

Milwaukee County Department of Health and Human Services Delinquency and Court Services Division POLICY & PROCEDURE	Original Issue Date: 09/25/2007	Reviewed: 08/28/2014 By: MG Last Revision: 10/10/2014 By: DM	Section: PURCHASED SERVICES	Policy No: 35	Pages: 1 of 6
<input checked="" type="checkbox"/> Delinquency and Court Services Division <input checked="" type="checkbox"/> Children's Court Services Network <input checked="" type="checkbox"/> Purchase of Service Agencies	Effective Date: 12/1/2014	Subject: CHILDREN'S COURT SERVICES NETWORK (CCSN) SERVICE PROVISION, MONTHLY REPORTING & AGENCY BILLING PROCESS			

I. POLICY

It is the policy of the Delinquency and Court Services Division (DCSD) that specific guidelines are followed in compensating agencies participating in Children's Court Services Network (CCSN) for providing covered services.

The purpose of this policy is to state the procedures and criteria for billing, and to provide direction to agencies in billing for covered services.

II. PROCEDURE

1. SERVICE REFERRALS

- A. Human Service Workers (HSW) will complete a Service Referral in Synthesis and electronically submit this referral to the respective CCSN agency via email. Each agency must identify a recipient of the electronic referral for their respective agency.
- B. On receipt of the Provider Referral Form, the CCSN agency will respond to the HSW indicating that they have received the referral for processing via email.
- C. The CCSN agency will determine if they can adequately serve/meet the needs of the youth/family that has been referred to their agency for services. Unless otherwise identified in the CCSN specific policy or procedure, CCSN agencies are expected to respond to the HSW within 48 hours of receipt of a Provider Referral Form to indicate if they can accommodate the referral or not.
- D. If the CCSN agency is able to accommodate the referral, the CCSN agency will email the HSW a confirmation stating the service start date and the name of the assigned service provider if applicable. If the CCSN agency cannot accommodate this referral they will notify the HSW via email within 48 business hours of receipt of the referral that they are unable to take this referral at the present time.

2. SERVICE PROVISION

- A. It is required that the identified CCSN agency is to provide services within the timeframes identified below upon acceptance of referral.
 1. Appointments for the following services should be available within 48 hours of receipt of a Provider Referral Form for the following services:

- a. AODA Assessment-GAIN (*ZXA*)
- b. Individual/Family Therapy-Clinical Counseling (*YYC*)
- c. Tracking-*(YTK)*

2. First time appointments for the following services are to be scheduled available within 10 business days of receipt of a Provider Referral Form for all individually provided services within the following CCSN service groups including:

- a. AODA Services-*(YAT-AODA Individual) (ZXG-AODA Group) (YEA-AODA Education)*
- b. Outpatient Therapy Services-*(YZH-Sexual Assault Health Relationships) (YZI-Sexual Assault Individual Treatment) (YZG- Sexual Assault Treatment Group)(YAM-Anger Management) (ART-YAM-Aggression Replacement Management)*
- c. Youth Support Services-*(YAS-Academic Support) (YLS-Life Skills) (YMT-Mentoring) (YPE-Parent Education) (YFI-Female Family Systems Intervention) (YLF-Creating Lasting Family Connections)*

3. For group services that are offered in a “cycle” or “sequence” with designated points of entry in the cycle (*i.e., Anger Management, AODA Education*), the HSW is to be informed of the start date for the next available cycle for the identified services if not able to start within 10 days.

B. The youth/family may choose to waive the CCSN service delivery requirement timeframe if they prefer to wait for the next available appointment at a specific CCSN agency or with a specific CCSN credentialed Direct Service Provider.

C. In the event that the youth and/or family elect to delay the onset of services, the CCSN agency shall notify the HSW, youth and family of any potential negative consequences that could result from delaying the start of services. The HSW shall also inform the youth and family of any negative consequences they may be aware of that may impact on the youth and/or family (*i.e., compliance with court order, etc.*) when electing to delay the start of services. All discussions regarding voluntarily delaying the onset of services by the family are to be documented in a Synthesis case note by the HSW.

3. SERVICE AUTHORIZATION REQUEST (SAR)

A. Each calendar month is a billing period for CCSN.

B. A Service Authorization Request (SAR) is to be considered authorization for the CCSN agency to provide services to the youth in each calendar billing period. A SAR will contain the name of the service that has been approved, the agency that has been authorized to provide the service, the name of the specific direct service provider, the recipient of the service and the authorized service units for that calendar month. A service is not considered to be authorized and cannot be started until a SAR has been entered and approved. A SAR will only be good for the calendar month in which it has been authorized.

- C. A turnaround SAR will be entered into Synthesis for those services continuing into the next calendar month by the HSW on or before the 23rd of each preceding month. A service is not considered to be authorized to continue into the next calendar month until the turnaround SAR has been entered and approved. Services cannot start that month until the SAR has been approved.

4. BILLING UNITS & MONTHLY PROVIDER NOTES

- A. CCSN service billing units must be entered into Synthesis during each billing month and must be supported by accompanying documentation of services provided in the monthly Provider Notes for each authorized service per youth. Entry of service billing units and correlated Provider Notes must be completed by the CCSN agency by the 15th of the following month in order for payments to be processed for that billing month and will not be processed until the following billing month. Please note billing units entered that do not have an accompanied Provider Note will not be processed without the entry of monthly Provider Notes.
- B. Monthly Provider Notes must be submitted for each client for each service for which she/he is authorized for at the agency.
- C. Provider Notes must be completed even if no services were provided during the billing month. These notes should indicate any attempts to contact the client or missed appointments. In the event that the youth does not respond to repeated contact attempts within 30 days of referral or the youth is no longer receiving services at the agency for whatever reason, the HSW should be notified immediately.
- D. Provider Notes must be fully completed with all of the required elements. These include the following:
1. Service provided: Select the appropriate service from the pull down menu
 2. Date of service: The date the service was rendered to the youth/family
 3. Time by location (*actual times of the service must be indicated in the appropriate box depending on the location where the service was rendered; check marks or duration of service are not acceptable in these boxes*).
 - Office: e.g. 9:00a-10:30a
 - Home: e.g. 9:00a-10:30a
 - Travel: Travel is billable only for YYC and YAT. *Actual travel times must be indicated in this box* (e.g. 8:45a-9:00a; 10:30a – 10:45). See Travel policy.
 4. Duration: the total of all billable time for the session (e.g. 1 hour)
 5. Session focus: specific focus/topics of session should be listed. Brief phrases suffice, but should be descriptive and specific to the individual (for non-group sessions). More detailed client notes shall be maintained in the agency client file.
 6. Short-term goals: list client-specific goals for short-term (during service) for this service
 7. Long-term goals: list client-specific goals for long-term (post-service) for this service

8. Progress this month: describe client's progress in service using specific examples if applicable
9. No-shows by date: list dates of no-shows for scheduled appointments
10. P.O./Tracker notified by date: list dates client's HSW/FTJOP Tracker was notified regarding no-shows or for any other purpose
11. Next month's appointments by date

5. BILLING MONITORING/RESPONSIBILITIES OF BILLING CONTACT

- A. Each agency must have a designated billing contact person. This person is responsible for ensuring the timely entry of billing units in Synthesis and the completion of monthly Provider Notes that are **fully and accurately completed** and correspond to the services provided during the billing month. This requires careful monitoring and oversight in order to ensure that agencies will be reimbursed for services provided. The following should be monitored:
1. There must be a **valid authorization SAR** in Synthesis for the youth for the indicated service **prior to the provision of service**. Approval via phone or email does not constitute a valid authorization.
 2. The **accuracy of youth/service units** entered on a SAR in Synthesis should be checked. Agencies should contact CCSN if the SAR lists youth/services for whom a Service Referral has not been received or likewise if a SAR has not been entered for a youth who is receiving services.
 3. **Each direct service provider must be certified with CCSN** for the indicated services prior to service delivery. Agencies may contact CCSN if there is any question as to who is a certified direct service provider for specific services.
 4. **The number of units entered on each SAR should be checked each month**. If the provider anticipates that services will exceed the number of units authorized, the direct service provider should immediately request that the youth's assigned worker (HSW or Tracker) add additional units to the SAR along with the rationale for this request. Providers should ensure that additional units have been entered and approved before providing additional services beyond those.
 5. **No payment will be made for services provided after the order end date**. Services routinely end at the conclusion of the court order. Services cannot be extended beyond the expiration of the court order. The order end date is indicated on the Service Referral Form.
 6. Focus of session must be **within the scope of the service description** in order to be paid. For example, for Academic Support (YAS) a session focus which simply states "discussed family problems" is not acceptable.
 7. **Travel time to a location other than the agency office is only permissible for AODA Individual (YAT) and Youth Clinical Counseling (YYC) and should be for travel to and from the agency to the appointments in the community**. Travel for back-to-back

appointments may not be double-billed. Travel time should not exceed 30 minutes one way as proximity to the youth's residence is a factor in making referrals.

8. In the case of **no-shows**, only travel time to in-home appointments for YAT and YYC is billable. CCSN will not pay for travel to consecutive no-show appointments unless there is documentation that the provider contacted the client and confirmed the subsequent appointment. However, in recognition that substance abuse and mental health issues impact the entire family, CCSN may pay for counseling provided to family members when the youth is a no-show, if the family member's signature is obtained and there is a description of the session focus. No-shows are otherwise not billable.
9. Monthly Provider Notes for individual direct service providers should be **monitored for overlapping appointment/travel times** among all youth served during a billing month.
10. **Units should be spread out over the authorization period.** Units should be used judiciously as CCSN does not have the resources to provide unlimited units.
11. Certain services have **specific guidelines for the maximum number of units** to be provided during a given timeframe. Allowable number of units per day/week/month should not be exceeded.
 - A. Academic Support (YAS): 2 hours on school nights, 3 hours on weekend or vacation days, 6 hours per week, 18 hours per month.
 - B. Mentoring (YMT): 2 hours on school nights, 3–4 hours on weekend or vacation days, 6–8 hours per week, 12–15 hours per month.
12. If the billing contact receives an email from CCSN following payment or a service with any comments or notes pertaining to specific clients/providers, this information should be communicated to the appropriate provider.
13. Billings for services must be provided no later than 60 days following the last day of the month in which the service was rendered.

6. INSURANCE BILLING REQUIREMENTS FOR CLINICAL SERVICES

A. Effective 1/1/2015 DCSD will be the payer of last resort when a juvenile has other insurance coverage.

1. Each CCSN Network Agency providing the clinical services of YYC, ZXA, or YAT shall provide DCSD with a list of the insurance policies that are currently accepted by that agency. When a plan changed to the agency's accepted insurance coverage policies is scheduled to occur, DCSD should be given no less than 30 days written notice prior to this change in coverage occurring. If this is an unplanned change, DCSD should be notified within 5 business days of the unplanned change.
2. HSW's will collect the juvenile's current insurance information at the time of intake and will make all efforts to coordinate service referral to an agency that accepts the juvenile's current insurance policy. Insurance information will be provided to the CCSN Network Agency at the time of the referral.

3. DCSD will obtain and retain a copy of the most recent juvenile's insurance card in their youth's case file.
4. CCSN Network Agencies will request insurance information from the juvenile and their guardian at the time of intake for the referred service and will report any discrepancies in coverage to DCSD immediately.
5. CCSN Network Agencies will submit claims to the insured policy for the clinical services of YYC, ZXA, or YAT prior to billing DCSD for these services.
6. CCSN Network Agencies must submit a copy of the explanation of benefits (EOB) from the insured policy to DCSD showing either the co-pay or deductible amount or the denial of coverage prior to DCSD authorizing payment for the service. Payment for clinical services without the submission of an EOB will not be made until an EOB has been received. EOB's can be emailed to DCSDADMIN@milawukeecountywi.gov
7. If a co-pay or deductible is required by the insured policy and as a result the agency receives a reduced payment for services on the grounds that the enrollee has not met their deductible or co-pay, DCSD will cover the remaining cost for services to prevent any out of pocket cost to the juvenile or family. An EOB must be submitted by the agency to DCSD prior to payment being made.

B Thomas Wanta

Reviewed & Approved By: _____

B. Thomas Wanta, Division Administrator