

### CASII Talking Points

Wyoming Medicaid's Care Management Entity (CME) contractor, Magellan Healthcare, serves Medicaid-covered children and youth ages four through twenty years of age who are experiencing serious emotional and/or behavioral challenges. The CME provides intensive care coordination services using the High Fidelity Wraparound (HFWA) model. Children and youth not eligible for Wyoming Medicaid may access CME services through the State's Children's Mental Health Waiver (CMHW).

All children applying for CME enrollment must meet clinical eligibility requirements, which include either completion of the Early Childhood Service Intensity Instrument (ECSII) for children 4-5, or completion of the Child & Adolescent Service Intensity Instrument (CASII) for children and youth 6-20. The policy and billing information for the ECSII and CASII assessment process is found in the Medicaid CMS 1500 manual on the Medicaid fiscal agent's website: [https://wyequalitycare.acs-inc.com/manuals/Manual\\_CMS1500\\_4\\_1\\_17.pdf](https://wyequalitycare.acs-inc.com/manuals/Manual_CMS1500_4_1_17.pdf)

- Independent Assessor's (IA's) who are performing a CASII/ECSII assessment for children/youth not currently covered by Wyoming Medicaid will need to complete a CASII/ECSII online add form and submit to the CME per their instructions. This form is available on the "Forms" page at [www.MagellanoofWyoming.com](http://www.MagellanoofWyoming.com).
- The completed CASII/ECSII online add form is forwarded by the CME, along with the application packet (or alone if the child/youth did not clinically qualify) to the Medicaid CMHW/CME Program Manager for submission to the Medicaid fiscal agent who makes the child/youth assessed eligible for Medicaid payment for the assessment.
- The CMHW/CME Program Manager responds to the assessor with the client ID and confirmed date of service when the online addition is complete.

The Medicaid program is currently completing system changes to implement a new provider taxonomy that is specifically for CASII and ECSII evaluations completed by Independent Assessors as part of the CME enrollment process.

- The work necessary to implement the new taxonomy is anticipated to be complete by August 2017
- A provider bulletin highlighting the policy and billing changes will be distributed to all CASII and ECSII evaluators on the State's list of certified evaluators
- These changes will be reflected in the updated policy and billing section in the Medicaid CMS 1500 manual

All Medicaid home and community-based service (HCBS) waivers are now required to adhere to conflict of interest standards. Conflicts of interest can arise from:

- incentives for either over- or under-utilization of services;
- problems such as an interest in retaining an individual as a client rather than promoting independence; or,
- issues that focus on the convenience of the service provider rather than being person-centered.

Many of these conflicts of interest may not be conscious decisions on the part of individuals or entities responsible for the provision of service.

A key component to a conflict free system is keeping the program's eligibility decisions separate from service provision. This means that individuals or agencies who would benefit financially from the provision of the assessed needs and services may not perform the Independent Assessment.

To accomplish this separation, the Independent Assessor:

- may not have an interest in or be employed by a potential provider of the waiver services. If a family indicates interest in working with a specific Family Care Coordinator (FCC) or High Fidelity Wraparound (HFWA) provider agency, the Independent Assessor needs to be independent of that FCC or agency that provides FCC. The family can be informed of this decision during the IA process so they have the option to select another IA should there be a potential conflict of interest.
- must avoid performing more than two consecutive ECSII/CASII's for the same youth. While it is unusual for a child/youth to be involved in HFWA for a long period of time, the third assessment that is used to determine ongoing eligibility needs to be completed by a different assessor than the IA who performed the last two assessments.

To be eligible to receive payment for initial ECSII/CASII assessments performed by the IA as part of the CMHW/CME application process, the complete application must be submitted. A complete application includes:

- Application form-signed by the parent, guardian, or young adult applying (18+ with no guardian) for CMHW/CME services.
  - Page 3 of the application is signed by the IA who completed the application packet
- Level of Care form signed by a qualified Wyoming clinician who is able to diagnose behavioral health disorders per their license and scope of practice
- Completed/signed Freedom of Choice and Provider Choice forms
- Completed ECSII or CASII assessment completed by the IA

IA's who complete the full application process are eligible to add a modifier to the evaluation's procedure code which increases reimbursement by 25%.

For ECSII/CASII evaluations that aren't part of the initial enrollment, please refer to the Medicaid CMS 1500 manual for billing and policy instructions.

- In this case the procedure code modifier is not used

For questions and claims assistance please contact the Medicaid fiscal agent's (Conduent) Provider Relations Unit at (800)251-1268. Please have your Medicaid provider number/NPI and any identifying information regarding any claims you require assistance with. The CMS 1500 manual provides all of the helpful contact numbers in Chapter 2-Getting Help When You Need It.

For ECSII/CASII policy matters or training requests, please contact the Medicaid CMHW/CME Program Manager, Lisa Brockman at [lisa.brockman@wyo.gov](mailto:lisa.brockman@wyo.gov).