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State/Territory Name: WI

State Plan Amendment (SPA) #: 15-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



May 11, 2016

Kevin E. Moore
Medicaid Director
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street
P.O. Box 309
Madison, WI 53701-0309

ATTN: Al Matano, SPA Coordinator

Dear Mr. Moore:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #15-0013

- Behavioral Treatment Services
- Effective Date: January 1, 2016

If you have any questions, please have a member of your staff contact Mai Le-Yuen (312) 353-2853 or by email at <a href="mai.le-yuen@cms.hhs.gov">mai.le-yuen@cms.hhs.gov</a>.

Sincerely,

/s/

Ruth A. Hughes Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPROVED OMB NO. 0938-0193
HEALTH CARE FINANCING ADMINISTRATION  TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	15-013	Wisconsin
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION; TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 01/01/2016	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	\$4.076K
42 CFR s. 440.60 , 42 CFR 440.40 (b), and 42 CFR Part 441	a. FFY 2016	\$8 152K
Subport B	b. FFY 2017	CEDED DE AN CECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9, PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable	
Attachment 3.1-A Supplement 1 pages 4.cc, to 4.hhr. and 17.a		
Attachment 3.1-B Supplement 1 pages 3.cc. to 3.hh- and 16.a	New	
Attachment 4.19-B page;16.h-8.4%.ll.gee.	New	
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10. SUBJECT OF AMENDMENT:	The same distance of the same same and the same same same same same same same sam	
Behavioral Treatment Services	-	
11. GOYERNOR'S REVIEW (Check One):	OTHER, AS SPECIFIED:	
GOVERNOR'S OFFICE REPORTED NO COMMENT  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16, RETURN TO: Kevin E. Moore	
	State Medicaid Director	
13. TYPED NAME:	Division of Health Care Access and Accountability	
Kevin E. Moore	1 W, Wilson St.	
14. TITLE:	P.O. Box 309	
State Medicald Director  15, DATE SUBMITTED:	Madison, WI 53701-0309	
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2) TYPED NAME.  Ruth A. Hughes	Associate Regional	Administrator
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Attachment 3.1-A Supplement 1 Page 4.cc.

State: Wisconsin

6.d. Other Practitioners, continued

## A. Behavioral Treatment Services provided by licensed practitioners

Licensed practitioners furnish treatment services for autism spectrum disorder (ASD) and other related conditions that cause persistent, clinically significant impairment in social communication, behavioral interaction, and/or other areas of functional development that manifest as atypical behavior patterns that interfere with the member's safety and effective functioning in the home and community. Treatment is directly furnished by a licensed practitioner within his or her scope of practice under state law or by a non-licensed practitioner under the supervision of a licensed practitioner within his or her scope of practice as allowed under state law. Services are authorized in the home, community, or provider's office.

# B. Components of Behavioral Treatment provided by licensed practitioners

### 1. Assessment

Assessment services are covered for the purposes of treatment planning for an individual diagnosed with a condition for which behavioral treatment services have been proven effective. Both initial and follow-up assessments are covered.

Initial assessments must be performed by a licensed professional within his or her scope of practice. Allowable providers are the behavioral treatment licensed supervisor and the focused treatment licensed supervisor, both of which are described in "Section D – Provider Qualifications."

Follow-up assessments may be performed by a licensed professional or by a treatment therapist under the direction of a licensed professional. Allowable providers are the behavioral treatment licensed supervisor, the focused treatment licensed supervisor, the behavioral treatment therapist, and the focused treatment therapist, all of which are described in "Section D – Provider Qualifications."

6.d. Other Practitioners, continued

## B. Components of Behavioral Treatment provided by licensed practitioners, continued

2. Comprehensive Treatment (EPSDT only)

Comprehensive treatment targets acquisition of a broad base of skills with an emphasis on the primary deficits of autism spectrum disorders or other related conditions (communicative, social, emotional, and adaptive functioning). It entails a high degree of intensity using a 1:1 patient-to-provider ratio. In addition, caregiver training is an essential feature of this approach. ForwardHealth reimburses for the following services:

- a. Comprehensive adaptive behavior treatment by protocol
- b. Comprehensive adaptive behavior treatment with protocol modification
- c. Comprehensive treatment family adaptive behavior treatment guidance

Comprehensive treatment may be performed by licensed professionals or by treatment therapists or treatment technicians under the direction of a licensed professional. Allowable providers are the behavioral treatment licensed supervisor, the behavioral treatment therapist, and the behavior treatment technician. Allowable providers are described in greater detail in "Section D — Provider Qualifications."

3. Focused Treatment

The goals of focused treatment are the reduction of specific challenging behaviors, with development of replacement behaviors, as well as discrete skill acquisition. Focused interventions are delivered face-to-face using a 1:1 patient-to-provider ratio. ForwardHealth reimburses for the following services:

- a. Focused adaptive behavior treatment by protocol
- b. Focused adaptive behavior treatment with protocol modification
- c. Focused treatment family adaptive behavior treatment guidance

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Attachment 3.1-A Supplement 1

State: Wisconsin

#### 6.d. Other Practitioners, continued

### C. Additional Benefit Information

### 1. Prior Authorization

All behavioral treatment comprehensive treatment or focused treatment services provided directly by or under the supervision of a licensed practitioner must be authorized by the Department in advance of their provision to the member.

Behavioral identification assessment and follow-up assessment services require prior authorization by the Department only in certain circumstances, as outlined in the ForwardHealth provider policy manual.

### 2. Limits

Focused or comprehensive treatment services must be medically necessary for the member as determined by ForwardHealth through the prior authorization process.

## D. Provider Qualifications and Training

Wisconsin requires all providers who provide behavioral treatment services to Medicaid members to enroll as a behavioral treatment provider. Only licensed practitioners may enroll as a billing provider for behavioral treatment services. Providers should enroll in the specialty listed below that best matches his or her level of training and experience.

Wisconsin's Scope of Practice Act for licensed practitioners allows licensed practitioners to supervise unlicensed practitioners who furnish behavioral treatment services. In addition, Wisconsin's Scope of Practice Act requires licensed practitioners to assume professional responsibility for both the patient and the behavioral treatment service(s) furnished by unlicensed practitioners under his or her supervision. Licensed providers are able to furnish services being provided.

- 1. Behavioral Treatment Licensed Supervisor billing and rendering provider.
- 2. Behavioral Treatment Therapist rendering provider only.
- 3. Behavioral Treatment Technician rendering provider only.
- 4. Focused Treatment Licensed Supervisor billing and rendering provider.
- 5. Focused Treatment Therapist rendering provider only.

## HealthCheck (EPSDT) Other Services, continued

## 4. Comprehensive Treatment

See "Comprehensive Treatment" under Behavioral Treatment Services in Section 6.d., Other Practitioners.

### 6.d. Other Practitioners, continued

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## HealthCheck (EPSDT) Other Services, continued

### 4. Comprehensive Treatment

See "Comprehensive Treatment" under Behavioral Treatment Services in Section 6.d., Other Practitioners.

TN # 15-0013 Supersedes New

Approval date: \_5/11/16\_

Effective date: 01/01/2016

Other Practitioners' Services

"Other Practitioners' Services" refers to other practitioners of behavioral treatment services defined in section 6.d. of Attachment 3.1-A Supplement 1 and Attachment 3.1-B Supplement 1.

The Department establishes maximum allowable fees for all other practitioners for behavioral treatment services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of behavioral treatment services.

The agency's fee schedule rates were set as of January 1, 2016 and are effective for services provided on or after that date. All rates are published on the Wisconsin ForwardHealth website: https://www.forwardhealth.wi.gov/

For each covered service, the Department shall pay the lesser of the provider's usual and customary charge or the maximum fee established by the Department.

Provider travel time is not separately reimbursed.

# 17. Reimbursement for HealthCheck (EPSDT) Other Services, continued

## HealthCheck (EPSDT) Other Services - Comprehensive Treatment

"Health Check (EPSDT) Other Services – Comprehensive Treatment" refers to HealthCheck Other Services services defined in section 4. of Attachment 3.1-A Supplement 1 and Attachment 3.1-B Supplement 1.

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