Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
1	11/29/21	Are providers to bill the T2023 PMPM on a UB or a HCFA?	**Change** Language will be added to the policy to clarify this (the FQHC will be on a UB, and a group practice will bill on the HCFA)	521B8.2
2	11/29/21	How are MCOs to know which of our members is enrolled legitimately in a DFMB program? Is the state going to supply this information on a regular basis and if so, how?	**Change** Added "The DFMB is required to notify the MCO within 48 hours or the next business day of a member consenting to treatment by the DFMB program." Item added to FAQ draft with MCO contact info for DFMB'S to report to.	521B.8
3	11/29/21	Are any codes bundled within the T2023 or can all other services be billed separately?	**Change** Language added: T1017 cannot be billed in conjunction with T2023	521B.8.2
4	11/29/21	Communication between care manager at the MCO and care manager at the DFMB will require a ROI due to 42 Part 2. Who is responsible for obtaining and ensuring that both parties have a copy of the permission?	**Change** Added: "The DFMB provider is responsible for ensuring that the release of information form is signed and forwarded to the appropriate MCO."	521B.8
5	11/29/21	*Providers must provide other human service agencies with accurate, up-to-date information regarding the provider's services, service limitations, and priorities within those services.* What other human service agencies? Is this a	**Change** Revised to "Providers must provide other Bureaus within the WV DHHR with accurate, up-to-date information regarding the provider's services, service limitations, and priorities within those services while	521B.2

Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
		requirement that the agency notify the public in a meaningful way of the availability of the program and its eligibility criteria?	complying with HIPPA and 42 CFR Part 2."	
6	11/29/21	What is the intended purpose of the home visit? It appears to be required/highly recommended, albeit voluntary, but what is the goal of it? Suggest mandatory training in the development of appropriate care plans for this job function. All too often the care plans we see are "canned" and vague. What is the required timeline for the care plan? How often is it reviewed? Does the review require member signature? These are not LBHCs so the OHFLAC rules do not apply, therefore the intervals and protocols may need to be specified, or at least recommended.	**Change** (1) Revised to state "Attempt to conduct a minimum of one home visit…" and "If the member refuses to allow home visitation, documentation must reflect multiple such attempts by the provider." (2) Added "Within 30 days of entry into the program" and "is signed by all appropriate individuals."	521B.8.1
7	11/29/21	Telehealth: *When filing a claim, the provider will bill the service.* If the billing occurs on a UB there is no POS to indicate that the service was provided via telehealth.	**Change** (1) Language changed from "When filing a claim, the provider will bill as required by the place of service as defined in Chapter 519.17 to "The provider is required to state in documentation if the service was rendered through telehealth modality."	521B.6

Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
8	11/29/21	Is there a case load limit?	**Change** Added: "Maximum of 30 per Care Coordinator and 30 per Community Health Worker"	521B.8.2
10	11/29/21	It is suggested that the required documentation of eligibility for the clinical note document the OUD or history of OUD in detail.	**Change** Added "History of OUD (provider must indicate instances of self-reported history)"	521B.7
11	11/29/21	The Prenatal Risk Screening Instrument does not go into any detail regarding last date of substance use, amount used, etc. This is important information for evaluation of medical necessity.	**No Change** This would be captured in the E/M code for Initial Visit or 90792 evaluations	
12	11/29/21	Diagnostic and Statistical Manual, not Diagnosis and Statistical	**Change** Changed to "Diagnostic and Statistical Manual"	521.B.1
13	11/29/21	Language regarding required OUD needs to be consistent throughout. Initial paragraphs reference SUD, but the requirement is for OUD.	**Change** Changed SUD to OUD	In appropriate places throughout the manual
14	11/29/21	Page 2 under Member Enrollment. Please clarify the following: •Is the Lady/Member still eligible if she miscarries? •Is the Lady/Member still eligible if she has an elective termination/abortion?	**No Change**	FAQ will be developed to state that the answer is yes to all 3

Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
		•Is the Lady/Member still eligible if she has a stillborn? (for the following 1 year post delivery)		
15	11/29/21	Page 7 under Individualized Care Plan •How often are they completed? There was mention that the policy might be every 30 days until delivery. With a caseload of over 20 that would be cumbersome to do reviews every 30-days. •Is it possible to consider care plan reviews every 90-days or at a major juncture prior to the 90-days?	**Change** The members plan must be updated at a minimum of every 90 days unless a critical juncture in care is identified by the DFMB or the MCO Care Coordinator then an updated treatment team meeting should take place within 7 days of the identified critical juncture.	521B8
16	11/29/21	Page 10 under DFMB Care Coordinator •Can you add Licensed Psychologist/Supervised Psychologist to the eligible staff?	**Change** Added Licensed and Supervised Psychologist	521B8.2
17	11/29/21	Page 11 •How do we ensure that we are not duplicating case management services? Currently we get a release; however, as we know getting information from other facilities can be difficult. Do we just show efforts to obtain that information?	**Change** DFMB Member Enrollment Form has been developed.	521B.5
19	11/29/21	Page 2 Specify DFMB care coordinators	**No Change** Care Coordinator is defined in the Glossary Section of the policy manual	
20	11/29/21	Page 2 Peer support specialists should not have to have lived experience of substance use while	**No Change** This is a CMS requirement per the 1115 SUD Waiver that covers this service.	

Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
		pregnant and/or postpartum. Mothers with lived experience is appropriate (i.e.., women with children)		
21	11/29/21	Page 2 Add community health workers in the background section to describe their roles in DFMB.	**Change** Added: "Community Health Workers (CHW) will act as a bridge between the mom/infant in the community and the Care Coordinator in the office setting. The CHW will assist the Care Coordinator with connecting the member with services such as transportation, medication assisted treatment (MAT) services, and help enrolling the member in a home visitation program."	Background Section
22	11/29/21	Page 2 The PRSI can only indicate a history of SUD, not OUD specifically. Does documentation of OUD diagnosis mean there has to be claims showing this? Can prenatal care providers provide a diagnosis or a history of OUD or does it need to be a behavioral health provider?	**(Duplicate)** This would be found in documentation during an E/M code initial or a 90792.	
23	11/29/21	Page 2 There is no consent required if a person is seeking prenatal care and is under 18 years old. Is consent necessary to participate in MOM DFMB?	**No Change** #4 under 521B.1 says "If the individual is under the age of eighteen the parent and/or guardian must consent to participation"	
24	11/29/21	Page 2 If a client has received services through one of the eight excluded facilities in the same month, they were enrolled	**No Change** If a DFMB renders a service in a calendar month they can bill a PM/PM	

Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
		in DFMB, does that mean DFMB cannot bill for that month? How soon can DFMB programs enroll participants into their program after a patient is discharged from one of the exclusion facilities/programs? What about incarcerated individuals? Can they be enrolled in DFMB/MOM?	Also, the DFMB Member Enrollment form states you cannot switch to a new DFMB provider till the next calendar month.	
25	11/29/21	Page 3 What does this look like? What will the readiness review entail? Who is responsible for on boarding and training new DFMB providers/sites?	**No Change** Perinatal Partnership will send a list of new DFMB programs that they approve to BMS. Providers are responsible for training their staff appropriately	
26	11/29/21	Page 3 Who is responsible for monitoring ongoing communication with DFMB sites and MCO case managers? What information is to be shared with MCO Case Managers? What privacy measures will be put in place to protect clients? What documentation requirements will be needed to show DFMB sites have been in contact with MCO case managers?	**No Change** Throughout the policy it states the responsibilities of the DFMB sites and the MCO's concerning communication and sharing of information.	
27	11/29/21	Page 3 Will there be one MCO case manager assigned to work with the DFMB care coordinators from each MCO or will	**No Change** Each MCO can set up their care coordination units. Each DFMB should contact	

Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
		there be regional MCO case managers?	each MCO for this information.	
28	11/29/21	Page 3 What positions are required to get a criminal background check? Is it the DFMB care coordinators and the CHWs? Any others?	**Change** Added link to WV CARES Manual Added "which are required of all persons who have direct contact with members or access to member information"	521B.3
29	11/29/21	Page 4 Who is the point person that DFMB sites communicate termination of DFMB services? How do DFMB sites determine when termination is warranted?	**Change** DFMB Care Coordinators are required to notify the MCO of impending discharge if known. If unknown the DFMB has 48 hours or next business day to inform MCO of discharge.	521B8.2
30	11/29/21	Page 5 Does this mean the DFMB site adds 02 to the T2023HG code when any DFMB service during the month was provided via telehealth? What if the DFMB provider has multiple contacts with the DFMB participant in the month and one is in person and the rest are via telehealth? Or what if all contacts with the client are via telehealth? How do you differentiate billing for in-person vs. telehealth?	**No Change** DFMB should follow requirements of Chapter 519.17	
31	11/29/21	Page 6 Will MCOs change their policies to include quarterly communication with DFMB providers?	**Change** Added "DFMB Providers and MCOs are required to communicate on a monthly	521B.8

Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
			basis for regular review of the plan of care."	
32	11/29/21	Page 6 What privacy protections need to be in place to ensure no discrimination?	**No Change** See 521B.2	
33	11/29/21	Page 6 How do peer recovery support specialists fit into the communication/collaboration since they are included in the Background section as being part of the model.	**Change** Added "The PRSS should be informed of and invited to service plan meetings"	521B.8
34	11/29/21	Page 7 What should be done during home visits? Is there reimbursement for travel or any restrictions on travel? Clarify that this can be done by another provider/agency and communicated/documented with the DFMB site. Can the home visit be done virtually?	**No Change** The home visits should follow the DFMB Model. There is no reimbursement for travel. There are no restrictions on travel. The care coordinator or community health worker should complete the visit. The home visit should only be done virtually in case of covid outbreak or refusal of member for home visit which must be documented	
35	11/29/21	Page 7 How often is a periodic revision? How much information is required to be included for the revision? Does this entail the development of a whole new care plan, or does it mean an update to the existing one?	**Change** The members plan must be updated at a minimum of every 90 days unless a critical juncture in care is identified by the DFMB or the MCO Care Coordinator then an updated treatment team meeting should take place within 7 days of the identified critical juncture.	

Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
36	11/29/21	Page 10 What happens if a participant transfers between DFMB providers? For example, the client is enrolled at one site and followed prenatally by one DFMB provider, but she delivers at another facility and is followed postpartum by that DFMB provider? How should this be billed?	**Change** DFMB Member Enrollment Form Developed	
37	11/29/21	Page 10 Add licensed psychologist to list of qualified professionals who can be a DFMB care coordinator.	**Duplicate**	
38	11/29/21	Page 10 What is the BMS required care coordination training? Who provides/how is it provided? How long is it? Is there a cost?	**No Change** DFMB providers are required to train their staff on the DFMB model.	
39	11/29/21	Page 10 Include training on pregnancy, infant care, trauma, and ethics.	**Change** Added "Evidence-based Pregnancy, infant care, trauma, and ethics"	521B.8.2
40	11/29/21	Page 10 Change language from abuse to use.	**Change** Revised wording from "abuse" to "use"	521B.8.2
41	11/29/21	Page 11 Will DFMB programs be reimbursed if the client is enrolled in Right From the Start, Birth to Three, Parents as Teachers, Early Head Start? When will the DFMB programs be ineligible for reimbursement?	**No Change** Yes, these programs are not on the exclusion list.	
43	11/29/21	Page 11 What about targeted case management billed by a LBHC for the same client? Does that	**Change** DFMB Member Enrollment Form developed.	

Comments for Chapter: 521B DFMB

Effective Date: 1/1/2022

Number	Date Received	Comment	Status Result	Section/Page of change
		mean DFMB program cannot bill?		