MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
CHILDREN, YOUTH
& FAMILY SERVICES

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CHILDREN, YOUTH AND FAMILY SERVICES

Children's Long-Term Support Waiver Program Support and Service Coordination

YEAR 2027
REQUEST FOR PROPOSAL
FEE FOR SERVICE GUIDELINES
Program Requirements/Description

Issued September 9, 2026

Proposals due November 11, 2026, 4 p.m. CDT

2027 TENTATIVE CONTRACT ALLOCATIONS

CHILDREN, YOUTH & FAMILY SERVICES

The following programs are open to competitive proposals for 2027:

Recommended Programs	2027 Tentative Allocations*
Children's Long-Term Support Waiver Program Support and Service Coordination	Not applicable

Children's Long-Term Support Waiver Program Support and Service Coordination CYFS2023

Milwaukee County has a county-wide goal to improve equitable service delivery and develop an organizational culture of equity. The Children, Youth & Family Services (CYFS) is committed to ensuring that every child, youth and family is provided care by knowledgeable staff with skills and resources to address racial and socio-economic disparities and inequities.

Milwaukee County Department of Health & Human Services, Children, Youth & Family Services (CYFS), is seeking **to add two (2) additional contract agencies** to its provider network for the provision of Children's Long-Term Support Waiver Program Support and Service Coordination (CLTS). **Existing agencies do not need to reapply.**

The expected start date of service implementation is April 1, 2027

Program Overview

The CLTS Waiver Program is one of Wisconsin's Home and Community Based Services (HCBS) Medicaid Waiver programs, federally authorized under § 1915(c) of the Social Security Act. HCBS waiver programs provide Medicaid funding that may be used to fund allowable supports and services that promote the waiver participant's access and inclusion in their home and community. Eligible participants include youth between the ages of 0-22 with developmental disabilities, severe emotional disturbances, and/or physical disabilities, who are also functionally and financially eligible for Medicaid. Youth must also live in an eligible living setting, such as the home of their parent/legal guardian/extended family member, a licensed children's foster home or an adult family home. Funding can be used to support a range of different services based on an assessment of the needs and the desired outcomes of the child and his or her family. Primary values of this program support individual choice; enhancing relationships; building accessible, flexible service systems; achieving optimum physical and mental health for the participant; and promoting presence, participation, optimal social functioning, and inclusion in the community. Support and Service Coordination is a required service for all CLTS Waiver participants.

Client Characteristics

The client characteristics below represent Children's Long-Term Support Waiver Program Support and Service Coordination (CLTS) from 1/1/2025 to 12/31/2025. Please note that clients may be duplicated in the counts below if they had multiple admissions to the program.

Program/Service Name: CLTS

GENDER

	2025
Female	1346
Male	2972
Non-Binary	
Total	4318

RACE/ETHNICITY

	2025	2025 Ethnicity Hispanic/Latino
Asian	196	
Black or African American	1682	
Native Hawaiian or Other Pacific Islander	5	
American Indian or Alaskan Native	13	
White	1268	
Other than above		1154
Total	3164	1154

Legal Framework:

The Department of Health Services (DHS) is the Medicaid Administrative Authority for HCBS Waiver Programs, including the CLTS Waiver Program, in Wisconsin. DHS contracts with individual counties or "County Waiver Agencies" (CWA) to operationalize the CLTS Waiver for residents of individual counties or consortiums. Milwaukee County DHHS/CYFS is the CWA responsible for operationalizing the CLTS Waiver program in Milwaukee County. A concurrent §1915(b)(4) FFS Selective Contracting Waiver allows the state to limit service coordination to county waiver agencies and their sub-contracted provider agencies. CLTS Waiver program policies are grounded in Title 42 of the Code of Federal Regulations, Wisconsin Statutes, the Wisconsin Department of Health Services (DHS) administrative rules, memos and policy instruction, and provisions in the CLTS Waiver Program applications, submitted to and approved by the federal Centers for Medicare & Medicaid Services (CMS).

Support and Service Coordination Service Requirements for Providers

Providers of Support and Service Coordination services to participants of the Milwaukee County Department of Health and Human Services (DHHS) must comply with the following requirements during the period of the agreement. Support and Service Coordination responsibilities, services, requirements, limitations and exclusions are based on the definitions and standards contained in the State of Wisconsin Medicaid Home and Community-Based Services (HCBS) Waiver Manual for the CLTS Waiver Program, P-02256

Failure by the Provider to abide by any of the service requirements will be regarded as grounds for suspension and/or termination of the agreement. **https://www.dhs.wisconsin.gov/publications/p02256.pdf**

Support and Service Coordination Definition

This service includes coordinating or facilitating access to all services and supports, both formal and informal, which are needed by the child and family to meet their identified outcomes. Support and service coordination assists a child or youth and his or her family to achieve an inclusive, interdependent, and self-empowered

life. The child's or youth's support and service coordinator (SSC) uses their knowledge of available programs, resources, and services to create an individualized service plan that best supports the child and family in pursuit of their desired outcomes. This includes connecting families to supports throughout the community and promotes family members' self-determination and involvement in all facets of community life. A primary responsibility of the SSC is promoting the child's health, safety, and welfare in their home and community, which is accomplished through a broad range of activities, including:

General Activities

- Assisting to establish and maintain all aspects of program functional and financial eligibility.
- Assessing and periodically reassessing the child's or youth's health, safety, and functional capacity.
- Identifying vulnerable and high-risk children and ensuring heightened care coordination, collaborating with other agencies when applicable. (Refer to Chapter I, Overview and Administration.)
- Providing crisis and critical incident intervention and resolution.
- Compiling and maintaining required documentation.

Service plan development and execution

- Developing outcomes and arranging and managing multiple service providers and the child's or youth's natural supports to meet those outcomes.
- Completing, reviewing, and updating the service plan at the required intervals. (Refer to Chapter VII, Recertification, Individual Service Plan Review and Update.)
- Authorizing supports and services provided through the Children's Long-Term Support (CLTS) Waiver Program.
- Managing the coordination of benefits for the supports and services in the service plan according to the payment responsibilities of each service provider. (Refer to Service Limitations.)
- Providing instruction to the child or youth and their family and/or advocates to independently obtain access to services and supports, regardless of funding source.
- Evaluating the effectiveness of services.
- Monitoring progress toward meeting the child's or family's identified outcomes.

Programmatic and developmental transitions

- Providing transitional support for CLTS Waiver Program enrollment and disenrollment.
- Discussing with youth and their families how parents' legal authority to make decisions for their youth changes when that youth turns 18 years old.
- Providing information about guardianship to youth and their families as appropriate, including alternatives to guardianship such as supported decision-making.
- Securing guardians, completing related reports, or attending court proceedings.
- Assisting the child or youth to locate safe and appropriate housing, including the determination of the efficacy of substitute care settings.
- Assisting the child or youth to pursue vocational and/or educational opportunities.
- Supporting transition planning processes (for example, child-adult at age 14).
    - Coordination of individual service plan goals and outcomes with individual education plans (IEPs) developed with the youth's special education team and individual plans for employment (IPEs) developed with the youth's Division of Vocational Rehabilitation (DVR) counselor.

- Referral to the aging and disability resource center (ADRC) by the time a youth turns 17 years and 6 months old to begin the transition process into the adult long-term care system.
- For youth who meet the vulnerable or high-risk child definition, communication of this status to the adult long-term care system and the provision of heightened coordination and information sharing.
- For youth with an approved restrictive measures application, communication of this status to the adult long-term care program.

- The SSC submits an updated application if those responsible for implementing the plan will be different than those previously approved or if the restrictive interventions will change.
- The SSC works with the adult long-term care program to ensure the smooth transition from the approved CLTS restrictive measure and the approval process for the adult restrictive measures application.
- Discussing options with youth and their guardian if the youth is not found eligible for an adult long-term care program
- Providing transitional support and service coordination when the child or youth moves from an institutional setting to a community setting

Cross-system coordination

- Advocating and providing information for coordination with other services and resources: Court-ordered, juvenile justice, or child protective services, including protective payment and guardianship or legal services
- Referring and assisting the child or youth to access:
  - Public benefits, energy assistance, or other poverty-related services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services) and mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act, including those provided by the Birth to 3 Program.

Service Requirements

- SSCs are required to complete the Mandated Reporter Online Training created by the Wisconsin Child Welfare Professional Development System and follow the procedures for mandated reporting of abuse and neglect (Wis. Stat. § 48.981(3)). These procedures must be followed when there is reasonable cause to suspect that a child has been abused or neglected, threatened with abuse or neglect, or that abuse or neglect of the child will occur.
- All SSCs are required to complete the Children's Functional Screen certification in accordance with the CLTS Waiver Program.
- All providers of support and service coordination services are required to report any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of a child or youth to the Wisconsin Department of Health Services (DHS). (Refer to Chapter IX in the HCBS CLTS Waiver Manual for additional information about incidents and incident reporting requirements.)
- The SSC is responsible for verifying that services are delivered in accordance with CLTS Waiver Program requirements and the child's or youth's identified outcomes.

- Every child or youth and his or her family requires varying levels of engagement with the SSC. At a minimum, the SSC is required to make the following contacts:
    - Monthly collateral contact
    - Direct contact with the family every three months
    - Face-to-face contact at least every six months (with the child or youth)
    - Annually, at least one of the face-to-face contacts is required to take place at the child and family's place of residence.
- The determination of the type and frequency of contacts with the child or youth, their caregivers, and their providers is based on the following variables as applicable:
    - The child's or youth's health
    - The capacity of the child or youth and their family to direct the child's individual service plan
    - The strength of in-home supports and the child's or youth's informal support network.
    - The stability of provider staffing (frequency and reliability of staffing, turnover, and availability of emergency backup staff)
    - The stability of the child's or youth's individual service plan (for example, history of and/or anticipated frequency of change or adjustment to the plan)
    - The frequency and types of critical incidents
    - The amount and types of involvement with other systems
- Direct contact with the family includes written or email exchanges, telephone conversations, or face-to-face contact. A collateral contact includes written or email exchange, telephone conversation, or face-to-face contact with the child's or youth's family member, medical or social services provider, or other person with knowledge of the child's or youth's long-term support needs.
- Transitional support and service coordination may be provided for a child or youth relocating to the community from an institution beginning up to 90 days prior to discharge and completed on the date of relocation. (Up to 180 days prior to discharge may be allowed with DHS approval.) Transitional services may include associated tasks such as locating appropriate housing, completing lease or housing subsidy applications, assistance in processing changes in Social Security or Medicaid benefits, and meetings with families and potential formal and informal caregivers.

Service Limitations

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
    - Public benefits, energy assistance, or other poverty-related services.
    - Court-ordered, youth justice, or child protective services, including protective placement and guardianship or legal services.
    - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
        - EPSDT benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
        - Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.

- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- This service excludes the optional targeted case management benefit under the Medicaid State Plan.

Provider Standards and Documentation

The General Provider Standards are as follows:

- The SSC is required to be knowledgeable of the service delivery system, the availability of integrated services and resources, or the need for such services and resources to be developed.
- A newly hired SSC is required to complete the approved DHS waiver basics training course. All SSCs are required to complete the Mandated Reporter Online Training created by the Wisconsin Child Welfare Professional Development System. Until training is received, the SSC must work under the direct supervision of a qualified SSC and/or supervisor.
- The county waiver agency (CWA) is required to maintain documentation from DHS that the waiver basics course was successfully completed.
- The CWA is required to maintain documentation to demonstrate the SSC meets the required qualifications.

The SSCs are subject to the required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.

Provider Types and Qualifications

Social worker (individual provider):

The provider must be licensed under Wis. Stat.ch. 457, or hold a certificate under § 457.09, and have a minimum of one year of experience working with children and/or youth with disabilities.

Other person appropriately qualified as approved by the CWA and as related to the unique service being provided (individual provider)

Provider qualifications consist of any of the following combinations of education and practice experience:

• A course of study and practice experience that meets requirements for state certification or licensure as a social worker and also one year experience with individuals with disabilities.

• A course of study leading to a Bachelor of Arts or Bachelor of Science degree in a health- or human services-related field and one year of experience working with individuals with disabilities.

• An associate's degree in human services-related field and 2 years of experience working with persons of the specific target groups.

• A minimum of four years' experience as a long-term support SSC.

• A combination of training and experience equivalent to four years of long-term support case management practice.

Provider Agency Requirements

1. **Communication with CYFS Staff:** Providers must maintain regular and appropriate contact with CYFS to ensure that client needs and agreement expectations are being met. Expectations include the following:

a. Attend all program orientations, training and meetings provided by CYFS, or as requested by CYFS
b. Update CYFS of all support services being provided to a client, the providers of these services and whether there may be unmet client needs.
c. Secure written approval from CYFS for any change in the client's living situation.
d. Report the following changes in eligibility to CYFS within 24 hours: changes in functional eligibility on CLTS functional screen, Medical financial eligibility, permanent move to ineligible setting or different county/state

2. **Documentation Responsibilities**: Providers must maintain updated appropriate client files and complete all required case documentation. This includes the ability to accurately complete, often complex, paperwork and documentation in a timely manner to meet Medicaid Waiver program requirements. Specific documentation responsibilities include:
    a. Current documentation regarding all face-to-face contacts and collateral contacts regarding participants, including support services providers, the client's informal support network and legal guardians, where appropriate.
    b. Timely completion of appropriate documents for annual renewal of each client's Medicaid Waiver recertification.
    c. Development and completion of the Participant-Focused Assessment for each client.
    d. Completion of each client's Level of Care determination in accordance with Medicaid Waiver guidelines.
    e. Completion of all medically related documents in accordance with Medicaid Waiver guidelines.

3. **Personnel Standards:** Support and Service Coordinators must have the skills and knowledge that would be typically acquired through a course of study leading to a four-year academic degree in social work, psychology, nursing, rehabilitation or behavioral disabilities or a related field and at least 2 years' experience coordinating client services in the field of developmental disabilities or a related field. The case manager shall be knowledgeable concerning the service delivery system and the resources available to an individual with a disability. The case manager shall be responsible to the director of the Provider agency and their immediate supervisor of the Provider agency.

    The Provider must have qualified Support and Service Coordination capacity and the ability to manage cases. Resumes of Support and Service Coordination and supervisory staff must be on file and submitted to CYFS upon request. The Provider must inform CYFS of all changes in Support and Service Coordination and supervisory personal to ensure qualified program staffing.

    The Provider must provide a plan for supervision of Support and Service Coordination staff. Supervisors of Support and Service Coordination personnel must, minimally, have all the aforementioned qualifications required for Support and Service Coordination staff. Additionally, at least 2 two years supervisory experience and/or experience in a leadership role in a disabilities program is preferred.

4. **Skills and Knowledge of Support and Service Coordination Personnel:** Support and Service Coordinators and their supervisors should have at minimum the following qualifications:
    a. Proven ability and experience in working with persons with disabilities and knowledge of available services and community resources.

b. Knowledge of Wisconsin's long-term support funding sources.
c. Knowledge of Medicaid Waivers Program documentation requirements and the ability to complete complex paperwork and documentation in a timely manner to meet the Medicaid Waiver program requirements.
d. Working knowledge of service systems for persons with disabilities and ability to communicate effectively with a variety of staff and agencies.
e. Ability to organize, monitor and coordinate a variety of client services as specified in a client's Individual Service Plan.
f. Ability to intervene on client's behalf and work cooperatively with the support networks of the client to include the client's choices, strengths and independence with daily living skills.
g. Knowledge of medical and psychosocial needs of persons with disabilities.
h. Experience working with culturally diverse populations.

5. **Supervision of Support and Service Coordination Personnel:** The following are duties and responsibilities of the SSC.
    a. Provider agrees to provide at least one supervisor to oversee and manage staff providing Support and Service Coordination services.
    b. Provider will designate one supervisor for every 6 FTE Support and Service Coordinators employed to service participants referred by CYFS.
    c. That supervisor shall not carry or maintain a regular caseload. In the event supervisors are in the position of coverage due to staff loss, Milwaukee County CYFS Management must be notified in writing. Under no circumstances shall the supervisor carry a caseload for more than two weeks without prior written approval of Milwaukee County CYFS Administration.
    d. Additionally, care management supervisors may not be assigned to supervise other programs within the agency.

    The following are the duties and responsibilities of Supervisors:
    a. Attend meetings as requested with the Milwaukee County CYFS Management Team.
    b. Keep Milwaukee County CYFS informed of emergency or critical incidents and submit the necessary critical incident paperwork.
    c. Monitor service utilization, review monthly case notes and provide feedback to Support and Service Coordinators and Milwaukee County CYFS as requested.
    d. Notify Milwaukee County CYFS of all staff changes.
    e. Maintain accountability for all Milwaukee County CYFS Policies and Procedures.
    f. Ensure that accurate family demographic information is maintained by the Support and Service Coordinators and changes reported to Milwaukee County CYFS
    g. Provide orientation and training in Support and Service Coordination processes to all new case coordinators, promoting individualized care and use of natural supports.
    h. Provide regularly scheduled team meetings to share information regarding Milwaukee County CYFS issues.
    i. Provide Support and Service Coordinators with tools to maintain safety, i.e. cell phones, pagers, training & coaching on community safety, and remain receptive to case manager's needs around community safety.
    j. Maintain a call system at least from Monday through Friday, 8:00 am to 4:30 pm, to ensure families' access to Support and Service Coordinators
    k. Participate in mandatory trainings and offered in services and ensure that Support and

Service Coordinators do the same.

l. Provide coverage for Support and Service Coordinators, as needed.
m. Maintain internal client records related to Milwaukee County CYFS Participants using recommended chart format dividers.
n. Notify Milwaukee County CYFS when a new case manager has been hired, providing CYFS with the name and date hired, as well as their qualifications and contact information.
o. Notify Milwaukee County CYFS when a case manager resigns, has a change in name or change in phone, pager or cell phone number.
p. Maintains employee files, which include the case manager's resume and proof of qualifications. Milwaukee County CYFS maintains the right to periodically audit agencies to ensure adherence.
q. Complete a state-wide background check on all potential employees in adherence to the County Board's Resolution regarding background checks, in addition to the Wisconsin Caregiver Laws.

6. **Records/Documentation of Services Provided: The** Provider must maintain adequate written records and/or documentation of all services provided to CYFS participants and the cost of these services, and all documentation related to client's eligibility for Medicaid Waiver. Records shall include, at minimum, all the following:
    a. The Service Plan Packet including the Participant Focused Assessment, functional screen, Medicaid Waiver eligibility, Waiver recertification, narrative summary, needs assessment and the Individual Service Plan (ISP) and documentation of required 6-month reviews.
    b. Copies of any contracts or formal agreements with outside agencies or professionals who are providing care or services to CYFS participants.
    c. A record of supportive care and services provided to the client, including a description of the care and service provided, date provided and name of staff and date service was terminated, if appropriate.
    d. Copies of all correspondence between the Provider agency and CYFS relating to the client.
    e. Name/s of client's physician/s and other medical providers including their addresses and phone numbers.
    f. Results of initial and annual health assessments or medical examination, significant conditions and illness reports.
    g. A training log indicating all training provided to staff during the period of the contract. The log should include the name(s) of employee(s) receiving training, type of training received, date(s) training was provided, and the name(s) of trainers and agency affiliation.
    h. A record of payments made to the Provider by the client, including copies of the receipts.
    i. Documentation of the explanation of client's civil rights and copies of all documents and notifications required by federal, state, and local civil rights laws.
    j. Name of the client's legal guardian, (if appropriate) and all relatives or other persons who have played a significant role in assisting in the client's care arrangements, including their addresses and phone numbers.

Mandated Reporting and Reporting Critical Incidents

Support and Service Coordinators are subject to Mandated Reporting laws and are required to report any known or suspected abuse to the appropriate protective services agency. SSC's are additionally required to report all critical incident reports to DHS using the Children's Incident Tracking and Reporting (CITR) system, as well as notifying CYFS of incidents. Provider agencies play an important role in

incident prevention, mitigation and remediation, through the development of ISP's that provide supports and services that minimize the potential for incidents, to the extent possible.

Adequate Staffing

The Provider must ensure continued Support and Service Coordination services for each client in the event of the absence of the client's assigned case manager, (i.e. vacation, sick or family leave, resignation.)The Provider must develop a plan to retain Support and Service Coordinators to ensure minimal disruption of client services and minimize staff turnover.

Identification of Eligible Participants

Milwaukee County CYFS utilizes a central intake line for referrals to all Children's Programs, also known to the "No Wrong Door" Initiative. SSC's should provide any inquiring families with the phone number to the central intake line.

Reporting Suspected Abuse or Exploitation

All Provider staff working with participants referred by CYFS must report suspected neglect, abuse or exploitation to the Division of Milwaukee Child Protective Services (DMCPS) 414-220-7233. Additionally, support service staff of agencies working with CYFS participants of the Provider agency must be informed that they must report suspected neglect, abuse or exploitation of the client to the Provider agency. Subsequently, the Provider agency will report these cases to CYFS. Providers must also complete and send a "critical incident report" to the CYFS Liaison.

Notification of Change in Participant Condition and/or Living Situation

All CYFS Waiver participants referred to the Provider agency will be residing in one of the following community living arrangements: 1) a house, apartment or other private
residence, 2) a certified adult family home, or 3) a licensed children's foster home. The Provider must notify CYFS of any short or long-term changes in a client's living situation and any changes in legal guardianship. CYFS reimbursement to the Provider will be suspended for the duration of time a client may spend in a Medicaid-funded facility. Specifically, the Provider is expected to:

a. Give notice to CYFS within 24 hours of all hospitalizations or other facility admissions, significant physical injuries or of changes in a client's medical, physical or mental status, which may impact upon the client's service plan. In the case of the death of a client, the Provider must notify CYFS within 24 hours of the death.
b. Secure written approval from CYFS for any changes in the client's living situation.
c. Give a 30-day written notice to the client, client's guardian or designated representative of changes in the client's living situation approved by CYFS.

Participant Rights

The Provider Agency must adhere to all requirements of Wisconsin Administrative Code DHS 94 (https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94.pdf#page=1) and Chapter 8 of the Medicaid HCBS Waiver Manual for the CLTS Waiver Program. Specific Requirements include, but are not limited to:

a. Notification of Rights: It is the responsibility of the Provider to inform all participants of their rights verbally and in writing. A notification of rights informs CLTS Waiver Program applicants and participants about their rights and responsibilities for the CLTS Waiver Program. The Participant Rights and Responsibilities Notification (F-20985) details these rights and responsibilities. The CWA is also required to gain signatures from the child or youth, when applicable, and/or their parent(s)

and/or legal guardian(s) on the written notification of rights. A notification of rights explains the options that are available to applicants and participants to request an appeal of an action or decision related to their enrollment in or services authorized for them through the CLTS Waiver Program, file a complaint, and/or file a grievance; how any of these actions can be completed; and how the CWA will help them to complete these actions.

b. Notice of Adverse Action (NOA) CWAs must give children and youth, when applicable, and/or their parent(s) and/or legal guardian(s) notice of actions and decisions that may adversely affect a child's or youth's enrollment in or the supports and services authorized for them through the CLTS Waiver Program at least 10 days before the effective date of the action or decision. Notifications must be in writing NOAs must be provided in the child's or youth's and their parent(s) and/or legal guardian(s) primary method of communication and at no cost to them. Alternative methods of communication may include but are not limited to taped or Braille materials, or translated materials for families for whom English is a second language.

Coordination of Client Services with CYFS and other Providers

Provider will coordinate Support and Service Coordination services with CYFS and providers of other services with the goal of affording participants the opportunity to receive other needed services and to participate in the community to the fullest extent possible. This includes the scheduling of staffing's at the Provider agency and attending stuffing's at the location(s) of other providers of service.

Required Orientation and Technical Assistance Sessions for All Providers

Providers must attend CYFS orientation and technical assistance sessions regarding program standards, implementation and expectations.

Responsibilities of CYFS

CYFS is responsible for enrollment, the functional screen and Medicaid Waiver assessments for persons seeking services**.** When Medicaid Waiver eligibility is determined, CYFS refers the eligible participant to the provider agency for Support and Service Coordination services, and provider agency will develop the ISP (Individual Service Plan), outcomes and authorizations. Medicaid Waiver eligibility is determined, CYFS will develop the ISP (Individual Service Plan) and refers the eligible client to the Provider agency for Support and Service Coordination services. CYFS will designate a Staff Liaison as the resource contact to the Provider agency for information, monitoring and Support and Service Coordination supervision. CYFS will also provide:

a. Technical assistance and training.
b. A Service Plan Packet for each case referred to the Provider agency.
c. Monitoring of qualifications (resumes) of Support and Service Coordinators and supervisors.
d. Review and, when appropriate, approve changes to the case plan that may increase the cost of service.
e. Enforcement of waiver requirements.
f. Quality assurance of Support and Service Coordination services including support services contained in the client's ISP.
g. Monitoring to ensure timely annual waiver re-certifications.
h. Reimbursement to the Provider at the agreed upon rate for approved services within the time limits provided by the agreement.
i. Upon the execution of an agreement with the Provider, notification of the requirements relating to the administration of the contract and of the procedures and forms to be used in billing and reporting.
j. Monitoring the compliance of Providers with the terms of the agreement.

Other Limitations and Exclusions:

Conflict of Interest: Under this agreement Providers may not become the provider of Support and Service Coordination services for any client who is currently receiving services from the Provider agency

Prohibition on Provider's Employees or Owners Serving as Client Guardians: The Provider and employees or relatives of the Provider may not serve as the legal guardian of CYFS participants receiving Support and Service Coordination services from the Provider agency.

Prohibition of Provider Agency Employees Serving as Client's Representative Payee
Employees or relatives of the Provider agency may not serve as Representative Payee for CYFS participants receiving Support and Service Coordination services from the Provider.

Non-covered SSC services (Wisconsin Medicaid may cover some of these activities under another Medicaid benefit. Example: some skill training may be covered under the community support program benefit.) Activities not covered as Support and Service Coordination services include, but are not limited to:

1) Medication set-up
2) Money management
3) Skill training
4) Taking a client shopping
5) Transporting participants (except as noted: On occasion, Support and Service Coordinators are expected to accompany recipients to services. The purpose is both to ensure that the service provider is aware of the overall case plan and to monitor the services the provider is delivering. If the case manager transports the recipient on these occasions, Wisconsin Medicaid covers this transportation under Support and Service Coordination. Driver's license and auto insurance of either the worker or agency with adequate coverage must be kept up to date for Support and Service Coordinators to transport participants in their own or the agency's vehicle).

Compensation

A. Rates and Units of Service

Direct service time is staff time spent providing service to the participant including face-to-face contacts, collateral contacts, travel time, telephone contacts, email contacts, client staffing and time spent in documentation of service provisions. (Direct service time does not include indirect time such as time spent at staff meetings, in-service training, vacation, etc.)

Collateral contacts are face-to-face or telephone contacts with persons other than the participant, who are directly related to providing services to the participant and need to be involved by virtue of their relationship to the program participant. Collateral contact could include contact with family members, other service providers, and physicians, school personnel, clergy, etc.

Direct service time must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include: (a) the date of the contact, (b) the type of contact (face-to-face, collateral, phone, etc.), (c) who the contact is with, (d) the content of the contact, (e) the number of units (the length of contact). The case narrative must be contained in the case record maintained by the agency.

Billing rate is currently $26.78 per quarter hour (15 minutes). This is subject to change based on approval from State of Wisconsin.

Provider can be reimbursed for up to 2.5 hours of Support and Service Coordination services per participant per month. If there is a legitimate need for additional Support and Service Coordination services beyond the 2.5 hours for an individual participant in a given month, the Provider shall document the need and seek approval from the County Liaison to bill for additional units.

1. The minimum allowable billing increment is 1/4th of an hour or 15 minutes.
2. The total amount paid for Support and Service Coordination services under this Agreement cannot exceed the number of cases managed each month times 2.5 hours times the billing rate for each month of the calendar year.
3. Reimbursement costs must reflect the duties defined by the Support and Service Coordination service requirements.
4. CYFS will not pay for Support and Service Coordination services when participants are in a Medicaid funded facilities, i.e. during a hospitalization.
5. Proposed rates and costs for Support and Service Coordination services must <u>not</u> include the cost of any service that will be paid by another agency or program.
6. Providers <u>may not</u> subcontract Support and Service Coordination services for which they are under agreement with CYFS.
7. Costs reflected in Support and Service Coordination services must be allowable by the specific Waiver programs under which the participant's care is funded. Rates and costs are subject to verification by CYFS prior to approval of the agreement, during the period of the agreement, and by audit after the period of the agreement.
8. Costs must be identified in the budget documents and meet the standards set forth in the State of Wisconsin Department of Health Services Allowable Cost Policy Manual.
9. As noted in the Agreement, Purchaser reserves the right to withhold payment or adjust Provider's invoice where Provider fails to deliver the contracted services in accordance with the terms of this Agreement, or any other relevant Milwaukee County Department of Health and Human Services' Policies and Procedures, or Medicaid Waiver requirements.

B. Billing and Supplemental Forms

All billing claims must conform in format and content with requirements of the Wisconsin Department of Health Services Third Party Administrator (TPA) (ForwardHealth/Gainwell) and can be only submitted to Gainwell for payment after receipt of the Prior Authorization (PA). Billing will be made through the ForwardHealth/Gainwell portal. Each contracted provider will complete their own billing through Gainwell. Each provider will contact Gainwell support cltsoperations@gainwelltechnologies.com.

Performance Measures:

Performance Measure	Benchmark	Standard
Individual Service Plans and Outcomes (Quantitative)	ISPs & outcomes are updated/revised by the SSC at least every 6 months.	90%
Individual Service Plans and Outcomes (Qualitative)	Most recent ISP addresses participant assessed needs, health and safety risks, personal goals and outcomes through provision of waiver and other services.	85%
Annual Recertification	Waiver participants recertification is completed within 12 months of enrollment OR every 12 months from the prior recertification.	95%
Required Contacts	SSC's met all required contacts, including Face-to-face, direct contacts, direct contacts, 6-month reviews and the annual recertification.	90%
Incident Reporting	An incident report was completed and submitted to DHS for each reportable incident.	100%