Comprehensive Community Services (CCS)—
Residential Rate Setting Guidance (Published February 19, 2015)

This document provides guidance on transitioning Comprehensive Community Services (CCS) residential billing from a per diem rate to a per-unit rate. It includes information on the following:

- Criteria for billing for CCS residential services costs.
- Establishing an individual and group billing rate.
- Appropriately documenting individual and group residential services.

Criteria for Billing for CCS Residential Services Costs

In order for a CCS provider to bill for a service provided to a CCS member, the service must satisfy three primary criteria, regardless of service environment:

1. The service must be included in the service array that is approved by the Department of Health Services (DHS), which can be found in Attachment 1 of the June 2014 *ForwardHealth Update* (2014-42) titled "Changes to the Comprehensive Community Services Benefit as a Result of the Wisconsin 2013-15 Biennial Budget."

2. The service must be attributed to a specific CCS member.

3. The service must be authorized as part of the member's service plan and documented as required by DHS Chapter 36, Wisconsin Administrative Code.

The per-unit method for billing residential CCS services takes into account members receiving a combination of individual and group services in a residential environment, as documented in the member's service record. A member's service record documents billable CCS service units (for individual and group service units separately) where a service unit represents 15 minutes of either individual or group service time.

In order for a CCS provider to bill for a group service, the provider must provide the service to at least two CCS members simultaneously, as is commonly the case in residential settings.

For example, if, on a given day, a residential program staff member provides skill development and enhancement to a CCS member individually and also as part of a group of two or more CCS residents, the service provider would document the following in the member's service record:

- The length of time the CCS services were provided to the member individually.
- The length of time the CCS services were provided to the member in a group setting.

Reimbursement for CCS Residential Services Costs

Reimbursement for CCS services performed in a residential setting conforms to the requirements outlined in *Update* 2014-42. The reimbursement process consists of the following:

1. Throughout the calendar year, the CCS provider submits interim claims (for units of service rendered) to ForwardHealth according to a county calculated billing rate. In turn, CCS providers receive interim reimbursement from ForwardHealth based on either the amount billed by the county or the established statewide interim rate, whichever is less.

2. Following each calendar year (and generally consistent with the CCS fiscal reporting period), the CCS provider is required to report the total cost of operating the county's CCS program. After a state analysis of the county's cost report, a financial adjustment is made to the total interim reimbursement paid to the provider during the fiscal period to reflect full reimbursement for allowable Medicaid costs.

To support the processes described in #1 and #2 above, CCS providers are required to maintain documentation in accordance with DHS 36.18 and DHS Chapter 106, Wisconsin Administrative Code, and other applicable laws and rules. CCS providers are required to be able to produce documentation when requested by DHS, a single audit firm, or a federal auditor.

Common Concerns with Per-Unit Residential Services Billing

Establishing an Individual and Group Billing Rate
With the transition from per diem to per-unit billing for residential services, counties have requested additional guidance on establishing individual and group billing rates.

While DHS establishes statewide interim payment rates, it is important for counties to analyze their unique cost structures and submit interim claims based on the county's estimated cost per unit for both individual and group units of service. A county's ability to accurately bill on interim claims, based on reasonable per-unit cost estimates, will help prevent adverse cost reconciliation outcomes resulting from overstated CCS costs.

Generally, DHS's instruction for billing is that CCS providers indicate their usual and customary charge on claim details when submitting claims. The usual and customary charge is the CCS provider's charge for providing the same service to individuals not eligible for benefits through Wisconsin Medicaid or BadgerCare Plus. Counties that need assistance with establishing an appropriate usual and customary charge may refer to Attachment 1 for an example of a current county approach used to develop individual and group billing rates.

County Contracts and Required Documentation for Medicaid Billing

Counties have also expressed concern with transitioning away from per diem billing while ensuring that contracted CCS providers collect required documentation for services billed.

As discussed previously, CCS providers must maintain required documentation in order to receive Medicaid reimbursement for services provided. Since the certified CCS program retains all legal and fiscal responsibility for CCS services—including those services provided via contract— it is important for the CCS provider to ensure that contractors meet all program and documentation requirements and remain current in their understanding of applicable ForwardHealth policy. Services must be documented accurately and must be covered by the member's individual service plan, which indicates the frequency and duration of medically appropriate CCS services.

DHS understands that counties with established contractual procedures based on the per diem reimbursement method may need to amend these contracted procedures in order to conform to the current incremental based approach established by DHS. Counties that need additional guidance may refer to Attachment 2 for a county CCS provider invoice example that requires contracted CCS providers to document all services rendered on a per -unit basis.

Attachment 1
Chippewa County Comprehensive Community Services (CCS)
Residential Rate Setting Method

The residential rate setting method outlined below, which was developed by Chippewa County, is based on establishing a usual and customary charge for residential billing purposes that closely reflects the actual service costs for unique residential facilities. This method is intended to help counties bill in alignment with county residential service cost structures.

The Chippewa County residential rate setting method uses existing Medicaid rate setting structures from Community Recovery Services (CRS) to develop an hourly rate for CCS program costs, excluding room and board. Instructions for the CRS rate setting worksheet may be found at https://www.dhs.wisconsin.gov/crs/ratesheet.htm.

For CCS services, the program and service costs will be converted into an hourly rate based on the typical services provided to a member (e.g., one hour per day of individual services, two hours per day of group services, etc.). The county of responsibility will separate room and board costs. Room and board should not be included in CCS billing to Wisconsin Medicaid.

Note: Using the residential rate setting method outlined below is not a Medicaid or CCS program requirement, since other methods may also be used to logically relate residential service billing to provider-specific costs. Additionally, DHS does not provide formal approvals of usual and customary charge billing rate methods since the usual and customary charge is a billing practice by providers independent of health plan.

Following are procedures that counties may choose to use to develop unit-based rates as the basis for developing per-unit billing rates:

1. The residential services provider completes the top section of the CCS Residential Rate Conversion Spreadsheet to calculate the residential daily rate (line 30 of the sample CCS Residential Rate Conversion Spreadsheet on page 7). The top section of the spreadsheet has separate columns to distinguish room and board costs from program and service costs. It is based off of the existing Medicaid rate setting structures used in CRS, as described above. In the sample spreadsheet on page 7, the daily rate calculated is $154.46.

2. The residential services provider completes the bottom section of the CCS Residential Rate Conversion Spreadsheet to calculate the hourly group rate and individual rate for each CCS member:

- The residential services provider indicates the number of group and individual service hours the member requires per day as identified in the member's service plan.
- The sample CCS Residential Rate Conversion Spreadsheet on page 7 assumes the member requires three individual hours per day of Physical Health Monitoring , two individual hours per day of Individual Skill, Development and Enhancement , and four group hours per day of Individual and/or Family Psychoeducation.

3. Additional spreadsheet fields are prepopulated based on the number of individual and group service units reported:

- *Weighted Services Percentage*: Based on the hours reported, this represents a weighted percentage of individual and group services. Group services are weighted at 25 percent of individual services based on the similar weight included in individual and group statewide interim rates. In the sample spreadsheet on page 7, individual hours represent 83 percent of total hours, while group hours represent 17 percent of total hours.
- *Individual and Group Hourly Rates*: To calculate the hourly rates, the maximum daily rate is multiplied by the weighted percentage calculated above. This number is then divided by the total required hours to determine the final hourly rate:

    - *Individual hourly rate*: In the sample CCS Residential Rate Conversion Spreadsheet on page 7, the maximum daily rate of $154.46 is multiplied by the individual weighted service percentage of 0.83. This number is then divided by total individual hours required:

      (154.46*0.83)/5 = $25.74 = the consumer's individual hourly rate

    - *Group hourly rate*: In the sample CCS Residential Rate Conversion Spreadsheet on page 7, the maximum daily rate of $154.46 is multiplied by the hourly weighted service percentage of 0.17. This number is then divided by total group hours required:

      (154.56*0.17)/4 = $6.44 = the consumer's group hourly rate

The residential services provider ensures that the program and service costs per day indicated in the CCS Residential Rate Conversion Spreadsheet does not exceed the maximum amount of CCS services and programming that can be reimbursed per day according to the county-based contract with the residential services provider.

If a member's CCS service needs change, the county works with the residential services provider to adjust the member's hourly rate, as applicable.

CCS Residential Rate Conversion Spreadsheet

CBRF/AFH NAME OF SERVICE FACILITY:
CBRF/AFH ADDRESS:
CBRF/AFH DATE:
CONTACT PERSON: ***Please fill in Orange cells**

Customer Name **County of Residence:**

Cost Item	(1a)	(1b)	(2)	(3)	(4)
2015 CCS Rate Breakdown	Total Facility Costs from most recent audited year	Total Facility Costs for Year 2015	Costs Associated to Facility Rate	Breakout for Funding by CRS Program	
				Room & Board	Program
1. Salaries: Officer/Owner Wages			$ -		$ -
Employee Salaries for maintenance		4,000.00	4,000.00	4,000.00	
Other Employee Wages		259,630.00	259,630.00		259,630.00
2. Fringe Benefits		134,420.00	134,420.00		134,420.00
3. Travel Reimbursement to staff		700.00	700.00		700.00
4. Client transportation		4,000.00	4,000.00		4,000.00
5. Recruitment		250.00	250.00		250.00
6. Staff development, education		3,000.00	3,000.00		3,000.00
7. Supplies: Household Supplies and linens		4,600.00	4,600.00	4,600.00	
All other supplies		3,100.00	3,100.00		3,100.00
8. Food		22,000.00	22,000.00	22,000.00	
9. Advertising		0.00	0.00		0.00
10. Telephone for facility		1,300.00	1,300.00		1,300.00
11. Telephone for residents		700.00	700.00	700.00	
11a. Cable Television			0.00	0.00	
12. Printing			0.00		0.00
13. Insurance: On property		150.00	150.00	150.00	
All other insurance		4,400.00	4,400.00		4,400.00
14. utilities		12,000.00	12,000.00	12,000.00	
15. Maintenance/repair: Bldg Maintenance & Repairs		1,600.00	1,600.00	1,600.00	
Equipment repairs for residence		500.00	500.00	500.00	
Other equipment repair & maintenace		300.00	300.00		300.00
Vehicle repairs and maintenance		550.00	550.00		550.00
16. Rentals: Building housing CBRF		7,000.00	7,000.00	7,000.00	
Equip. related to room & board		0.00	0.00	0.00	
Other equipment		0.00	0.00		0.00
17. Depreciation: Land improvements		279.00	279.00	279.00	
Building		10,165.00	10,165.00	10,165.00	
Equipment related to room & Board		3,140.00	3,140.00	3,140.00	
Other equipment		0.00	0.00		0.00
Vehicles		3,875.00	3,875.00		3,875.00
Leasehold improvements		0.00	0.00	0.00	
18. Interest: Mortgage interest		10,211.00	10,211.00	10,211.00	
Equipment for room & board		0.00	0.00	0.00	
Other Equipment & Property		0.00	0.00		0.00
Other Interest		0.00	0.00		0.00
19. Purchase of smaller items: Items related to room & board		500.00	500.00	500.00	
Other items		1,500.00	1,500.00		1,500.00
20. Professional Fees		1,300.00	1,300.00		1,300.00
21. Licenses		0.00	0.00	0.00	
22. Taxes: Real Estate		0.00	0.00	0.00	
Corporate income Tax			0.00		0.00
23. Other allowable costs		32,700.00	32,700.00		32,700.00
24. Net allowable Operating costs = Total of lines 1-23.	0.00	527,870.00	527,870.00	76,845.00	451,025.00
25. Allowable Profit/Excess Earnings (see instructions)	0.00	0.00	0.00		
26. Total Allowable Costs (line 24+25)	0.00	527,870.00	527,870.00	76,845.00	451,025.00
27. Budgeted beds in facility	8.00	8.00	8.00	8.00	8.00
28. Annual cost per bed (line 26/line 27)	0.00	65,983.75	65,983.75	9,605.63	56,378.13
29. Monthly Rate = Annual cost divided by 12 (line 28/12)	0.00	5,498.65	5,498.65	800.47	4,698.18
30. Daily Rate = Annual Cost diivided by 365 or 366 (Line 28/365 or 366)	0.00	180.78	180.78	26.32	154.46

Calculations.

CCS Service Array	Professional Type	# of units/hours per day individual	# of units/hours per day group
Medication Management-Non-Prescriber			
Physical Health Montitoring		3	
Peer Support			
Individual Skill, Development and Enhancement		2	
Individual and/or Family Psychoeducation			4
Wellness Management and Recovery/Recovery Support Services			
Total Hours		5	4
		0.83	0.17
Individuals		**25.74**	
Groups		**6.44**	
Maximum Daily Rate		**154.46**	

Attachment 2
Richland County CCS Provider Invoice

Included at the end of this Attachment is a sample contractual invoice adopted by Richland County, which applies the new county interim billing requirements to Richland County's contracted vendor for residential treatment services.

The Richland County provider invoice ensures that the residential services provider documents services as required by DHS Chapter 36, Wisconsin Administrative Code. The residential services provider must report required billing information for each service provided, including the following:

- Date of Service.
- Group or Individual Service.
- Place of Service.
- Service Delivery Time.
- Documentation Time.
- Provider Travel Time (time, in minutes, required for a clinician to travel in order to provide a service to a CCS member).
- Total Time of Service (the sum of the Services Delivery Time, the Documentation Time and the Provider Travel Time).
- Service Cost (the Total Time of Service multiplied by the Hourly Group Rate or the Contracted Hourly Rate [depending on the type of service] of the service provided based on total units provided. These rates are based on the program's usual and customary charge).

The invoice is directly tied to an individual member treatment plan and the residential service provider.

For example, the sample Richland County provider invoice authorizes a specific clinician to provide eight to 12 hours per month of service to a specific member, with prior authorization required for additional hours. All services billed on the invoice must be directly related to the member's treatment plan. Additionally, the invoice emphasizes the requirement for the residential services provider to submit progress notes for every service billed. Residential services providers must provide documentation to the counties to justify documented service costs.

It should be noted that using the method that Richland County does is not a Medicaid or CCS program requirement, since other methods may also be used to ensure residential services

providers are appropriately documenting individual and group services provided to CCS members.

The Richland County example corresponds to the residential rate setting example provided in Attachment 1.

Residential services providers must report the following information in the top section of the invoice:

- *Agency/Entity Information*: The name of the residential services facility and the name, address, and provider type of the residential services provider that provided the service.
- *Submit Invoice to*: The CCS provider's name and address.
- *Hourly Group Rate/Contracted Hourly Rate*: The hourly rates contractually agreed upon with the CCS provider. In the Richland County example, the hourly rates are the usual and customary charges based on the residential rate setting example in Attachment 1:

    - Hourly Group Rate: $6.44
    - Contracted Hourly Rate: $25.74

- *Client Name*: The name of the CCS member who received the CCS services. The services provided must be documented and directly tied to the member's treatment plan.

Residential services providers must report the following additional information regarding services provided:

- *Date of Service*: The date that services were rendered. In the Richland County example, all three services were rendered on January 21, 2015.
- *Service Code*: The appropriate service code that corresponds to the service provided. The service codes reported in the Richland County example are in line with the example in Attachment 1 (Physical Health Monitoring, Individual Skill Development, and Psycho-education).
- *Group or Individual Service*: Whether the service was a group or individual service. The Richland County example shows two individual services and one group service that correspond to the example in Attachment 1.
- *Billing Comment/Note*: Any necessary comments or notes regarding the billed service.
- *Place of Service*: Where the service took place. In the Richland County example, the place of service for each service was Group Home.
- *Delivery Time (minutes)*: The delivery time for each service, in minutes. Delivery time should tie to the member's treatment plan. The Richland County example corresponds to the estimated delivery time calculated in Attachment 1.

- *Documentation Time (minutes)*: The amount of documentation time for each service. The Richland County example reports 15 minutes of documentation time for each service provided.
- *Provider Travel Time (minutes)*: The amount of time required to travel to the place of service. In the Richland County example, 15 minutes of travel time is reported for one service, since the other services were conducted on the same day and did not require travel.
- *Provider Mileage*: The mileage required to travel to the place of service. Provider mileage is not reported on interim claims but will be reimbursed through the cost reconciliation process.
- *Total Time of Service*: This cell prepopulates the total service time for each service based on the reported minutes in the previous sections. In the Richland County example, the first service required 225 minutes of total service, the second service required 135 minutes, and the third service required 255 minutes.
- *Service Cost*: This cell automatically calculates the service cost for each service provided based on the hourly rate, whether the service was individual or group, and the total service time.
    - Hourly Group Rate*(Total Service Minutes/60) = Service Cost
    - 25.74*(225/60) = $96.53 Physical Health Monitoring Service Cost
    - 25.74*(135/60) = $57.92 Individual Skill Development Service Cost
    - 6.44*(255/60) = $27.37 Psycho-Education Group Service Cost
- *Totals*: This row provides a running total of service time, in minutes, and service costs reported.

Wisconsin River CCS - Richland County Provider Invoice

Agency/Entity Name:		**Submit Invoice to:**	
Address:			
Service Provider:			
Provider Type:			
		Hourly Group Rate:	$ 6.44
Client Name:		**Contracted Hourly Rate:**	$ 25.74

Authorized Service Hours: 8-12 hours per month. ***Authorization expires 12/31/2015.*** ***May not exceed maximum hours without prior authorizaiton.***

Date of Service	Service Code	Group or Individual Service	Billing Comment / Note	Place of Service	Service Delivery Time (minutes)	Documentation Time (minutes)	Provider Travel Time (minutes)	Provider Mileage*	Total Time of Service (minutes)	Service Cost
1/21/2015	06-Physical Health Monitoring	Individual		14-Group Home	180	15	15	15	225	$ 96.53
1/21/2015	08-Individual Skill Development	Individual		14-Group Home	120	15	-	-	135	$ 57.92
1/21/2015	10-Psycho-education	Group		14-Group Home	240	15	-	-	255	$ 27.37
									-	$ -
									-	$ -
									-	$ -
									-	$ -
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									-	$ -
									-	$ -
									-	$ -
See reverse for definitions and code descriptions				**Totals:**	**540**	**45**	**15**	**15**	**615**	**$ 181.81**

Provider **MUST** submit progress notes for every service billed.

* Provider mileage is not reported on interim claims, but will be reimbursed through the cost reconciliation process

Reference Information				
CCS Service Codes & Titles	**Service Provider**	**Provider Types**	**POS (Place of Service)**	**Service Delivery**
01-Assessment	The name of the person delivering the service is required, including the provider type (to the right) indicating the educational degree. If the service was delivered jointly, enter the person with the highest provider type.	M.D.	03-School	Time spent by the service provider providing the CCS service. Service Delivery time must also be documented in the consumer progress note.
02-Recovery Planning		Ph.D.	11-Office	
03-Service Faciliation		Bachelors degree level	12-Home	
04-Diagnostic Evaluation		Masters degree level	14-Group Home	
05-Medication Management		APNP - Psychiatric Spec.	18-Place of Employment	
06-Physical Health Monitoring		Registered Nurse	20-Urgent Care Facility	**Documentation**
07-Peer Support		Certified Peer Spec.	21-Inpatient Hospital	Time after serivce delivery for the provider to complete the progress note or otherwise document service delivery. Documentation Time must also be documented in the consumer progress note.
08-Individual Skill Development		Rehab Worker	22-Outpatient Hospital	
09-Employment Related Skills Training		Associate degree level	23-E.R.-Hospital	
10-Psycho-education		Qualified Trainee	51-Inpatient Psychiatric Fac.	
11-Wellness Management		Other (non-degreed)	99-Other POS	
12-Psychotherapy				
13-Substance Abuse Treatment				**Provider Travel**
				Time for a service provider to travel (round-trip) to provide a CCS service to a consumer. This only applies to services delivered away from the provider office location.
			Modality	
			Individual	**Mileage**
			Group	Round-trip mileage from the provider office to the consumer location for providing the CCS service.