OVERVIEW

Payments made from the DHS-93, Medical Service Authorization, are to be used as a last resort. All other alternative payment sources must be explored and exhausted prior to utilizing the DHS-93.

The only allowable services that may be billed on the DHS-93 are listed in this policy for each program.

The department will not pay for missed appointments and/or unauthorized testing.

Services completed after a case has closed are not eligible for payment.

CHILDREN'S PROTECTIVE SERVICES

Medical Examination and Assessment

Purpose: In cases of suspected child abuse or neglect, the examination assists with identifying, documenting, and interpreting injuries or potential medical conditions and helps determine the child's treatment needs; see <u>PSM 713-04</u>, <u>Medical Examination and Assessment</u>.

Eligible person: Child.

Payment Maximum: \$500.

Payment sources which must be explored and exhausted, in order:

• Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

 Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.

SRF 800	2 of 13	DHS-93 MEDICAL SERVICE AUTHORIZATION	SRB 2018-006 10-1-2018			
		e service authorization utilizing the approand fund source.	opriate service			
	• DHS-9	93.				
Child Sexual Abuse Examination						
	Purpose: In cases of suspected child sexual abuse, a medical examination should be sought; see <u>PSM 713-04, Medical</u> <u>Examination and Assessment</u> .					
	Eligible pe	Eligible person: Child.				
	Payment M	Maximum: \$400.				
	Payment sources which must be explored and exhausted, in order:					
	 Parenti insura 	t/guardian provides information regardir nce.	ng private health			
		DHS-93 can be used to pay the copay d remaining balance after private health ent.	-			
		aid (MA). If MA eligibility exists and the ed under the MA program, the provider r am.				
		e service authorization utilizing the approand fund source.	opriate service			
	• DHS-9	93.				
Second Opinion for a Medical Examination or Child Sexual Abuse Examination						
	Purpose: A second medical opinion should be sought when one of the following exists:					

• Medical findings conflict with other information or evidence.

- Injury to a child who is not mobile.
- Bruising in uncommon locations.
- Burns on children under 3 years of age.

The caseworker has discretion to seek a second medical opinion through the course of any CPS investigation, except when a comprehensive examination or review has already been completed by a pediatric child abuse specialist; see <u>PSM 713-04</u>, <u>Medical</u> Examination and Assessment.

Eligible persons: Child.

Payment Maximum: \$400.

Payment sources which must be explored and exhausted, in order:

• Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Psychological and Psychiatric Assessments

Purpose: Psychiatric or psychological diagnostic assessments/examinations may be used to resolve uncertainties regarding whether child abuse or neglect has occurred, the nature of the problem, or the capacity of the parents to use and benefit from protective and preventive services; see <u>PSM 713-05</u>, <u>Psychological or Psychiatric Assessments and Examinations</u>.

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.
- Child.

Payment Maximum:

- Psychological: \$500 per person.
- Psychiatric: \$800 per person.

Payment sources which must be explored and exhausted, in order:

• Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Local resources such as Community Mental Health, as eligible and available to the individual seeking service.
- Court, if court ordered.

Exception: The department assumes responsibility for payment if a recommendation was made in writing to the court to order the assessment.

- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Substance Use-Lab Screens and Assessments

Purpose: When drug/alcohol screens for parents or other persons responsible may assist with assessment of child safety and/or risk factors related to child safety; see <u>PSM 713-07</u>, <u>Substance Abuse - Lab Screens</u>.

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.

Note: Children cannot be screened unless by a physician order, or the youth is a minor parent and substance use may impact his/her child.

Payment Maximum:

- Screen: \$100.
- Assessment: \$100.

Payment sources which must be explored and exhausted, in order:

- State contracted substance use screening service.
- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Treatment agency funds. If drug or alcohol screens are part of a substance use treatment program in which the client is enrolled, costs are to be covered by the treatment agency.
- Court, if court ordered.

Exception: The department assumes responsibility for payment if a recommendation was made in writing to the court to order the screen.

- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

6 of 13

MRIs, CT Scans, X-Rays, and Laboratory Studies

Purpose: Only as necessary and appropriate as ordered by a physician to assess potential injury as the result of child abuse/neglect.

Eligible persons: Child.

Payment Maximum:

- MRIs (without contrast): \$700.
- CT Scans: \$500.
- X-Rays and Laboratory Studies: \$350.

Payment sources which must be explored and exhausted, in order:

• Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Photocopies

Purpose: Copies of existing medical evidence from client's treating physician (for example, office notes, progress notes), hospital admitting and discharge summary, workers compensation medical records, other physical and mental health care providers.

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.
- Child.

Payment Maximum (only if payment is requested):

- \$5.00 for first 5 pages.
- Additional pages \$0.25 each.
- Maximum \$100 total.

Payment sources which must be explored and exhausted, in order:

- Parent pays.
- DHS-93.

7 of 13

FOSTER CARE

Payment for services described in this section for children in paid foster care must be created as case service authorizations in MiSACWIS; see <u>FOM 903-9</u>, <u>Case Service Payments</u>.

The DHS-93 should only be utilized for children who are in unpaid placements. The DHS-93 may also be used to pay for services for parents/guardians and caregivers but only as described in this item, and only after all other payment sources have been explored and exhausted.

Psychological and Psychiatric Assessments

Purpose: Psychological and/or psychiatric evaluation for a child, or for a parent or caregiver, as deemed necessary and appropriate; see <u>FOM 903-09</u>, <u>Case Service Payments</u>.

Eligible persons:

- Child.
- Parent/guardian.
- Person responsible/caregiver.

Payment Maximum:

- Psychological: \$500.
- Psychiatric: \$800.

Payment sources which must be explored and exhausted, in order:

• Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Local resources such as Community Mental Health, as eligible and available to the individual seeking service.
- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Substance Use-Lab Screens and Assessments

Purpose: When drug/alcohol screens for parents or other persons responsible are necessary to ensure that permanency goals are achieved.

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.

Payment Maximum:

- Screen: \$100.
- Assessment: \$100.

Payment sources which must be explored and exhausted, in order:

- State contracted substance use screening service.
- Parent/guardian provides information regarding private health insurance.

SRF 800	9 of 13
SKF 000	90113

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Treatment agency funds. If drug or alcohol screens are part of a substance use treatment program in which the client is enrolled, costs are to be covered by the treatment agency.
- Court, if court ordered.

Exception: The department assumes responsibility for payment if a recommendation was made in writing to the court to order the screen.

- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Photocopies

Purpose: Copies of existing medical evidence from client's treating physician (for example, office notes, progress notes), hospital admitting and discharge summary, Workers Compensation medical records, other physical and mental health care providers.

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.
- Child.

Payment Maximum (only if payment is requested)

- \$5.00 for first 5 pages.
- Additional pages \$0.25 each.
- Maximum \$100 total.

Payment sources which must be explored and exhausted, in order:

- Parent pays.
- DHS-93.

JUVENILE JUSTICE PROGRAMS

Psychological and Psychiatric Assessments

Purpose: Psychological and psychiatric evaluation for a youth in out-of-home placement; see <u>FOM 903-9</u>, <u>Case Service Payments</u>.

Eligible persons: Youth who are not title IV-E eligible.

Payment Maximum:

- Psychological: \$500.
- Psychiatric: \$800.

Payment sources which must be explored and exhausted, in order:

• Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Local resources such as Community Mental Health, as eligible and available to the individual seeking service.
- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Sex Offender Assessment

Purpose: To assess a youth, or reassess after treatment, to determine the risk level for a youth reoffending using a standardized juvenile sex offender risk assessment tool. To provide

10-1-2018

professional recommendations or determine progress in treatment based on the results of the tool.

Eligible persons: Youth referred to MDHHS for delinquency care and supervision under MCL 400.55(h), and youth committed to MDHHS for delinquency care and supervision under 1974 PA 150.

Payment Maximum: \$500.

Payment source: DHS-93.

Substance Use-Lab Screens and Assessments

Purpose: When drug/alcohol screens for youth are necessary to ensure that case goals are achieved.

Eligible persons: Youth.

Payment Maximum:

- Screen: \$100.
- Assessment: \$100.

Payment sources which must be explored and exhausted, in order:

- State contracted substance use screening service.
- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Treatment agency funds. If drug or alcohol screens are part of a substance use treatment program in which the client is enrolled, costs are to be covered by the treatment agency.
- Court, if court ordered.

SRF 800	12 of 13	DHS-93 MEDICAL SERVICE AUTHORIZATION	SRB 2018-006 10-1-2018	
	payme	<i>Exception:</i> The department assumes responsibility for payment if a recommendation was made in writing to the court to order the screen.		
	 A case service authorization utilizing the appropriate service code and fund source. 			
	• DHS-9	03.		
DNA Sampling				
	Purpose: DNA samples are collected from youth only in specific instances; see <u>JJ2 265, DNA Profiling</u> .			
	Eligible person: Youth.			
	Payment Maximum: \$40.			
	Payment source: DHS-93.			
Photocopies				
	Purpose : Copies of existing medical evidence from client's treating physician (for example, office notes, progress notes), hospital admitting and discharge summary, Workers Compensation medical records, other physical and mental health care providers.			
	Eligible persons:			
		t/guardian. n responsible/caregiver.		
	Payment Maximum (only if payment is requested):			
	Additic	for first 5 pages. onal pages \$0.25 each. oum \$100 total.		
	Payment sources which must be explored and exhausted, in order:			
POLICY CONTACT	ParentDHS-9			
	Questions Compliance	about this policy may be directed to the <u>e Mailbox</u> .	<u>Federal</u>	

SRF 800	13 of 13	DHS-93 MEDICAL SERVICE	SRB 2018-006
		AUTHORIZATION	10-1-2018