a program, but should only include meeting time spent by each service provider specific to a child's needs – as it relates to the Primary Coach Approach. Correct?*

- This section is included on the reporting sheet for planning and preparation for future reporting. Currently, this section is greyed out (no entry permitted) as we are refining our requirements for reporting these units. The State Birth to 3 reported in our monthly notification (December 2012) and during regional meetings (October 2013) that implementation of the Primary Coach Approach is a priority, however they are still building systems and capacity to support funding, for the program. Milwaukee County's decision to include this column on the 533 billing report is our proactive response to prepare. We will continue to monitor the progress of the State's in this area and develop our system of reporting accordingly.

a. *Can you provide us with instructions and guidelines for reporting these units?*

- Please note response given above.

8. *For a TPC, which agency is responsible for arranging a translator?*

- The agency scheduling the TPC, however negotiate with the LEA regarding this provision. The LEA may be willing to collaborate with you to meet this need.

a. *If translation / interpretation services are required as in DHS 90, should this be reported on the 533 as units of service?*

- Not a billable unit

Disabilities Services Division – February 2013 Birth to 3 533 Unit Reporting Question Responses\*

\*All responses are subject to review and adjustment as deemed necessary by DSD Birth to 3 in order to ensure compliance with Federal and State guidelines related to the reporting, documentation and use of Birth to 3 funding.

*b. Is this cost also included when billing families their cost share (also – the cost of travel and documentation and meetings).*

- No

9. *Currently, if the child's insurance is paying for the therapy, we are not billing a cost share. But the 533 list these additional costs. Please clarify.*

- Parent cost share is based on overall IFSP cost and parental Income, and is therefore, determined at the child's overall program level, not on a service by service basis. The 533 does not ask for Parental Cost Share units to be reported. The Revenue Tab asks agencies to report Parental Cost Share Revenue.

**Agency 2**

10. *On the Revenue tab for Restricted Donations and TCM Revenue, we budgeted the revenue for those items on different line items (Restricted Donations was line 4000 and TCM was line 5115). Do we need to submit a revised budget showing the breakout of these two items?*

- If you can reappportion budgeted revenue easily please do so. Otherwise you may keep your budgeted revenue on the existing budget lines.

11. *We need clarification on Travel and Natural Environment reporting. Do we report the units for travel when it's Natural Environment, or not? If so, where?*

- Report those units under Travel (U5), except those travel units billable to other sources where they will be billed under the respective column. e.g., TCM will be reported under U8 or U2. Screenings will not be reported anywhere. Units billable to Straight Medicaid will not be reported anywhere if paid under Enhanced Rate. The same is true for any other payer source.

12. *When we bill TCM to Medicaid, there are unit modifiers of U1, U2 and U3. U1 = Assessment; U2 = Plan; U3 = On-going services. We are confused as to where the TCM units are reported. Do all TCM units, no matter their unit modifier, get reported under U2 on the 533?*

- TCM (T1017 with modifier U1 & U2) is reportable under TCM Evaluation (U2) and Ongoing TCM (T1017 with Modifier U3) is reportable under TCM (U8).

13. *We need clarification on what U3 should be used for. What is a Non TCM Birth to 3 Evaluation? We understand it as an evaluation that finds a child is NOT eligible for the Birth – 3 program. Could you clarify?*

Disabilities Services Division – February 2013 Birth to 3 533 Unit Reporting Question Responses\*

\*All responses are subject to review and adjustment as deemed necessary by DSD Birth to 3 in order to ensure compliance with Federal and State guidelines related to the reporting, documentation and use of Birth to 3 funding.

- Correct, report Milwaukee County non T19 children’s evaluation units under ‘U3’. Travel and documentation time related to evaluations for non-eligible children should also be reported on this line.

14. Where does case planning get coded (development of IFSP)?

- Under evaluation U2 (for T19 children) or U3 (for non T19 children)

15. We have a child who is evaluated and qualifies for the program. The child has private insurance (which will not pay us anything for our services). Where do we code these units?

- Based on services to be coded under U4 to U7.

16. Does where we code these units differ if the insurance pays us vs. if they don't pay us?

- If Private Insurance pays, then under U11. If paid by T19 HMO, report under U10.

17. We need clarification on the definition of U4 – Services; U5 – Travel; U6 – Documentation; U7 – Meetings. Be specific or provide examples.

X is not T19 Eligible

Therapy provided	Face to face	Travel	Documentation
# of Units	17	3	2
<b>Billable under</b>	<b>U4</b>	<b>U5</b>	<b>U6</b>
	17	3	2

X is T19 Eligible paid under enhanced rate

Therapy provided	Face to face	Travel	Documentation	
# of Units	17	3	2	
<b>Billable under</b>	<b>U4</b>	<b>U5</b>	<b>U6</b>	<b>U9</b>
	0	0	0	17

18. We do an evaluation at a child’s house. We come back to the office and work on all the paperwork needed to document the evaluation. Where do the units spent in the office documenting the evaluation get coded?

- Billable under U2 or U3

Disabilities Services Division – February 2013 Birth to 3 533 Unit Reporting Question Responses\*

\*All responses are subject to review and adjustment as deemed necessary by DSD Birth to 3 in order to ensure compliance with Federal and State guidelines related to the reporting, documentation and use of Birth to 3 funding.

19. *Where does time spent on phone calls get coded?*

- Billable only for Case Managers if collateral contact under U8 for T19 children and U4 for non T19 Children

20. *We need clarification on U8. What service units get put in this category? Be specific.*

- Ongoing Case management services for T19 children, which includes TCM travel and documentation.

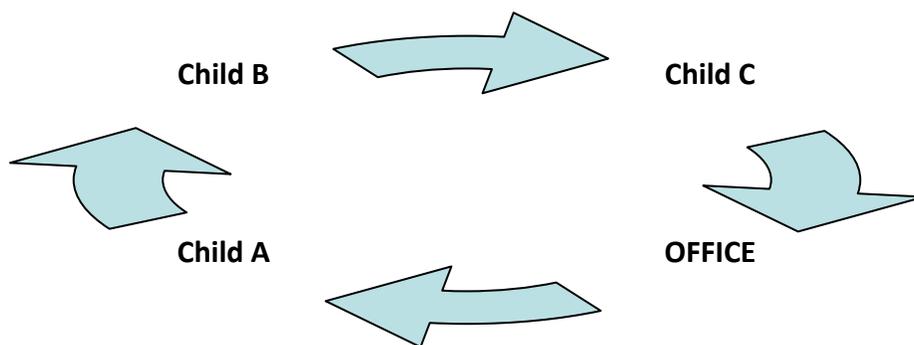
21. *We need clarification on U9-U12. Why would we report on other services outside of Birth – 3? It's outside of the program.*

- Report only Milwaukee County children's services in categories U9-U13 we added a new category U14 for Non Milwaukee County Children on units tab (not on 533) to accommodate any services provided to these children. This may be rare; however it may happen and the number and amount may be so small that agencies may not set up a separate cost center to track the expenses and revenue of the Non Milwaukee County children. This Row on the Units Tab will be used only if expenses and revenue for other Counties' Children are reported on the Milwaukee County report.

22. *Where do in-center Attendance units get reported?*

- We understand this question to address services provided at agency location and not in a natural environment. These services will be reported under U4, U6, U7 or U9-U13 based on what services are provided and to whom it is billable.

23. *How to calculate travel time if Therapist went from one client location to another without coming back to office every time?*



***Travel time reporting***

***Office to Child A, reportable for A***

\*All responses are subject to review and adjustment as deemed necessary by DSD Birth to 3 in order to ensure compliance with Federal and State guidelines related to the reporting, documentation and use of Birth to 3 funding.

***Child A to Child B, reportable for B***

***Child B to Child C, reportable for C***

***Child C to Office, reportable for C***

**Agency 3**

*Instructions*

24. U9 – *it told us to refer to the attach document for therapy unit restrictions for travel and documentation? Couldn't find that sheet, can you send it to us?*

- Refer to Page 17 of Medicaid PT, OT, SLP Service handbook under “**Services not Separately Reimbursable.**”

25. U13 – *How does this get reported on the 533 form when we don't put non-Milwaukee county children on the report?*

- A new Row was added on Units tab U14 to report this. Report this only if you are reporting expenses for non Milwaukee County Children and revenue on Milwaukee County billing forms.

*Revenue sheet*

26. 5100 – *Can you give an example of what “other counties contract/revenue” we would report for non-Milwaukee County children? This would increase our revenue for our Milwaukee County report when the revenue being reported isn't pertaining to our Milwaukee County contract.*

- Refer to answer to previous question

*Units tab*

27. *What kind of things fall under, “total other units”.*

- Units reported under U9-U13

**Agency 4**

28. *Why is TCM scheduled training split between program staff and billing? One session would be more useful since both areas must have a complete understanding.*

- Agency representatives can attend either or both session. Milwaukee County provided separate session options keeping in mind the different areas of focus of the attendees.

\*All responses are subject to review and adjustment as deemed necessary by DSD Birth to 3 in order to ensure compliance with Federal and State guidelines related to the reporting, documentation and use of Birth to 3 funding.

*29. What evaluations are billable under TCM (Use U2 and U3)?*

- Evaluations for T19 eligible Children are billable under U2 and other evaluations under U3.

*30. Please clarify exactly how you want us to handle adjustments to TCM and private insurance when there are denials. Adjusting units back to the original month of service will create an unreasonable amount of work.*

- Please report in the month change or rejection happens.

*31. Previously, we were told that we could report TCM as well as Milwaukee County units because it was considered part of the required Milwaukee County match. Is this no longer the case?*

- No change, TCM units are Milwaukee County units.

*32. Please clarify what is included in documentation. Is preparation and report writing included in this category? If not, where should it be reported?*

- Case notes, etc not billable or reportable elsewhere. For example, case notes for non-T19 children for case management will be reportable under U6.

*33. Dennis Buesing mentioned a Birth to Three code. What is it and where did it originate?*

- Dennis referred to the DHS 90 (**Particularly §90.11(2)(a)3.** ) Due to changes in the Federal Code that have not been updated in DHS 90 we are redirecting you to **§303.510(a)** of the Federal Register.

**Agency 5**

*34. I would find it helpful to have more clarification on the definition of “documentation?” Is documentation anything that is not face-to-face (i.e. writing up and IFSP, writing case notes)?*

- YES, your examples are correct. You may get more clarifications and examples in Feb 27 training session.

*35. Do to the Targeted Case Management training at the end of February (which will greatly help clarify case noting for service coordinators) as well as agency need to change our internal unit reporting systems, I wonder if starting this in the 2<sup>nd</sup> quarter (April) could be a proposed to contract management*

- Please refer to answer above

Disabilities Services Division – February 2013 Birth to 3 533 Unit Reporting Question Responses\*

\*All responses are subject to review and adjustment as deemed necessary by DSD Birth to 3 in order to ensure compliance with Federal and State guidelines related to the reporting, documentation and use of Birth to 3 funding.

**Agency 6**

36. *The sample report they handed out for the 533 only specifies ZEI children. Do they still want us to report YPI vs. ZEI children? If so, where would we document this?*

- DSD added a new column on the 533 to report children being screened to identify ZEI and YPI kids.

37. *Confusion about how to report TCM units on the 533. Do they want us to report these units on the 533 using the TCM calculations (.3, .7, 1) or rounding to the 15-unit measurement that we typically report on the 533?*

- Report the TCM units under U2 or U8 using the same rounding method as T19 reporting, and for all other columns use 15 minutes units.

38. *Since the TCM units will not be considered in units to the county, does that mean that when we get the summary and payment back from MA that if we did not actually get paid for those units we should then report them to the county as county units at that time?*

- TCM units are County units.