<table>
<thead>
<tr>
<th>Chapter 18</th>
<th>Fiscal Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Funding Models</td>
<td></td>
</tr>
<tr>
<td>B. Billing for Group Services</td>
<td></td>
</tr>
<tr>
<td>C. Guidance: Billing ECFMH Services Outside of the Bundle</td>
<td></td>
</tr>
<tr>
<td>D. Co-Served Children</td>
<td></td>
</tr>
<tr>
<td>E. Fiscal Model Requirements</td>
<td></td>
</tr>
</tbody>
</table>

### Funding Models

<table>
<thead>
<tr>
<th>Children's Integrated Services Guidance Manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter:                                    18</td>
</tr>
<tr>
<td>Subject:                                    CIS Single Fiscal Agent/Fully Integrated Services Model</td>
</tr>
<tr>
<td>Approved:                                   Karen Garbarino</td>
</tr>
<tr>
<td>Effective:                                  7/1/13</td>
</tr>
</tbody>
</table>
CIS Single fiscal agent/fully integrated services model

Overview

Children’s Integrated Services (CIS), housed within the Child Development Division (CDD), provides developmental, social-emotional, and preventive health services to pregnant and postpartum women and children birth to age 6. Beginning November 1, 2010, CIS funding was provided to one fiscal agent in each of three AHS regions (Lamoille, Rutland, and Franklin/Grand Isle) to ensure provision of all CIS services in their service area. Under this model, which moves from the current fee-for-service model to a bundled/case rate model, administrative efficiencies are created at both the state and local level, allowing for increased provision of direct services. Each region has a capped annual allocation of funds, and is required to serve a minimum number of Medicaid enrolled children each month.

The following regions have moved into the CIS model:

November 1, 2010 – Lamoille, Rutland and Franklin/Grand Isle
July 1, 2011 - Brattleboro
January 15, 2012 - Bennington
April 1, 2012 – Springfield
July 1, 2012 – Newport/St. Johnsbury
July 1, 2012 – Hartford
July 1, 2013 - Chittenden

Coding information

New CIS bundled rate code: T1024HU

If a claim is submitted with the T1024HU code, then any subsequent claims submitted on that client during that month with any of the codes included in the CIS bundled rate will be denied (see attached CIS bundled rate table).

Payment information

To determine the case rate, we analyzed the average number of Medicaid clients served per month, based on claims and service provision data. We took that monthly average to determine the minimum number of Medicaid clients to be served each month. We then divided the fiscal year regional funding by 12 months to determine the monthly payment. We then divided the monthly payment by the minimum to be served each month to determine the case rate.
<table>
<thead>
<tr>
<th>Provider name</th>
<th>Provider #</th>
<th>Minimum to be served each month</th>
<th>FY14 Funding available</th>
<th>Designated monthly payment</th>
<th>Case rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamoille Family Center</td>
<td>1004768</td>
<td>113</td>
<td>$659,297</td>
<td>$54,941</td>
<td>$496</td>
</tr>
<tr>
<td>Rutland Area VNA and Hospice</td>
<td>1005137</td>
<td>113</td>
<td>$793,231</td>
<td>$90,103</td>
<td>$595</td>
</tr>
<tr>
<td>Northwest Counseling and Support Services</td>
<td>1006626</td>
<td>134</td>
<td>$832,935</td>
<td>$69,411</td>
<td>$518</td>
</tr>
<tr>
<td>Winston-Sprouty Center</td>
<td>1005993</td>
<td>112</td>
<td>$707,496</td>
<td>$58,950</td>
<td>$526</td>
</tr>
<tr>
<td>Sunrise Family Resource Center</td>
<td>1005178</td>
<td>90</td>
<td>$595,677</td>
<td>$49,840</td>
<td>$552</td>
</tr>
<tr>
<td>Springfield Parent Child Center</td>
<td>1004793</td>
<td>95</td>
<td>$587,444</td>
<td>$48,954</td>
<td>$515</td>
</tr>
<tr>
<td>The Family Place</td>
<td>1005626</td>
<td>101</td>
<td>$767,567</td>
<td>$63,964</td>
<td>$633</td>
</tr>
<tr>
<td>Northeast Kingdom Human Services</td>
<td>1009591</td>
<td>130</td>
<td>$1,215,472</td>
<td>$101,289</td>
<td>$779</td>
</tr>
<tr>
<td>Chittenden Visiting Nurse Association</td>
<td>1004591</td>
<td>417</td>
<td>$2,960,010</td>
<td>$233,834</td>
<td>$681</td>
</tr>
</tbody>
</table>

The fiscal agent will submit one claim per Medicaid client served each month, regardless of number or type of service hours delivered. That claim will result in a payment of the respective case rate. Depending on how many clients are served each month, the actual monthly payment may be more or less than the designated payment.

If the fiscal agent draws down their total allocation before the end of the fiscal year, they will be expected to continue providing CIS services. They will also be expected to continue submitting claims so that we can monitor the number of clients served and provide that data for federal reporting. They will receive no payment for those claims.

In addition to reporting on the number of clients served, each fiscal agent will need to report on the performance measures listed below. For this contract year, data collected on the performance measures will be used for establishing baseline levels only.

1. Percentage of those served by CIS who achieve one or more plan goals by the annual review or transition (which ever is earliest);
2. Percentage of those served by CIS receiving services within the timelines outlined in these work specifications;
3. Percentage of those served by CIS who have no further need for immediate related supports upon exiting CIS services;
4. Percentage of those served by CIS reporting satisfaction with CIS services, based on surveys administered annually or at exit, (which ever is earliest).

1. Number of referrals that are triaged by the CIS Intake Coordinator
   - Rationale - The CIS goal is to have all referrals come through the CIS Coordinator (except for urgent referrals)

6/10/2013
2. Percentage of performance measures that are met
   • Rationale - Are we achieving better performance (as measured by meeting performance expectations) from the fully integrated model?

3. Number of service professionals interacting directly with families.
   • Rationale - Does the use of a consultation team to maximize multidisciplinary views decrease the number of providers servicing an individual family?
### CIS bundled rate

<table>
<thead>
<tr>
<th>Services</th>
<th>Type of service</th>
<th>Procedure code</th>
<th>What’s in</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing and Family Support</td>
<td>Women (home visits)</td>
<td>S9445 HD S9445 HD U7 S9445 HD U6 T1022 HA U6 T1022 HA U7</td>
<td></td>
<td>Procedure codes include services provided by Family Support Workers (BA or MSW level) and RNs</td>
</tr>
<tr>
<td></td>
<td>Infants birth to 1 (home visits)</td>
<td>S9445 HA S9445 HA U7 S9445 HA U6 T1022 HA U6 T1022 HA U7</td>
<td></td>
<td>Procedure codes include services provided by Family Support Workers (BA or MSW level), RNs and RN/MSW level</td>
</tr>
<tr>
<td></td>
<td>Children 1 – 5 (home visits)</td>
<td>S9345 HA U7 TF S9345 HA U6 TF T1022 HA TF</td>
<td></td>
<td>Procedure codes include services provided by Family Support Workers (BA or MSW level), RNs and RN/MSW level</td>
</tr>
<tr>
<td>Childbirth education classes</td>
<td></td>
<td>S9436 (Home Health use only) S9436 (Hospital use only)</td>
<td></td>
<td>Services provided by certified childbirth educators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical assessment (OB or peds)</td>
<td>$25.00 reimbursement for health care providers who do appropriate medical assessment. These costs (approximately $60,000 per year), will continue to be funded by CIS and direct billed by providers through MMIS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Any high risk medical treatments</td>
<td>These services are provided by skilled nurses and billed to insurance (private or Medicaid). CIS funds are not used for reimbursement of these costs</td>
</tr>
</tbody>
</table>

6/10/2013
<table>
<thead>
<tr>
<th>Services</th>
<th>What's in</th>
<th>What's out</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention (birth – 3)</td>
<td>Developmental therapy</td>
<td>97532</td>
<td>Services provided by Developmental Educators (BA level)</td>
</tr>
<tr>
<td>Case management/service coordination</td>
<td>T1016 TL (B-3 modifier)</td>
<td></td>
<td>Services provided by Developmental Educators (BA level)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CIS will fund only 1 primary service coordinator per child/parent/family 'client'.</td>
</tr>
<tr>
<td>Annual case management</td>
<td>T1024 TL (B-3 modifier)</td>
<td></td>
<td>Services provided by Developmental Educators (BA level). Annual review of case, Occupational therapy Services provided by certified OT and paid for out of federal CIS payor of last resort funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Physical therapy Services provided by certified PT and paid for out of federal CIS payor of last resort funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Speech language therapy Services provided by certified SLP and paid for out of federal CIS payor of last resort funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nutrition therapy Services provided by an RD and paid for out of federal CIS payor of last resort funding</td>
</tr>
<tr>
<td>Services</td>
<td>What's in</td>
<td>What's out</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Early Childhood and Family Mental Health</td>
<td>Service planning and coordination (case management)</td>
<td>VT Lic. Social Worker or MH Counselor, or a person supervised by such holding a bachelor’s degree in Social Work or other mental health-related field who functions at the intermediate level of Vermont’s Early Childhood and Family Mental Health Competencies. CIS will fund only 1 primary service coordinator per child/parent/family client.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>T1017 HE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical assessment</td>
<td>90801 HE</td>
<td>VT Lic. Psychologist or Psychiatrist; Professional nurse holding MS in Psychiatric/MH nursing with a VT Lic.; VT Lic. Social Worker; VT Lic. MH Counselor; Persons with Masters degree in Human Svs qualified to conduct assessments. D&amp;E – at intake if needed to assess MH needs or for plan development. Then every 2 years after or as clinically appropriate. Re-evaluation of treatment plan should be done at a minimum of every 6 months, where some form of re-assessment may be done, but not a formal full D&amp;E.</td>
<td></td>
</tr>
<tr>
<td>Direct Services</td>
<td>H2019 HE</td>
<td>VT Lic. Social Worker or MH Counselor, or a person supervised by such holding a bachelor’s degree in Social Work or other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>H2019 HE HR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>H2019 HE HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>H2032 HE HQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation and education</td>
<td>F01</td>
<td>The mental health practitioner seeks to build the skills and capacity of another adult, rather than trying to directly change an individual child's behavior or symptoms. Consultation may include: 1) child- or family-centered consultation (see direct services), and 2) programmatic. Differentiated from consultation involved in direct services as this is consultation/education for</td>
<td></td>
</tr>
</tbody>
</table>

The mental health-related field who functions at the intermediate level of Vermont's Early Childhood and Family Mental Health Competencies. Specific, individualized (to a child/family/group), and goal-oriented services to assist in developing skills and social supports necessary to promote positive growth. May include:
- accessing/effective utilization of community supports/activities
- building health family relationships
- supportive counseling
- social, emotional, or behavioral skill development
- consultation/supportive services for improved social and emotional functioning

Limits: not to exceed 20 hours per month.
<table>
<thead>
<tr>
<th>Crisis services</th>
<th>Medication</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/home provider supports</td>
<td>Respite services by the hour or overnight</td>
<td></td>
</tr>
</tbody>
</table>

**Specialized Child Care**

| Access to quality child care for children with specific service needs (protective services, special health needs, family support) | Psychiatry | Work with FSD social workers to identify child care providers, assist families with paperwork, data entry into BFIS |
| Process documentation, data entry into BFIS, coordination with providers |
| Support to specialized child care providers | Assist in gaining specialized status, programmatic quality enhancements |