

**North Dakota Medicaid Policy and Procedures for the
PATH Family Support Program**

PURPOSE:

To establish a process to assist North Dakota (ND) Medicaid staff in managing the PATH Family Support Program requests and documentation.

RATIONALE:

1. To aid in consistency and establish guidelines for the PATH Family Support request process.
2. To establish a single point-of-contact (POC) between ND Medicaid and the PATH Case Managers.
3. To document ND Medicaid Admission Criteria for the PATH Family Support Program.
4. To provide consistency in receiving data probe requests from PATH Case Managers and PATH Family Support Program packets.
5. To provide consistency in processing the medical information requested from the PATH Family Support Program.
6. To establish ND Medicaid work flow and identify staff responsibilities.
7. To respond to PATH requests in a timely manner.
8. To provide documentation on ND Medicaid's decision making process regarding PATH requests and admission approval.

FEDERAL CITATIONS:

North Dakota Medicaid is regulated by the following Federal Citation:

- 42 CFR, Subchapter C- Medical Assistance Programs

PROGRAM DURATION:

A child may receive PATH Family Support Services for a maximum of 12 months over an 18 month period of time, unless they qualify for an extension (see #6). A child is allowed to be in this program one time.

POLICY AND PROCEDURES:

- 1) In order for a child to be considered for acceptance in to the PATH Family Support Program, the following criteria must be met:
 - a) A child must have a "current" North Dakota Health Tracks EPSDT screening completed at a Public Health Unit. Current is described as being within 6 months of the date considered eligible for the program. The screening must accompany the packet submitted to DHS for consideration of admission into the PATH Family Support program. Comments in the recommendation portion of that screening must support and recommend PATH Family Support placement.
 - b) The child must be Medicaid eligible on dates of service. (42 CFR 440.20 and North Dakota Administrative Code 75-02-02).
 - c) The child must have Medical and Pharmaceutical Medicaid or insurance expenses over the most recent 12 month period for which claims data is available, that exceed the monetary threshold of \$15,000. This amount can include in or out of state services received or services received by other payor sources. If submitting insurance expenses include the medical and pharmaceutical totals on a cover sheet and attach copies of the Explanation of Benefits (EOB) to support the amounts reported on the coversheet.
- 2) If a PATH Case Manager determines a child may be eligible, the following must be reviewed and considered:
 - a) The PATH Case Manager sends a request for a Medicaid data probe to the ND Medicaid POC. The request must include the child's name, ND Medicaid ID number and date of birth:
 - i) An initial data probe expense report request can be submitted to ND Medicaid at anytime. ND Medicaid will run initial data probes weekly. (These probes may not include the most recent claims data based on when the data probe is initiated).
 - ii) The ND Medicaid system is updated on approximately the 20th of each month, therefore any additional **follow up** requests for data probes are processed after the 20th so they include the most recent information available. If a follow up request is solicited, the following must be reviewed and considered:
 - A) Is the last data probe more than 90 days old? If the answer is "NO", the PATH Case Manager can not submit a follow up request until three months time has passed from the prior request date.
 - B) The child has surpassed 90% of the monetary threshold, based on previous inquiries, and the PATH Case Manager has reason to believe that the child has surpassed that amount.

- C) The child has had an "inpatient psychiatric event" that will result in meeting the monetary threshold. ND Medicaid will consider approximating the anticipated costs regarding the inpatient event to enable PATH Family Support to promptly place a child in their program. PATH Family Support will need to provide the discharge planning for the child (from the facility that is rendering the inpatient psychiatric services) and ND Medicaid will use that information, in addition to our current rate of payment for those services and any other documentation that PATH Family Support would like us to review, in order to render a decision on the matter.

- iii) ND Medicaid may consider room and board costs paid to a Residential Child Care Facility when determining admission to the PATH Family Support Program. The PATH Family Support Program would need to notify ND Medicaid of the child's Residential Child Care Facility (RCCF) and ND Medicaid would determine whether or not to allow those costs. In order to consider making an exception to meeting the \$15,000 Medicaid expenses threshold, the following will need to be provided:
 - A) Discharge summaries from the RCCF where the child has received treatment within the past year. In the event that a discharge plan is not available progress notes from the most recent 4-6 week period may be substituted.
 - B) Evaluations
 - C) Treatment plans and
 - D) Dates that a child was in a RCCF and the name of the RCCF.
 - E) North Dakota Medicaid will not consider regular foster care as an eligible expense.
 - F) North Dakota Medicaid will not consider PATH foster care as an eligible expense.

- 3) Cases that do not meet the above criteria will not be eligible for consideration by ND Medicaid staff. Any packet/documents for PATH admission purposes received by ND Medicaid prior to a child meeting eligibility requirements or 6 (six) months after meeting the \$15,000 threshold will be destroyed. Once the monetary requirement has been met, it is valid for 6 (six) months. If a packet is not submitted within that 6 (six) month period a new data probe will need to be requested and the child will again need to meet the \$15,000 threshold.

- 4) A child may only be in the PATH Family Support Program for the duration of twelve months (from the time the child is matched with a support family). The twelve months, need not be consecutive {see 4) a) below for an example} but must be within 18 calendar months of the "match" date. It is the responsibility of the PATH Case Managers to inform ND Medicaid when a child is "matched" with a support family. Failure to do so will imply that the child was matched when their case was approved and the one year duration will begin on the approval date.

- a) In the event that a child is matched but removed from the program either at the parent's discretion or due to needing a higher level of care, they will be allowed back in the program for any months remaining in the initial 12 month period less the ones used (providing the child still meets the minimum eligibility requirements and are within the 18 month window). For example, if the child was matched for two months and at the beginning of the third month they are removed from the program they would have 10 months of PATH Family Support available.
 - b) Any hospitalizations of children in PATH Family Support should be reported to DHS.
- 5) Once a child becomes eligible for the PATH Family Support Program, PATH has six (6) months to determine an appropriate support family. If a support family is not established within the six (6) month timeframe, the previous steps mentioned in 1a) through 2a) must be met and repeated to ensure that they still adhere to the eligibility criteria.
 - 6) A child is eligible for consideration for an extension in the PATH Family Support Program if the following criteria is met:
 - a) The child has a diagnosed psychiatric condition that indicates ongoing psychiatric treatment. Examples: bi-polar, autism spectrum, psychotic disorders, and major depression.
 - b) The child and family have displayed benefits from the program. Examples: less cost, fewer out-of-home placements, the parents are connecting with the PATH Family Support parents or the child is displaying behaviors putting them at risk for out-of-home placement.
 - 7) PATH Case Managers need to describe, in detail, the need for the extension. Any exceptions (from PATH Family Support personnel) to existing policies needs the approval and support of a first line supervisor and may then be forwarded to the DHS Utilization Review Administrator for consideration.

NOTE: The length of an extension will be determined on a case-by-case basis; a three (3) month (quarterly) review is required by ND Medicaid during the extension period in the same manner as the original approval time period. The maximum amount of time allowed for an extension is six months.

- 8) North Dakota Medicaid reserves the right to determine medical necessity when placing any child in the PATH Family Support Program.
- 9) Quarterly Service and Support Plans and the MA Quarterly Update (PFSFN 18, rev 10/09) will be sent to ND Medicaid by PATH Case Managers for each child participating in the PATH Family Support Program. PATH must provide the Quarterly Service and Support Plans and the PFSFN 18 to ND Medicaid by the 5th of the month immediately following the end of the child's initial two month assessment period and every three months after that. Any Quarterly Service and Support Plans and PFSFN 18 forms not received by the last day of the month (immediately following the end of the child's timeframe being evaluated) will result in follow up by the DHS Utilization Review Administrator. (e.g.: child is matched with a

family on January 15, their initial two month assessment covers January 15- March 15, the assessment is due to ND Medicaid by April 5. Their first quarterly assessment would span March 16-June 15 and be due to NO Medicaid by July 5.)

- a) It is the PATH Family Support Programs responsibility to ensure that they are in compliance with this requirement.
 - b) The plans must include specific mentoring techniques that were taught to the parent(s) and any progress made in the parent's ability to carry out the techniques in the home.
 - c) This plan needs to summarize the last quarter and address:
 - i) Problems that are being worked on.
 - ii) Goals being accomplished/addressed.
 - iii) Are the parent(s) and child appropriately utilizing the support parents?
 - iv) Have changes been made by the parents to modify interventions that better cope with the child?
- 10) The PATH Family Support Program must notify NO Medicaid of any updates to include support parent matches, hospitalizations and discharge from the program.

The PATH Family Support Program is responsible for ensuring Protected Health Information sent to ND Medicaid is done so according to all Health Insurance Portability and Accountability Act rules.

This policy and procedure for the PATH Family Support Program is hereby approved:



Maggie D. Anderson, Director
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North Dakota Department of Human Services

6/22/2010

Date