



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
1500 Jefferson Street, SE • P.O. Box 40975 • Olympia WA 98504-0975

Report to the legislature:
Options to Maximize Federal Funding for Pediatric Interim Care Center (PICC)

Background:

This report is prepared in compliance with ESSB 5092, Section 227 (1), which requires the Department of Children, Youth and Families (DCYF) contract for a pediatric interim care center to provide residential care for up to thirteen children through the age of two. This proviso also requires that the department must “in consultation with the health care authority, report to the appropriate legislative committees on potential options to maximize federal funding for the center, including any potential for the center to bill managed care organizations for services provided to Medicaid recipients.” Pursuant to ESSB 5092, Section 227 (1), DCYF contracts with the Pediatric Interim Care Center in Kent Washington for this service.

Historically the Department of Children, Youth & Families (DCYF) and the Health Care Authority (HCA) have conferred to work together on the possibility of all the Pediatric Interim Care (PIC) programs, including the Kent Pediatric Interim Care Center (PICC), utilizing Medicaid to pay for billable services under the Washington State Medicaid Plan. Over the years, HCA, DCYF, and the Apple Health Foster Care contracted Managed Care Organization (MCO), Coordinated Care of Washington, have met with the PIC providers and have provided technical assistance and support to facilitate this as a payment method for covered services. While the other PIC programs have accessed technical assistance and have adopted changes to allow them to bill Medicaid, the Kent PICC has not adopted the changes needed to be in alignment with billing according to Medicaid rules and regulations.

Options for Maximizing Federal Funding:

Below is a current description of the steps that the Kent PICC would need to follow in order to adopt and begin billing Medicaid for necessary services. These services are delineated in WAC, under their licensure:

[WAC 246-337-081 Residential services--Pediatric transitional care](#)

(8) The licensee shall provide for medical examinations and consultations by a pediatrician, physician's assistant, or pediatric ARNP for each infant with the frequency and regularity recommended by the American Academy of Pediatrics and according to the time frames in this subsection. -

(b) An initial medical examination of the infant conducted and completed by a pediatrician, physician's assistant or pediatric ARNP within twenty-four hours, if on morphine, otherwise seventy-two hours of the infant's arrival unless a pediatrician, physician's assistant or pediatric ARNP orders a shorter time frame;



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

1500 Jefferson Street, SE • P.O. Box 40975 • Olympia WA 98504-0975

- (c) Medical examinations of infants conducted every three weeks by a pediatrician, physician's assistant, or pediatric ARNP unless a pediatrician, physician's assistant or pediatric ARNP orders a shorter time frame
- (e) Infant developmental screening tests, approved by the department, within thirty days after the infant's arrival at the RTF [Residential Treatment Facility];

Any other health care services that are deemed medically necessary during the course of these examinations would also be considered as payable services.

Avenues of payment

Clients enrolled in Apple Health (Washington Medicaid) are either covered Fee-For-Service directly by the HCA, or they are covered by one of the HCA's contracted MCOs. In order to bill Medicaid, regardless of the client's coverage, a provider needs to have a National Provider Identification (NPI) and active contract with the HCA to provide services, called a Core Provider Agreement. The Kent PICC has an NPI and previously held a contract with HCA to provide services. However, the contract is no longer active.

If they have a signed Core Provider agreement, the provider, in this case the Kent PICC, must check in the Apple Health billing called ProviderOne to determine if the client is eligible for Apple Health on the day of service, and to determine if the client is a Fee-For-Service client, or enrolled in an MCO.

The provider would bill for a Fee-For-Service client in accordance with the current Billing Guide available on HCA's website.

For an MCO enrolled client, the provider would bill the client's specific MCO. Most Apple Health clients are enrolled in an HCA-contracted managed care organization (MCO), and the majority of children in DCYF care and custody are enrolled in HCA's single MCO serving the Apple Health Foster Care contract with Coordinated Care of Washington (referred to as Apple Health Core Connections).

In order to bill an MCO, the provider must be contracted with that specific MCO or receive prior authorization from the MCO to provide the service and bill according to MCO requirements. Providers can contract with an MCO by calling the MCO telephone numbers, which are provided on HCA's website.

In either coverage instance, services are billed by the facility, or by the practitioner providing the service.



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

1500 Jefferson Street, SE • P.O. Box 40975 • Olympia WA 98504-0975

- For services provided by a practitioner (called servicing provider) who is employed by the facility, all Medicaid eligible services can be billed by the facility as the billing provider.
- If the services are provided by a practitioner that is not employed by the facility, these services could be billed by the practitioner as the servicing/billing provider.

Medicaid eligible services could include the following, if and when the provider meets requirements outlined in the Core Provider Agreement:

- Medical exams (i.e., evaluation and management services), such as initial exam, routine exams, discharge exam or any time the infant requires a special exam due to concerns;
- Well-child (or EPSDT) exams;
- Developmental screenings (when conducted by a provider);
- Administrative cost for Vaccine For Children (VFC)-vaccine administration, if the provider is qualified as a VFC provider, or the cost of vaccine and vaccine administration if they are not a VFC provider;
- Medications;
- Physical, occupational, and speech therapy;
- Respiratory care services; and
- Non-emergency transportation, if provided by an approved transportation broker.

Resources for any program that is considering providing services to Apple Health clients can be found on the HCA website.

- Provider Enrollment instructions: <https://www.hca.wa.gov/billers-providers-partners/apple-health-medicare-providers/enroll-provider>
- Applicable, current Billing Guide available on HCA's website (<https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>):
 - Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
 - Physician-related/professional services

Conclusion:

The Kent PICC can bill for Medicaid-eligible medically necessary services. Resources are available on the HCA website to support providers interested in serving Apple Health clients. Over the years, both HCA and DCYF have met with all the PIC program providers and provided technical assistance and support to utilize Medicaid as a payment method for Medicaid-covered services. DCYF and HCA staff are willing to meet with Kent PICC and provide further technical assistance to support them.