



Lighthouse
HEALTH PLAN

New Covered Services Training

Newly Covered Services External training

Introduction

Overview of Each Service

- Services Included
- Who can provide
- How to Bill
- Resources links

Conclusion

Training Overview

- Objective:
 - Ensure providers are aware of newly covered services
 - Understand the applicability of the training to their practice or facility
 - Demonstrate ability to communicate newly covered services to members
- Training Availability:
 - Webex
 - Provider Manual
 - Lighthousehealthplan.com
 - Provider workshops
 - Newsletter

Introduction

- Lighthouse has recently been awarded a Medicaid contract for Regions 1 and 2
 - In the new SMMC contract, Lighthouse Health Plan is responsible for covering services that were previously fee-for-service
- The newly covered services include:
 - Early Intervention Services (EIS) / Early Steps
 - Medical Foster Care
 - Targeted Case Management (TCM)
 - Nursing Facility Services for Managed Medical Assistance (NF)

What is Covered (what are the services)

- Early Intervention Services (EIS)
 - EIS provide for the early identification and treatment of recipients under the age of 3 years with developmental delays or related conditions.
- Medical Foster Care (MFC)
 - MFC program enables Medicaid eligible children from birth through age 20 with medically-complex conditions
 - Children’s Medical Services (CMS) recruits MFC parents and provides training for them to care for the medically necessary needs of these children.
- Nursing Facility Services (NF)
 - MMA responsible for members in NF from 0-120 days. (The 120 days starts when the member enters the facility)
 - LTC responsible for NF stays of 121 and greater
- Child Health Targeted Case Management (TCM)
 - The purpose of TCM services is to assist Medicaid eligible recipients in gaining access to needed medical, social, educational, and other support services.

Children Early Intervention Services

Services Include:

- Children who have a developmental delay or a condition that has a high probability of resulting in a developmental delay
- All EIS services must be medically necessary
- Lighthouse Health Plan may cover additional services and supports identified during an evaluation through a different service benefit (subject to Lighthouse PA requirements)

Limits:

- Up to 3 screenings per year per child to identify the presence of a developmental disability
 - 1 initial evaluation per lifetime per child when conducted by a multidisciplinary team
 - Up to 3 follow-up evaluations per year per child
 - Up to 2 individual or EIS sessions per week per child that includes:
 - Supporting family or caregiver in learning new strategies to enhance a child's development and participation in the natural activities and routines of everyday life
 - Training parents to implement intervention strategies to minimize potential adverse effects and maximize healthy development
 - Group sessions must include 2 or more recipients

Early Intervention Services

Who can provide these services?

- Services must be rendered by one of the following:
 - Infant, Toddler, Developmental Specialists certified by DOH or its designee.
 - Practitioners licensed within the scope of their practice in Florida, including:

Advanced Registered Nurse Practitioners	Physicians
Audiologists	Physician Assistants
Clinical Psychologists	Occupation Therapists
Clinical Social Workers	Registered Dietitians
Marriage and Family Counselors	Registered Nurse
Mental Health Counselors	School Psychologists
Nutrition Counselors	Speech and Language Pathologist
Physical Therapists	

Early Intervention Services

How to Bill for this Service?

- To facilitate timely and accurate claim processing, please bill using the appropriate form for your provider type
- The table on the next slide outlines the code requirements as defined by Florida Medicaid

– No Prior Authorizations required

- If non-EIS service are recommended, subsequent services are subject to health plan prior authorization requirements
- See appendix for Lighthouse Health Plan PA List

Available billing codes and modifiers

CODE	MOD 1	MOD 2	DESCRIPTION OF SERVICE AND LIMITS	MAXIMUM UNITS
T1023			Screening (Maximum 3 per calendar year per child)	
T1024	GP	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 1 per lifetime per child)	30 minute unit— <u>maximum 4 units</u>
T1024	GN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 1 per lifetime per child)	30 minute unit— <u>maximum 4 units</u>
T1024	GO	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 1 per lifetime per child)	30 minute unit— <u>maximum 4 units</u>
T1024	TL		Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional (Maximum 1 per lifetime per child)	30 minute unit— <u>maximum 4 units</u>
T1024	HN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 1 per lifetime per child)	30 minute unit— <u>maximum 4 units</u>
T1024	GP	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 3 per calendar year per child)	30 minute unit— <u>maximum 4 units</u>
T1024	GN	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 3 per calendar year per child)	30 minute unit— <u>maximum 4 units</u>

CODE	MOD 1	MOD 2	DESCRIPTION OF SERVICE AND LIMITS	MAXIMUM UNITS
T1024	GO	TS	Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 3 per calendar year per child)	30 minute unit— <u>maximum 4 units</u>
T1024	TL	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional (Maximum 3 per calendar year per child)	30 minute unit— <u>maximum 4 units</u>
T1024	TS		Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 3 per calendar year per child)	30 minute unit— <u>maximum 4 units</u>
T1027	SC		Early Intervention Individual Session Provided by an EIS professional (Maximum 1 hour per day)	15 minutes <u>maximum 4 units</u> per day
T1027	TT	SC	Early Intervention Group Session Provided by an EIS professional (Maximum 1 hour per day)	15 minutes <u>maximum 4 units</u> per day

Resources

Healthy Start <https://www.healthystart.info/printable-resources.html>

Fee Schedule http://ahca.myflorida.com/medicaid/review/Reimbursement/2018-01-01_Fee_Schedules/EIS_Fee_Schedule_2018.pdf

Provider Qualifications <http://ahca.myflorida.com/Medicaid/childhealthservices/early/index.shtml>

Early Steps <http://www.floridahealth.gov/programs-and-services/childrens-health/early-steps/index.html>

AHCA Training: http://ahca.myflorida.com/medicaid/statewide_mc/pdf/EIS_Training_2018-10-05.pdf

Medical Foster Care

- The Medical Foster Care (MFC) program enables Medicaid eligible children from birth through age 20 with medically-complex conditions whose parents cannot care for them in their own homes, to live and receive care in foster homes rather than in hospitals or other institutional settings.
- Children's Medical Services (CMS) recruits MFC parents and provides training for them to care for the medically necessary needs of these children.
- **Medical Foster Care (MFC) Provider Qualifications**
 - Be licensed by the Department of Children and Families (DCF) as a foster home caretaker for children;
 - Have successfully completed the CMS MFC training;
 - Be approved as a MFC parent by the CMS MFC physician;
 - Be supervised by a CMS local service area MFC program staff or the MFC contracted agency; and
 - Be available to provide MFC services 24 hours per day (this would not preclude the use of other medically necessary services if additional medical needs are present).

Medical Foster Care

Services Include:

- Lighthouse Health Plan covers 365/366 days of MFC services per year, per recipient
- Assisting with ADLs and IADLs
- Coordination of care:
 - Arranging for the provision of primary medical care and support services needed to safely maintain the recipient in a community-based setting (e.g., durable medical equipment and supplies)
 - Ensuring access to, and coordination with, an accredited educational program for each recipient that complies with the requirements of the Florida Board of Education
 - Facilitating opportunities for the recipient to participate in a range of age-appropriate indoor and outdoor recreational and leisure activities, including activities for nights and weekends based on group and individual interests and developmental needs –
Scheduling medical appointments
- Health care management and monitoring
- Medication monitoring and administration
- Monitoring vital signs
- Participating in and coordinating all educational activities for the recipient
- Providing transportation to all scheduled appointments and activities
- Provision of skilled interventions to the extent the services are medically necessary and the MFC provider has the requisite training to perform the necessary task

How do I bill?

How to Bill for this Service?

- To facilitate timely and accurate claim processing, please bill using the appropriate form for your provider type
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– No Prior Authorizations required

- If non-MFC service are recommended, subsequent services are subject to health plan prior authorization requirements
- See appendix for Lighthouse Health Plan PA List

Available billing codes and modifiers

Medical Foster Care Services Fee Schedule

CODE	MODIFIER	DESCRIPTION OF SERVICE
S5145	HA	Level I Medical Foster Care Service
S5145	TF	Level II Medical Foster Care Service
S5145	TG	Level III Medical Foster Care Service

Medical Foster Care Resources

Fee Schedule http://ahca.myflorida.com/medicaid/review/Reimbursement/2018-01-01_Fee_Schedules/Medical_Foster_Care_Fee_Schedule_2018.pdf

Provider Qualifications <http://ahca.myflorida.com/Medicaid/childhealthservices/mfc/index.shtml>

Additional Resources: <http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/fostercare.html>

Child Health Targeted Case Management

- What is Child Health Targeted Case Management?
 - To assist Medicaid eligible recipients in gaining access to needed medical, social, educational, and other support services.
- Who is eligible for Child Health Targeted Case Management?
 - All Medicaid recipients who meet the following criteria may receive Child Health Services Targeted Case Management services.
 - Medicaid eligible on the date of service, and
 - Not be receiving case management services under an approved 1915(c) Home and Community Based Services waiver program, and
 - Not be a resident of an institutional facility, nursing home or intermediate care facility for the developmentally disabled, and
 - Be of the age birth up to 3 years of age and receiving services from the Children's Medical Services Early Steps Program, or be receiving medical foster care services from a Children's Medical Services medical foster care contracted provider.

Child Health Targeted Case Management

- What services are included in Child Health Targeted Case Management
 - Conducting an assessment of the recipient's medical, social, and functional status and identifying the recipient's service needs;
 - Working with the recipient and his natural support system to develop, promote, and coordinate the service plan;
 - Referring, coordinating or arranging for service delivery from the individual's chosen provider(s) to ensure access to services;
 - Reviewing and reassessing the individual's functional status and service needs;
 - Following up to determine that the recipient's planned services have been received and are effective in meeting the recipient's needs;
 - Monitoring to ensure access to quality and the delivery of services identified in the plan of care;
 - Preparing and maintaining case record documentation to include service plans, forms, reports, narratives, and other documents, as appropriate in assisting with access to care; and
 - Explaining to the recipient information regarding the importance of following prescribed treatment or helping with understanding the condition and how to cope with the condition.

Child Health Targeted Case Management

Who can provide these services?

- A provider must be enrolled as a *Child Health Services targeted case manager* to provide and be reimbursed for the services.
- Individual treating providers for targeted case management are enrolled as individual **provider types**:
 - 30 Advanced Registered Nurse Practitioner (ARNP),
 - 31 (Nurse), or
 - 32 (Social Worker or Case Manager).
- NOTE: ARNPs and nurses must submit a copy of their current Florida license with the application. Applicants are required to submit a copy of their degree and appropriate documentation verifying the required experience
- The Centers for Medicare and Medicaid Services requires **only one targeted case manager per recipient** to ensure that the recipient receives a coordinated and comprehensive effort in accessing needed services.
- If circumstances are such that more than one case manager is involved in providing services to a recipient for any reason, (e.g., targeted case manager and a managed care case manager), Medicaid requires that:
 - A lead case manager be designated by the recipient, preferably the targeted case manager, who ensures the recipient and other case managers are aware of the designation;
 - The service plan clearly identifies the lead case manager and clearly identifies responsibility for coordination of services of each of the case managers;
 - On-going and documented communication and coordination take place between all case managers to ensure that services are not duplicated; and
 - Services provided are clearly and fully documented to ensure there is no duplication of targeted case management services.

How do I bill?

How to Bill for this Service?

- To facilitate timely and accurate claim processing, please bill using the appropriate form for your provider type
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– No Prior Authorizations required

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Available billing codes and modifiers

Child Health Targeted Case Management Services Fee Schedule

Procedure Code	Description of Service
T1017 TL	Targeted Case Management for Children's Medical Services – Early Steps Providers
T1017 SE	Targeted Case Management for Children's Medical Services - Medical Foster Care Contractors

Child Health Target Case Management Resources

AHCA Training:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/Child_Health_TCM.shtml

Fee Schedule: http://ahca.myflorida.com/medicaid/review/Reimbursement/2018-01-01_Fee_Schedules/Child_Health_TCM_Fee_Schedule_2018.pdf

Coverage and Limitations Handbook: <https://www.flrules.org/gateway/reference.asp?No=Ref-01329>

Nursing Facility Services

- Lighthouse responsible for members in NF from 0-120 days. (The 120 days starts when the member enters the facility)
- LTC responsible for NF stays of 121 and greater

Eligibility

- Lighthouse Health Plan recipients requiring medically necessary nursing facility services who meet the following criteria:
 - Meets the criteria for Institutional Care Program (ICP) Medicaid as determined by the Department of Children and Families
 - Meets the level of care requirements determined by the Comprehensive Assessment and Review for Long-Term Care (CARES) program for recipients 21 years of age or older
 - A physician specifies the need for institutional nursing care
 - Has had a Pre-Admission Screening and Resident Review (PASRR) completed.

Nursing Facility Services

- All NF require a PA and the PASRR (which Lighthouse will coordinate)
- PASRR is required to determine the NFs level of care and is required prior to admission to NFs
- Lighthouse will reimburse for up to 120 days of all-inclusive nursing facility services, per year, per recipient
- This is subject to 2 simultaneous authorizations:
 - Call Lighthouse to initiate a PA by Lighthouse for medical necessity
 - PASARR level of Care authorized by CARES
 - Coordinated by hospital if inpatient
 - Coordinated by Lighthouse if NF
- If any change in patient condition, the NF will request an evaluation from CARES to re-evaluate the PASRR level of care
- We perform continued stay reviews every 30 days
- Additional PA might be required

Nursing Facility Services

How to Bill for this Service?

- To facilitate timely and accurate claim processing, please bill using the appropriate form for your provider type
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Nursing Facility Services Billing Codes

Effective January 1, 2018

Revenue Code	Description
0101	Long-term Care days
0185	Hospital leave days
0182	<u>Home leave days</u> (Therapeutic leave days)

Nursing Facility Resources

AHCA Training:

https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/Nursing_Facility.shtml

Fee Schedule: https://ahca.myflorida.com/medicaid/review/Reimbursement/2018-01-01_Billing_Codes/Nursing_Facility_Billing_Codes_2018.pdf

PASRR: <http://ahca.myflorida.com/Medicaid/PASRR/index.shtml>

Department of Elder Care: http://elderaffairs.state.fl.us/doea/cares_pasrr.php

Thank you

Please contact us at P: [1-844-243-5181](tel:1-844-243-5181) F: 1-888-768-7026
or providerrelations@lighthousehealthplan.com.