MILWAUKEE COUNTY Behavioral Health Division

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References:	

#025 In-Home Therapy (Mental Health and Substance Abuse-AODA)

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee and FISS Services that In-Home Therapy Services (service codes 5160, 5161, 5167, H2017TH, and H2017SAH) be available to all youth/families if deemed necessary by the Child & Family Team and as indicated in the Plan of Care / Service Plan. In-Home Therapy encompasses intensive, time-limited mental health and substance abuse therapy services that are provided in the youth's place of residence, family's home, or when necessary (***though rarely***), in a community-based setting (i.e., neutral ground, if the home setting is unsafe for the provision of services).

The In-Home agency shall develop and maintain a written description of the therapeutic approach, service model, and/or evidence based support for the service model, as well as a description of the intervals and methods used to determine whether continuation of services is warranted.

NOTE: This policy utilizes the term "Care Coordinator", which applies to FISS Case Managers and Wraparound/ REACH/CCS Care Coordinators. The term "youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult. It also uses the terms "Child and Family Team" - which applies to any group of people that may be working with a family, "Plan of Care Meeting" – which also applies to any meeting that may occur to address the needs, strengths, progress, etc., of a family and "Plan of Care" - which also applies to Service Plan for FISS.

II. PROCEDURE

A. **GENERAL CARE COORDINATOR RESPONSIBILITIES**

1. If In-Home services are being sought by the Child & Family Team, a REFERRAL FORM (*see Policy #038- Provider Referral Form*) must be completed and given to the selected In-Home Therapy Provider prior to the provision of service.
2. A monthly Service Authorization Request (SAR) must then be completed by the Care Coordinator authorizing In-Home Therapy using the appropriate codes as follows.
   - 5160 In-Home Lead
   - 5161 In-Home Aide
   - 5167 In-Home AODA

- H2017TH- In-home Psychotherapy
- H2017SAH- In-home Substance Abuse Treatment

Note: The authorization cap/limit for Code 5160, 5167, H2017TH, and H2017SAH is 14 hours per month per youth/family. The authorization cap/limit for Code 5161 is 12 hours per month per youth/family.

3. For the initial visit, the Care Coordinator must accompany the In-Home Therapist to the home/ residence of the family/youth. The Child & Family Team will determine if the Care Coordinator should accompany the In-Home Therapist to future home visits.
4. The Care Coordinator must invite the In-Home Provider to the Child & Family Team and Plan of Care meetings and, with the written consent of the parent/legal guardian/enrollee, provide the In-Home Therapist(s) with a current copy of the Plan of Care and all subsequent Plans of Care. The only exception to the Care Coordinator not being able to provide the In-Home Therapist with a copy of the Plan of Care is if the legal guardian/enrollee does not consent to do so. The Plan of Care must indicate what goals/needs the In-Home Therapist/Team is to specifically address, the specific methods of treatment the therapist(s) will be using and the expected time frame for meeting those needs.

B. **IN-HOME PROVIDER CREDENTIALS / REQUIREMENTS/JOB DESCRIPTIONS**

1. Providers must meet the credential/licensure requirements in effect at the time of submission of the Agency/Provider application (*see relevant Service Description List for credential/licensure requirements).* Credentials/licenses must be maintained/renewed per State regulatory and Milwaukee County Children's Community Mental Health Services and Wraparound Milwaukee expectations. Should State/Children's Community Mental Health Services and Wraparound Milwaukee requirements change during the course of the provision of services, the Provider/Agency is expected to meet those expectations.
2. For Youth CCS Provider Network, see DHS 36 for additional and specific requirements.

C. **SUPERVISION – (5160 and 5161 ONLY)**

1. A Lead (5160) **from the same Agency** as the Aide, must supervise the Aide (5161).
2. An In-Home Aide cannot be authorized to independently provide services for a client/family. An In-Home Aide must always be part of a 5160/5161 Team.
3. At minimum, one in-home session per month needs to occur as a 'Team' (both 5160 and 5161) with the youth/family on the same date/time in an effort to provide hands-on supervision.

D. **SERVICE EXPECTATIONS / DESCRIPTIONS**

1. Intensive In-Home Therapy is generally a "**Family All**" systemic focused service, although individual and/or family counseling/psycho-therapy sessions are permissible. Identified needs, measurable goals and the intensity of treatment should be consistent with the assessment conducted on the youth/family and with the Plan of Care. Methods of intervention must meet professional standards of practice.
2. Services that are primarily social or recreational are **not** reimbursable. However, this should not be construed as implying that appropriate clinical interventions that employ social or recreational activities to augment the therapeutic process, such as play therapy, are not covered. The Plan of Care must be used to clearly identify the relationship of the planned interventions to the treatment goals and identified needs.

3. In-home therapist cannot also provide office-base therapy to the youth/family, at the same time as In-Home Therapy is being provided. At any time that the Service Code and location of therapy needs to change (i.e. from in-home to office-based), a new Referral Form must be completed by the Care Coordinator.
4. All services provided to the youth must be directly related to his/her emotional/behavioral challenges/ needs.

   Services provided to the enrollee's parents, caregivers (i.e., potential adoptive resources), siblings, or other individuals significantly involved with the enrollee are deemed appropriate as part of the In-Home treatment when these services directly impact the enrollee's functioning at home or in the community. Such services may include therapy necessary to deal with family issues related to the promotion of healthy functioning, behavior training with responsible adults to identify concerning behaviors and develop appropriate responses, observation of the child and family members in the home setting to evaluate the effect of behavioral intervention approaches and provide feedback to the family on implementing these interventions, and minimal supportive interventions with family members or significant others which are necessary to ensure their ability to continue their participation in the In-Home Treatment process.
5. When interventions with **individual** family members (other than the enrollee) are **primarily/solely** focused on that persons mental health or substance abuse issues, alternative service provisions must be considered, i.e. billing of the service recipients HMO/private insurance, use of a different Service Code if applicable.
6. An In-Home Therapist should **NOT be authorized to work with the youth and his/her foster parents while the youth is in the foster home**. **The only exception** to this would be if the foster home were an adoptive resource. In-Home can be authorized while the youth is in the foster home if the In-Home Therapist is bringing the biological family/youth together to promote reunification, which is expected to occur within 30 to 90 days.
7. It is expected that over time the intensity of In-Home hours would decrease, as the youth/family becomes more empowered/stable.

E. **CLIENT FILE / PROGRESS NOTES / UTILIZATION GUIDELINES**

1. If the Agency is utilizing an electronic medical record software to maintain and document services, the software program must be secure and password protected. The software program must meet all identified guidelines indicated in this and all other applicable policies. For CCS, the Agency will utilize Synthesis.
2. The In-Home Provider must maintain a record/chart on each client for which In-Home services are provided. This record/chart must be separate from the Care Coordinator's client chart. (*See Provider Agency Responsibilities & Guidelines Policy #054 for additional information regarding client chart expectations.)*

   Note: Questions have been raised regarding keeping separate charts for other family members if the primary In-Home Therapy is being done with that individual. ***There should be only one chart per billable youth/family****.*
3. The record/chart must be assembled in an organized fashion, as follows:
   a. Sections should refer to the different documentation required, i.e. - Progress/Provider Notes, Treatment Plans, Logs, etc.

b. Notes should be in chronological order with the most current on top.

c. The client's name should be indicated on the chart.

4. All records/charts are to be maintained at the agency office in a secure cabinet/room. All client records/charts are considered confidential information and must be treated as such. All laws and requirements related to HIPAA (Health Insurance Portability and Accountability Act) must be implemented and followed.

5. The In-Home record/chart **must** contain the following:

   a. Children's Community Mental Health Services and Wraparound Milwaukee Provider Referral Form.

   b. Agency Consent to Treatment & Disclosure Form (the Agency must furnish their own).

   c. A copy of the current and all past Plans of Care relevant to the timeframe that the client was served (unless otherwise indicated by the legal guardian). The Plan of Care must reflect specific In-Home Therapy needs/goals, strategies and expected time frames for achievement for meeting those needs.

   d. In-Home Therapy Progress Notes (*see Provider Frequently Used Forms on Website)*

      i. For CCS, as documentation of Provider Notes is done in Synthesis, the ability to access and/or print upon request is needed. Can keep hard copies of Provider Notes within the file, if the CCS Agency wants to.

   e. In-Home Therapy Signature/Service Logs (*see Provider Frequently Used Forms on Website*).

   f. Any relevant billing documentation.

   g. Agency Discharge Summary (if client has been discharged from therapy).

   h. Other significant items as needed (*i.e., psychological reports, school reports, court reports, In-Home Agency social/mental health assessment, etc.*).

   *Note: An In-Home MD prescription is **not** needed. The sign-off by the psychologist/psychiatrist on the Plan of Care, which should reference the In-Home needs/goals/treatment, is sufficient.*

6. The Provider shall retain all records/charts until the client becomes 19 years of age or until 7 years after treatment has been complete, whichever is longer. Termination of a Provider's participation in the Children's Community Mental Health Services and Wraparound Provider Network(s) does not terminate the Provider's responsibility to retain the records unless program-specific Management has approved an alternative arrangement for record retention and maintenance.

7. A Provider shall prepare and maintain truthful, accurate, complete, legible, and concise documentation. Progress/Provider Notes must be completed immediately after the service is provided. The Note documentation must include the following:

   a. The In-Home Agency Name.

   b. The identity of the person(s) who provided the service to the recipient (i.e., therapist(s) signature(s) and credentials).

   c. The full name of the recipient(s).

   d. The name of the Care Coordinator / FISS Case Manager

   e. The place/location where the service was provided and what program the client is associated

with, i.e. – Wraparound, REACH, CCS, and FISS.

f. An accurate description of each service provided (i.e., check if billable or non-billable service and the code that was billed).

g. The date the service was provided.

h. A descriptive summary of the therapeutic intervention, session outcomes, client's response and plan for future sessions.

i. The signatures (full name and credentials) of the Therapist(s) who provided the service. A signature is required after each entry. If an electronic signature is being utilized, secure guidelines and procedures must be employed and identified within Agency specific policies.

Note: Pre-signing of Progress/Provider Notes is considered fraudulent behavior and may be grounds for termination from any/all County Provider Networks and may prohibit any future contractual arrangements with Milwaukee County.

j. The date that the note was written.

The use of the In-Home Progress Note (*See Provider Frequently Used Forms on website***) is MANDATORY. Monthly summaries are not acceptable. This is not applicable to CCS due to CCS utilizing Synthesis.**

8. For **every** youth/collateral contact made **whether billable or not billable,** there is to be reference to that contact in a Progress/Provider Note, which should then be filed in the Progress/Provider Note area of the chart.

9. For those youth/collateral contacts that are billable, documentation must be sufficient to be able to determine that the services provided correlate to what was billed under the authorized codes and authorized/approved hours.

10. **The use of "White Out" on the hard copy of Progress/Provider Note and/or Log is not permissible**. If an error occurs, it must be crossed out with a single line and dated and initialed by the author of the Note/Log. Photocopying of blank Progress/Provider Notes with the Provider's Signature on them or stamped signatures is **not permissible**. All Note entries / notes must have an original signature or an authorized electronic signature.

F. **The In-Home "TEAM" and Related Documentation (5160 and 5161 ONLY)**

1. An In-Home "Team" can be defined as a Lead (5160) and an Aide (5161) from the **same** Agency. **This combination of Therapists is preferred and encouraged**.

When an In-Home "Team" is going in to see a youth/family, the following guidelines apply:

a. If a youth/family is being seen by the "Team" **simultaneously** (i.e., same time, date, place), it is only necessary for the Primary Lead Therapist (5160) to write a Progress Note for that direct contact. The Progress Note must specify that the other team member was present and that person must also sign-off on the Progress Note under the "Co-Therapist Signature" area.

b. If **individual** contacts (face-to-face, phone or collateral) are being made by either of the team members, this must be documented, but the Co-Therapist's signature is not needed or applicable.

If there is an In-Home "Team" providing services, the documentation from both Providers should be

kept in the **same** designated In-Home client chart.

2. If a "Team" is **not** being used, a Lead (5160) providing services alone is permissible.
3. An Aide (5161) cannot be authorized to provide services without being apart of a 'Team'.

*Note: Only **one** Vendor must provide In-Home services to a family. It is **not** permissible to have multiple providers/agencies providing services to the family simultaneously, unless specifically therapeutically indicated.*

G. **DOCUMENTATION FOR "NO SHOW"**

1. A "No Show" is considered to be a missed In-Home Therapy appointment or Child and Family Team initiated scheduled meeting of any type by the youth/family (i.e., the youth/family is not at home when the therapist arrives or the youth/family never shows up at the designated meeting place).
2. For Wraparound Provider Network: To be able to bill **travel time** for a "No Show" this **must** be indicated in a Progress Note and the "No Show" line under the Billable Service area **must** be checked. (Also see "No Show" Signature Log guidelines under Section H below).
3. For CCS Provider Network: If no contact is made with the youth, family, or collateral contact, the Provider **cannot** bill for either the service or travel time.
4. A situation may occur when a therapist(s) arrives at the home of a youth/family and **a member of the Child and Family Team is present, but not the person/people that the appointment was originally scheduled with.** If the therapist(s) has a significant interaction with that Child and Family Team Member that **relates** to the care/treatment of the youth/family, then the therapist(s) can bill for that interaction. This must be clearly documented within the Progress/Provider Note.

H. **IN-HOME THERAPY SIGNATURE LOG DOCUMENTATION**

1. To verify **billable** youth contact/services, the In-Home Provider **must** utilize the **IN-HOME THERAPY SIGNATURE LOG** this must be done **in addition** to the Progress/Provider Note.
2. The Log must be filled out completely **after every billable client contact** and then **the recipient of the service or legal guardian must sign off on the Log** to verify that the service was provided. The Therapist must be carrying the Log to every session and acquiring the signature of the therapy recipient **at the session's end**. Completing the Log(s) in its/their entirety at the end of the month or several months past the sessions **is not acceptable**. The information on the Log and Progress/ Provider Note **must** be consistent with each other. Billable crisis/therapeutic phone calls and "No Show" situations must also be listed on the Log, **but a youth/family signature for these contacts is not required.** There must be documentation of these services in a Progress/Provider Note. The Log should be kept in the In-Home client chart and does not need to be submitted to the Care Coordinator unless requested. One Log per month, per youth/family, should be maintained.

Note: Having the youth/family pre-sign the In-Home Therapy Signature Log is considered fraudulent behavior and may be grounds for termination from any/all County Provider Networks and may prohibit any future contractual arrangements with Milwaukee County.

I. **BILLING**

1. In-Home Services and travel time **must** be billed in tenths of an hour. Use conversion chart below.

Minutes	Billing Unit	Minutes	Billing Unit
1-6 min	.1	31-36 min	.6

7-12 min	.2	37-42 min	.7
13-18 min	.3	43-48 min	.8
19-24 min	.4	49-54 min	.9
25-30 min	.5	55-60 min	1.0

2. Travel time to and from a youth/family home is to be built into the hourly rate (i.e., if you travel 30 minutes to the youth/family home, see the youth/family for 1 hour, and return travel is 30 minutes, you should be billing for a total of two (2) hours). Travel time can be incorporated under the same code you are using to bill for In-Home Services. **There is no separate travel code. It is permissible to bill up to one hour of travel time each way, but it should not be assumed that the In-Home Therapist automatically bills one (1) hour of travel each way.** Travel time exceeding one hour one-way will not be reimbursed as most Providers have offices in Milwaukee County and provide services to youth/families that live in Milwaukee County. Travel time consists of the time to travel from the Provider's office to the youth's home or from the previous appointment to the youth's home. If you are traveling from one youth's home to another youth's home, the time it takes you to complete that trip must be divided between the two youth. **Travel time cannot be billed from your last appointment if you are going home for the day.** If you are returning to the office to make closure then travel time **can** be billed. (See I.7. below for information about billing for travel for "No Shows")
3. If a meeting is occurring at the Provider's Office (i.e. Team Meeting being held at Agency), **no** travel time can be billed for that youth and session due to it being at the Provider's Office and not the home of the youth/family.
4. **Out-of-Town Travel** (for youth with Wraparound Milwaukee on court-order)
   Guidelines for reimbursement for travel time and seeing youth who are residing in placements that are out of town (i.e. Group Homes in communities that are **1+** hours away) is referenced below.

   Reimbursement for up to 2 hours of travel time – one way, will be allowed in the following situations under the following guidelines:

   a. Therapist is traveling ALONE in the vehicle to see a youth in a placement that is **1+ hour** away. (If the Therapist is also transporting a caregiver/family member to go visit the youth and a therapeutic conversation is occurring during the transport, then this time can be billed as face-to-face time versus travel time.)

      Reminder: Whenever a Provider is transporting any family member, a Transportation Consent Form must be signed and dated prior to the transport. The driver must have a valid/current driver's license with adequate insurance coverage.

      Guidelines for serving youth who are residing out of town are as follows:

      1. The need for the Therapist to maintain contact with a youth for **therapeutic** reasons must be **specifically** identified in the Plan of Care.
      2. Visits to the youth cannot occur more than 2 times per month.
      3. For auditing purposes, the Therapist must reference the out-of-town visit in the In-Home Progress Note. "Other" should be checked under the "Location" area of the Note and the out-of-town destination should be identified.

***Note: Providing In-Home Services to a youth in an out-of-town placement should be a rare* occurrence.**

5. Services you **CAN BILL FOR** under the In-Home Codes consist of the following:
    a. Direct face-to-face contact/home visits - include travel time.
    b. Attendance at Plan of Care/Child & Family Team meetings - include travel time (if not in Provider's Office).
    c. Any involvement that you may have with the youth in their school setting, if you are instructing the teacher/teacher's aide on techniques used to promote improved functioning in that setting (i.e., use of a behavioral modification program, establishing a reward program, teaching crisis techniques such as verbal crisis intervention techniques) - include travel time.

    Note: In-Home Therapists/Aides should not be seeing youth in the school setting unless it is specifically identified within the POC, all Child & Family Team and school personnel are in agreement with the arrangement and the In-Home Therapist/Aide is specifically engaging in interventions as described in section c. above.These school contacts must be time limited, i.e. – one or two sessions.

    d. Other meetings (i.e.- Residential Care Center meetings, Agency staffings, Court appearances, IEP mtgs.) in which your input is necessary **and requested by the Care Coordinator/family** to ensure comprehensive/collaborative care. **The youth and /or family must be present** at these meetings to be able to bill - include travel time.
    e. Communication with the youth/family over the phone that can be considered "therapeutic" (i.e., crisis/behavioral intervention, guidance/instructions as to the implementation of a treatment modality).
    f. For CCS Provider Network only: Team Meetings, scheduling, etc. would be billed under the Service Code H2017SPANC.
6. Services Wraparound Provider Network **CANNOT BILL FOR** under the In-Home codes consist of the following (for CCS Provider Network, documentation and billing would be linked to Service Code H2017FANC) :
    a. Setting up appointments with the youth/family.
    b. Sharing information with the Care Coordinator or FISS Case Manager.
    c. Speaking with the youth/family about issues of a more "general" nature versus a "specific" treatment issue.
    d. Meetings that you attend where the youth/family may be discussed, but in which the youth/family are **not** present.
    e. Conversations with other professionals regarding the youth/family in which the youth/family are **not** present.
    f. Teleconferences/video conferencing in which you are at a remote location from where the Team is meeting. Exceptions to this limitation may be approved on a case-to-case basis by Wraparound Administration ONLY.
7. Billing for **"NO SHOWS"**
    a. You are allowed to bill **up to** a **total** of **one hour** for travel time for a "No Show" at the

respective rate that you would be billing had you seen the youth. If **on a rare occasion**, the youth was scheduled to come to the In-Home Therapist's office for a particular therapy session and does not show, the Therapist **cannot** bill any time for this "No Show".

b. Time billed for "No Shows" is reimbursed at the regular hourly rate.

c. If two to three "No Shows" are occurring within a month, then the Child & Family Team must meet to discuss the issue. Excessive billing for "No Shows" on any one youth will be questioned during auditing.

d. For CCS Provider Network: If no contact is made with the youth, family, or collateral contact, the Provider **cannot** bill for either the service or travel time.

Note: It should not be presumed that you would automatically bill one hour of travel for a "No Show". If it normally takes you 30 minutes to get to and from a client's home, then you would only bill for 30 minutes.

8. You must be approved through the Wraparound and/or Youth CCS Provider Network and authorized in Synthesis (Children's Community Mental Health Services and Wraparound Milwaukee IT System) for any and all potential services/codes that you may bill for **prior to providing the service**.

9. A Provider/Agency must **not** bill for services prior to there being complete/accurate documentation (i.e., Progress/Provider Notes **and** associated Logs).

10. A "Provider Daily Billing Grid" is available for Provider or Agency use (The electronic version of this tool is on the Wraparound Milwaukee website under the Provider Network tab – Frequently Used Vendor Forms – Provider Daily Billing Grid). This is an **optional** tool that can be implemented/used to ensure that service/travel time is correctly calculated/billed and that no crossover of time is occurring between youth/service provision with other youth in other networks. The Provider Daily Billing Grid is an Excel document and must be filled out electronically for the fields to self populate.

J. **AUDITING**

1. At the request of a person(s) authorized by the Wraparound and/or Youth CCS Provider Network, Milwaukee County, State of Wisconsin or Federal Government, a Provider shall permit access to any requested records. Access shall include the opportunity to inspect, review, audit and reproduce the records.

2. The respective Program may refuse to pay claims and may recover previous payments made on claims where the Provider fails or refuses to prepare and maintain records or permit authorized department personnel to have access to records for purposes of disclosing, substantiating or otherwise auditing the provision, nature, scope, quality, appropriateness and necessity of services which are the subject of claims or for purposes of determining Provider compliance with stated policy requirements.

K. **SERVICE PROVISION BY SOLE PRACTITIONERS**

1. If a Sole Practitioner's In-Home Therapy office is based in their home/residence, they **may not** see clients in that home-based office location. If the Sole Practitioner decides to expand their practice to do other types of therapies (i.e., individual/family therapy – 5100, etc.), then the Sole Practitioner must acquire a community-based office site prior to requesting to provide these other types of services within the Provider Network.

General Note: In addition to the above Policy and Procedure, the Provider is also encouraged to revisit the Fee-For-Service Agreement entered into with the respective Program regarding additional

obligations, compensation guidelines, case record requirements, insurance/indemnification/ debarment issues, etc.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	7/8/2020
	Brian McBride: ExDir2 – Program Administrator	7/6/2020
	Dana James: Consultant	7/6/2020
	Dana James: Consultant	7/6/2020