

**DBHR Guidance Document #18-02**  
**American Indian/Alaska Native (AI/AN)**  
**Wraparound with Intensive Services**  
**Fee-for-Service**  
**Effective 07/01/17**

*The purpose of this guidance document is to highlight recent changes that effect how American Indian/Alaska Native (AI/AN) access Wraparound with Intensive Services as a fee-for-service.*

***Intended audience for this document: approved WISe Fee-for-Service (FFS) providers and WISe providers interested in providing FFS.***

**What changed for American Indian/Alaska Native (AI/AN) July 1, 2017 accessing Wraparound with Intensive Services (WISe)?**

Beginning July 1, 2017, individuals with Apple Health coverage who identify as American Indian/Alaska Native will be able to access Wraparound with Intensive Services (WISe) directly from a participating non-tribal WISe provider without prior approval from a health plan.

**Who can provide AI/AN WISe fee-for-service?**

Only mental health providers who are approved WISe agencies and have registered through the Provider Entry Portal (PEP) as a fee-for-service provider are able to provide WISe fee-for-service.

**How do AI/AN client's access WISe services now?**

Youth that did not opt back into one of the regional BHOs can receive WISe service through a fee-for-service WISe provider. Please note: not all WISe providers across the state have chosen to do fee-for-service; a list of fee-for-service providers is located at:

<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wraparound-intensive-services-wise-implementation>).

**How does a WISe fee-for-service provider enter information into BHAS for a CANS Screen?**

A category in the 'region' field must be selected. The region is FFS. Then select your agency and county the youth is being served in. Data entry from that point on is similar to other clients being entered into BHAS. See screen shot on page 2:

**Add Location for**

Complete the form. Make sure to enter all required fields.

State \*


Region \*


Agency \*

County \*

MCO

User \*

Start Date  

End Date  

\* - indicates required field

**How does a WISE fee-for-service provider bill DBHR for the WISE case rate?**

WISE agencies offering the FFS program are eligible to receive an additional monthly case rate. The WISE FFS Program case rate is provided for each youth enrolled in WISE each month. The case rate is in addition to the reimbursement scheduled for FFS for actual services provided.

Individual services under FFS are reimbursed under the provider agreement with Health Care Authority. This contract allows reimbursement for the WISE FFS case rate only.

**To receive the WISe FFS case rate, agencies must be an approved WISe agency providing FFS and have a contract with DBHR. Once the contract with DBHR is fully executed, payment instructions include:**

#### Billing

- DBHR shall reimburse a monthly WISe case rate per youth per month enrolled in services.
- The Contractor will submit invoices using State Form A-19 Invoice Voucher.
- The A-19 invoices shall indicate the number of youth provided AI/AN WISe FFS within a given month as verified by the data in the Behavioral Health Assessment System (BHAS) and claims in ProviderOne.
  - Contractor will use the U8 modifier to indicate WISe on claims submitted to ProviderOne.
  - Contractor use race code 4 or 5 for American Indian (AI) or Alaska Native (AN) in ProviderOne.

#### Invoice System

- The Contractor shall submit invoices using State Form A-19 Invoice Voucher.
- The State Form A-19 Invoice Voucher is created after the contract is enacted.
- The Invoice will indicate the number of clients in WISe for a given month and must match the number of youth listed in BHAS.

#### Payment

- Payment to the WISe agency shall be considered timely if made by DSHS within thirty (30) days after receipt and acceptance by DSHS of the properly completed invoices. DSHS may, at its sole discretion, withhold payment claimed by the agency for services rendered if the agency fails to satisfactorily comply with any term or condition of this Program Agreement.