

Application for

Section 1915(b)(4) Waiver

Fee-for-Service

Selective Contracting Program

Re-submission Date: January 23, 2017

Wisconsin Children’s Long-Term Support (CLTS) Waiver Program

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**Application for Section 1915(b) (4) Waiver
Fee-for-Service (FFS) Selective Contracting Program**

Facesheet

The **State** of Wisconsin requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** Children's Long-Term Support Waiver Program.
(List each program name if the waiver authorizes more than one program.).

Type of request. This is:

- an initial request for new waiver. All sections are filled.
 a request to amend an existing waiver, which modifies Section/Part ____
 a renewal request ____

Section A is:

- replaced in full
 carried over with no changes
 changes noted in **BOLD**.

Section B is:

- replaced in full
 carried over with no changes
 changes noted in **BOLD**.

Effective Dates: This waiver application requested for a period of 5 years beginning 01/01/2017 and ending 12/31/2021.

State Contact:

The state contact person for this § 1915(b)(4) waiver application is Deborah Rathermel. She can be reached by telephone at 608-266-9366, or by e-mail at deborah.rathermel@dhs.wisconsin.gov.

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation:

Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal.

State Response: On June 13, 2016, a communication and Notice of Intent to submit a request for an Application for Wisconsin's § 1915(b)(4) FFS Selective Contracting Waiver to operate concurrently with Wisconsin's Children's Long-Term Support (CLTS) Waiver Program, a § 1915(c) Home and Community Based Services (HCBS) waiver program for children with developmental disabilities, physical disabilities, and severe emotional disturbance, was sent to Wisconsin's eleven federally recognized Tribal Chairs and Health Directors. The communication included a summary of the changes being planned for in the CLTS waiver renewal, including an overview of the impact of the changes. Input and collaboration was requested as part of that communication.

In follow up, a face-to-face meeting with the all Wisconsin Tribal Chairs was held on July 7, 2016, to discuss the CLTS Waiver Program renewal and concurrent § 1915(b)(4) waiver application. Tribal representatives at each of these exchanges had no outstanding questions or concerns with the Department's plan.

Description:

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver.

State Response: The Wisconsin Department of Health Services (DHS) is submitting this application request for a § 1915(b)(4) FFS Selective Contracting Waiver to operate concurrently with the CLTS Waiver Program, a § 1915(c) Home and Community-Based Services (HCBS) waiver as part of the waiver renewal approval process to become effective on January 1, 2017. The § 1915(b)(4) FFS Selective Contracting Waiver is being submitted to the federal Centers for Medicare and Medicaid Services (CMS) to limit providers of support and service coordination to qualified individuals employed by county waiver agencies or by their subcontracted case management entities for the Wisconsin's CLTS Waiver Program.

The CLTS Waiver Program provides § 1915(c) waiver services for eligible children from birth up to 22 years. The approved § 1915(c) waiver permits DHS to provide an array of community-based services and supports to enable children, who would otherwise require institutionalization, to remain in their home and community under the care of their family or guardians.

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Since the initial approval of the § 1915(c) CLTS Waiver Program in January 2004, the DHS has operated the CLTS Waivers through contracts with local county human/social/community services departments. Wis. Stat. chapters 48 and 51 delegate the local operations to county departments for several DHS and Department of Children and Families (DCF) funded and administered programs.

Wisconsin's county departments are responsible for completing the CLTS Waiver Program § 1915 (c) waiver eligibility determination, level of care evaluation and reevaluations, needs assessments, and authorization and monitoring of waiver services by qualified Support and Service Coordinators. Restricting service coordination to county governmental departments is a key component of Wisconsin's CLTS Waiver Program, based on existing State/County governmental infrastructure, the counties knowledge and familiarity of local resources, proximity to enrollees and providers to arrange, schedule, and monitor necessary approved services and supports. In addition, continuity is provided for families and participants by one county entity that is responsible for all aspects of the child's waiver and other program service coordination, including administrative activities.

DHS provides administrative oversight of the CLTS Waiver Program. Two divisions within the Department -- the Division of Health Care Access and Accountability (DHCAA) and the Division of Long Term Care (DLTC) -- have responsibility for the oversight, monitoring, operations and issuance of payments for services covered under Wisconsin's State Medicaid Plan and covered HCBS waiver services, respectively. The implementation of a merger for these two divisions and creation of the new Division of Medicaid Services, as the State Medicaid Agency, began in January 2017. Information regarding the new Division of Medicaid Services (DMS) organizational structure can be accessed at this link:

<https://dhsworkweb.wisconsin.gov/reorg/docs/dms-plan-overview.pdf>

All CLTS Waiver Program services are prior authorized by designated county waiver agencies and delivered to participants by local qualified waiver providers. The county waiver agency's Support and Service Coordinator, along with the child, his/her family and friends, and other professionals, works cooperatively to identify the child's assessed needs and to secure the necessary services and supports. All approved CLTS waiver services and supports, as well as other non-waiver funded services must be included in the child's Individual Service Plan (ISP).

In 2016, the CLTS Waiver Program served over 7,000 children at any time in the year, with an average monthly enrollment of 5,200 participants. Currently 2,472 children are placed on the CLTS Wait List and are waiting for services. In the event the Wisconsin legislative biennial budget includes funds to reduce or eliminate the CLTS Wait List, resulting in an increased program enrollment count, the Department will submit an amendment to this CLTS Waiver Program 1915(b)(4) waiver application to reflect this change.

Waiver Services:

Please list all existing State approved § 1915(c) waiver services the State will provide through this selective contracting waiver.

State Response: CLTS Waiver Program CMS-Approved Waiver Services:

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Support and Service Coordination for CLTS Waiver WI 0414 renewal January 2017. All other CLTS Waiver Program § 1915(c) covered waiver services will be available to eligible participants by any willing and qualified provider.

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):
 1915(b)(4) - FFS Selective Contracting program
2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:
 - a. **Section 1902(a) (1) - Statewideness**
 - b. **Section 1902(a) (10) (B) - Comparability of Services**
 - c. **Section 1902(a) (23) - Freedom of Choice**
 - d. **Other Sections of 1902** – (please specify)

B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:
 the same as stipulated in the State Plan
 different than stipulated in the State Plan (please describe)

State Response: The payment methodology for the county support and service coordination (SSC) involves the submission by county waiver agencies of their administrative and program costs to the Division of Long-Term Care's Bureau of Long Term Care Finance (BLTCF), wherein the proposed costs are analyzed in relation to allowable costs. The SSC rates are made of three components:

- Direct billable service hours
- Allocated direct service staff time
- Non-salary costs related to SSC activities

The county waiver agency's SSC rates must not exceed actual, applicable costs. The CWAs must follow the guidelines detailed in Wisconsin's *DHS Accounting Policy and Procedures Manual*. Costs reimbursed through an SSC rate must not be duplicated in other reimbursement claims. No administrative costs are allowed in the SSC rates. The county waiver agencies are instructed that direct billable service hours represents the time spent directly benefiting a participant and only includes staff that are providing SSC services directly to the participant. Direct Billable Service Hours and Allocated Direct Service hours are both Direct Costs, as outlined in the *DHS Accounting Policy and Procedures Manual*, which can be accessed at <https://www.dhs.wisconsin.gov/app/index.htm>.

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Within context of the SSC rate, "Direct costs" refers to the costs of providing direct SSC services. Direct Billable Service Hours are the employee time claimed as SSC units for reimbursement. Allocated Direct Service Hours are employee SSC time that directly benefits the CLTS participant but is not reimbursed as an SSC unit. Non-salary costs are the overhead and infrastructure costs that can be allocated specifically to SSC time on behalf of the CLTS participant.

The county waiver agencies negotiate rates with their sub-contacted case management providers based on allowable cost principles and the *DHS Accounting Policy and Procedures Manual* guidance.

The Division of Long Term Care's Bureau of Long Term Care Financing requires county waiver agencies to submit a calculation form certifying their hourly SSC rate on an annual basis, following the requirements described above. BLTCF fiscal staff thoroughly review each county waiver agency's submission and issues an approval notification. The county's SSC rate is subject to review and auditing to ensure the proper rate was applied.

All SSC claims, whether delivered by a county waiver agency employee or their sub-contracted entity, must be prior authorized and is paid by Wisconsin Physician Services (WPS), the Department's contracted third party administrator for CLTS claims processing, and is submitted to the Department's data warehouse according to their contractual Medicaid Management Information Systems (MMIS) CLTS encounter claim reporting requirements.

The county waiver agencies submit their allowable administrative expenses, such as CLTS Waiver Program IT system maintenance costs, equipment costs, waiver provider recruitment and screening activities, to the Department's Community Aids Reporting System (CARS) for reimbursement, after a thorough review by the Division of Enterprise Services (DES) Bureau of Fiscal Services (BFS) staff.

In addition, as part of the of the Single State Audit, certified public accountants are instructed to review the county waiver agencies established rates for several benefit categories, including both licensed and unregulated providers, to ensure the rates are consistent with the Accounting Policy and Procedures Manual, as well as federal accounting principles.

The Department is transitioning the development of an approved state based rate methodology for fee for service waiver services. Support and service coordination unit rates will be subject to this methodology beginning in 2018. The Department will submit a CLTS Waiver Program 1915(b)(4) waiver amendment at the time the statewide rate methodology is approved for implementation in 2018.

2. **Procurement.** The State will select the contractor in the following manner:

- ___ **Competitive** procurement
- ___ **Open** cooperative procurement

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- Sole source procurement
 Other (please describe)

State Response: DHS contracts with county social/human/community departments, as governmental entities under Wisconsin's Constitution representing the 72 counties, as per chapters 48 and 51, Wisconsin Statutes, to operate the CLTS Waiver Program according to the Department's established policies and procedures, including performance of Support and Service Coordination functions, under the authority of Act No. 80 of the Public Acts of 1905, as amended.

C. Restriction of Freedom of Choice

1. Provider Limitations.

- Beneficiaries will be limited to a single provider in their service area.
 Beneficiaries will be given a choice of providers in their service area.

(NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

State Response: DHS administers the CLTS Waiver Program statewide in all 72 Wisconsin counties.

2. State Standards.

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents.

State Response: CLTS waiver service providers are held to the standards described in the approved § 1915(c) waiver WI 0414, as described below:

CLTS Waiver Program support and service coordination is the provision of services to locate, manage, coordinate and monitor all covered supports and services, other program services, regardless of their funding source, and informal community supports for eligible children and their families. The Support and Service Coordinator (SSC), who is employed by county human/social/community departments (or by the county's sub-contracted case management entity), acts on behalf of the State and has the responsibility to make initial determinations and redeterminations of an individual's CLTS Waiver Program eligibility. The SSC must assure that CLTS waiver services are delivered in accordance with all program requirements, as established by the Department.

This service also includes assisting applicants and participants with establishing Medicaid financial and nonfinancial eligibility, functional eligibility, as well as all other aspects of determining an individual's CLTS Waiver Program eligibility. Support and service coordination also includes assisting the participant to access Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits (known as HealthCheck in

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Wisconsin), Medicaid State Plan services, as well as school-based special education services through Wisconsin's Department of Public Instruction (DPI), and rehabilitation or college and career ready services through the Department of Workforce Development, Division of Rehabilitation (DVR).

Support and Services Coordinators are also responsible for referring participants and their families and help facilitate access and coordinate services for other county administered mental health, public health, and social services programs, as well as locating other local and community resources for natural supports. The SSCs (whether employed by the county or by a subcontracted case management entity) are also mandated reporters for child abuse and neglect, and as part of the county human/social/community service infrastructure, must issue referrals to county child protection and child welfare services, when warranted.

Beyond the CLTS participant's person-centered plan development and other monthly case management coordination activities, the SSC's role includes the primary responsibility of assuring the participant's health, safety and welfare. 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. This includes locating, managing, coordinating and monitoring a full range of services and educational assessments, as well as informal supports, consistent with the child and family's assessed needs, in a planned, coordinated, and cost-effective manner. The SSC assures that services are delivered in accordance with waiver program requirements, and the child's assessed needs and outcomes. This service also includes an assessment of the family's needs so they may adequately support their child in the home or other community setting. The Support and Service Coordinator facilitates establishing and maintaining the child and family's individualized support system. Services provided to children include assuring effective implementation of the child and family's support plan; developing, implementing, and updating the family-centered transition plan, and coordinating across systems, in order to meet the assessed needs.

Limits on the amount, frequency or duration of this service:

This service excludes the optional targeted case management benefit under the Medicaid State Plan. This service may not duplicate any service that is provided under another waiver service category. Federal requirements prohibit the CLTS Waiver Program from funding any service could be furnished under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid, or the Medicaid State Plan services. The CLTS Waiver Program is also the payer of last resort and coordination of benefits (COB) must occur with private health insurance, special education services funded under the Individuals with Disabilities Education Act (IDEA), or vocational rehabilitation services funded under section 110, as amended in 2014, of the Rehabilitation Act of 1973 (29 U.S.C. 730), and Wisconsin's income maintenance programs, as appropriate, including Wisconsin Shares Child Care Subsidy Program, Wisconsin Home Energy Assistance Program (WHEAP), and FoodShare Wisconsin. Documentation must be maintained in the file of each CLTS waiver

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participant demonstrating that the service does not supplant or duplicate supports or services that are otherwise available through any other funding sources.

Provider Qualifications:

The SSC whether employed by the county waiver agency or by a sub-contracted entity, shall have the skills and knowledge typically acquired through a course of study and practice experience that meets requirements for state certification/licensure as a social worker and also one year experience with the target group, or through a course of study leading to a BA/BS degree in a health or human services related field and one year of experience working with persons of the specific target group for which they are employed, or through a minimum of four years' experience as a long-term support SSC, or through an equivalent combination of training and experience that equals four years of long-term support practice in long-term support case management practice, or the completion of a course of study leading to a human services degree and one year of employment working with persons of the specific target group for which they are employed.

Verification of Provider Qualifications:

The county waiver agency is currently responsible for verifying the Support and Service Coordinator's licensure and training qualifications, conducting appropriate screening activities, making appropriate hiring decisions, and terminating employment and if the SSC is no longer qualified. In the event the county subcontracts for service coordination, the county waiver agency retains ultimate responsibility for assure the qualifications of its subcontractors.

As detailed in the 2017 DHS/County Contract Appendix for the CLTS Waiver Program, the county waiver agency must comply with all requirements consistent with 42 CFR§431.10(e). The County must also agree to comply with s. 46.278 WI Stats., the relevant portions of the Medicaid Home and Community-Based Services Waivers Manual, applicable Numbered or Information Memos and other policy communications specific to the CLTS Waiver Program.

Upon approval of the 1915(b)(4) waiver application, the Department will issue a memo to county waiver agencies regarding the updated requirements to operationalize the CLTS Waiver Program at the local level. DHS will reiterate requirements for county waiver agencies to establish requirements when sub-contracting the support and service coordination, that the sub-contractor verifies the qualifications of all newly hired support and service coordinators, and screening activities. In addition, all support and service coordinators – whether employed by the county or by their sub-contractor – must complete the CLTS Waiver Basics training course and pass the competency test before the county or sub-contractor can bill for the SSC services through the CLTS Waiver Program's third party administration (TPA) claim process.

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The Department will be transitioning the qualified provider verification responsibility from the county waiver agency to a State, centralized provider background check screening, credential verification and enrollment process as part of the implementation of the Wisconsin Provider Management system, targeted for January 2018.

Frequency of Verification:

The county waiver agency (or the county’s sub-contracted case management entity) shall conduct a licensure/credential search through Wisconsin’s Department of Safety and Professional Services (DPS), a search of the federal DHHS Office of Inspector General’s (OIG) List of Excluded Individuals/Entities (LEIE) database, and complete a Wisconsin caregiver background check, upon a Support and Service Coordinator’s initial hire, and every four years thereafter, at a minimum.

The county waiver agency also ensures that the sub-contracted case management entity complies with verifying all of the same provider qualification credentials, screening standards, and support and service coordination delivery, as described above.

State Monitoring:

The Department’s contracted external quality review organization (EQRO) conducts annual CLTS Waiver Program onsite record reviews at the county waiver agencies, and verifies the training and credential requirements for both county-employed Support and Service Coordinators and those employed by the county’s sub-contracted case management entity. Randomly selected participant and support and service coordination claims records will be reviewed as part of the EQRO’s onsite quality assurance and monitoring process, to assure compliance for all selected Support and Service Coordinator records.

D. Populations Affected by Waiver

(May be modified as needed to fit the State’s specific circumstances)

1. **Included Populations.** The following populations are included in the waiver:

___ Section 1931 Children and Related Populations

___ Section 1931 Adults and Related Populations

___ Blind/Disabled Adults and Related Populations

___ Blind/Disabled Children and Related Populations

___ Aged and Related Populations

___ Foster Care Children

___ Title XXI CHIP Children

X Other – all participants enrolled in the § 1915(c) CLTS Waiver Program, which includes beneficiaries who are Medicare and Medicaid dually eligible.

2. **Excluded Populations.** Indicate if any of the following populations are excluded from participating in the waiver:

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- Dual Eligibles
- Poverty Level Pregnant Women
- Individuals with other insurance
- Individuals residing in a nursing facility or ICF/MR
- Individuals enrolled in a managed care program
- Individuals participating in a HCBS Waiver program
- American Indians/Alaskan Natives
- Special Needs Children (State Defined). Please provide this definition.
- Individuals receiving retroactive eligibility Other (Please define):

This note is added for clarity: Within the group of beneficiaries enrolled in the HCBS § 1915(c) CLTS Waiver Program, there are no excluded populations.

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Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.*, what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program?

State Response: DHS uses the performance measures listed in its § 1915(c) CLTS Waiver Program renewal application as a method to measure the timeliness of a waiver participant’s access to the services covered under the selective contracting program. Performance measures that will be used to measure Support and Service Coordination compliance standards include the following:

The Department will monitor and measure compliance with the measures that address Support and Service Coordination requirements upon issuance of approval by CMS for the CLTS Waiver Program § 1915(c) renewal application performance measures. The Department has developed the following performance measures that focus on access to timely and quality Support and Service Coordination by CLTS waiver applicants and participants. Relevant performance measures applying to SSC activities include the following:

County waiver agencies respond to CLTS Waiver Program fair hearing decisions with remand orders by the Division of Hearing and Appeals within 10 day requirements.

Numerator = Number of fair hearing remand orders completed within 10 days.
Denominator = Number of all fair hearing decisions with remand order overturning county waiver agency’s action.

This PM ensures the Department’s oversight in timely corrections in SSC errors identified through the fair hearing process in accurate eligibility determinations, such as Level of Care (LOC) determinations or access to qualified and willing providers.

Number of applicants with initial CLTS functional screens completed by the SSC according to DHS established timelines.

Numerator = Number and percent of new enrollees with completed initial CLTS functional screen LOC determination, according to DHS established timelines
Denominator = Total number of new enrollees.

This PM is used to monitor the timeliness and quality of the SSC’s LOC evaluation.

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Number of CLTS Waiver Program application LOC denials appropriately determined based on the SSC's Not Functionally Eligible screening result.

Numerator= Number of completed CLTS functional screens with Not Functionally Eligible results that were not overturned by DHS.

Denominator= Number of completed CLTS functional screens with a Not Functionally Eligible result.

This PM is used to monitor and assure compliance with the quality of the SSC's services.

Applicant's initial CLTS FS was completed by the SSC according to the clinical instructions resulting in an appropriate LOC determination.

Numerator = Number of initial applications where the SSC completed the CLTS FS appropriately according to the clinical instructions resulting in applicable LOC.

Denominator = Total number of initial applications with a completed CLTS FS.

This PM is used to monitor and assure compliance with the quality of the SSC's screening activities.

Applicant's initial CLTS FS was completed by the SSC according to the clinical instructions resulting in an appropriate LOC determination.

Numerator = Number of initial applications where the SSC completed the CLTS FS appropriately according to the clinical instructions resulting in applicable LOC.

Denominator = Total number of initial applications with a completed CLTS FS.

This PM is used to monitor and assure the quality and timeliness of the SSC's compliance with the clinical CLTS FS instructions.

Providers initially meet required licensure and/or certification in accordance to state law prior to provision of services.

Numerator = Number and percent of new providers who obtained appropriate licensure or certification in accordance to state law prior to provision of waiver services.

Denominator = Number of licensed and/or certified providers reviewed in the sample.

This PM is used to monitor compliance in assuring the county employed or sub-contracted SSC initially meets the approved provider licensure requirements.

Providers continuously meet required licensure and/or certification requirements in accordance to state law.

Numerator = Number and percent of ongoing providers who continuously maintained licensure or certification in accordance to state law.

Denominator = Number of licensed and/or certified providers reviewed in the sample.

This PM is used to monitor compliance with ensuring the county employed or sub-contracted SSC continuously meets the approved provider licensure requirements.

Most recent ISP addresses participant assessed needs, health and safety risks, personal goals and outcomes through provision of waiver and other services.

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Numerator = Number of most recent ISPs completed by SSC addressing assessed needs, health and safety risks, personal goals and outcomes through waiver and other services.
Denominator = Total number of most recent ISPs reviewed in the sample.

This PM is used to monitor the timeliness and quality of the SSC's development of ISPs that ensure authorized services are authorized based on the assessed needs of the participant.

DHS monitors ISP development in accordance with established CLTS waiver policies and procedures.

Numerator = Total number of ISPs completed by the SSC that meets DHS established CLTS waiver policies and procedures

Denominator = total number of CLTS participants' ISPs reviewed in the sample

This PM is used to monitor the timeliness and quality of the SSC's development of ISPs according to DHS policies and procedures.

ISPs are updated/revised by the SSC at least annually or as warranted by changes in the waiver participant needs.

Numerator = ISPs reviewed indicate they were updated by the SSC at least annually or as warranted by change.

Denominator = all ISPs reviewed in the sample.

This PM is used to monitor the timeliness and quality of the SSC's development of ISPs that ensure authorized services are authorized based on the assessed needs of the participant.

Services delivered according to type, scope, amount, duration and frequency, as specified in the ISP by the SSC.

Numerator = Number of records where evidence indicates SSC authorized and scheduled waiver services in accordance with the type, scope, amount, duration and frequency as detailed on the ISP.

Denominator = Total CLTS authorization/claim records reviewed in the sample, compared to ISP.

This PM is used to monitor the quality of the SSC's activities in issuing appropriate service authorizations that accurately reflect the correct type, scope, duration and frequency, as detailed on the completed ISP.

Most recent ISP completed by the SSC authorized waiver and non-waiver services with appropriate frequency to address the participant's assessed needs, health and safety risks, personal goals and outcomes.

Numerator = Number of ISPs include details to reflect SSC authorized services to address participant's assessed needs and goals

Denominator = Totals number of selected ISPs reviewed in sample

This PM is used to monitor the quality of the SSC's activities to authorize appropriate services to address the participant's assessed needs.

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Participants, parents and/or guardians were afforded choice between and among waiver services and providers.

Numerator = number of records reviewed that includes clear documentation that the SSC offered choice of waiver services and providers.

Denominator = all records reviewed in the sample.

This PM is used to monitor the quality of the SSC's services in offering choice of waiver services and providers.

DHS survey issued to parents/guardians to gather data regarding their experience in providing input to the SSC for the ISP development based on the child and family's needs and goals.

Numerator = Number of surveys reflecting parent/guardian input used to develop the ISP

Denominator = Total number of selected participant parents/guardians issued surveys

The Department will develop a survey during 2017 for this PM, to gather data from parents and guardians regarding their experience in providing input to the SSC during the ISP development, based on the assessed needs of the child and family, and personal outcomes and goals.

Reports of abuse, neglect and exploitation are remediated by the SSC to assure the health, safety and wellbeing of the participant.

Numerator = number of reports of abuse, neglect and exploitations for which remediation occurred to assure child's health, safety and wellbeing.

Denominator = number of all incidents of abuse, neglect and/or exploitation reported.

This PM is used to monitor the timeliness and quality of the SSC's remediation activities to assure the health, safety and wellbeing of the participant.

Performance Measure: Reported abuse, neglect and maltreatment remediation by the SSC to prevent similar incidents from occurring, to extent possible.

Numerator = Number of abuse, neglect, maltreatment incident reports that demonstrate incident was remediated in a manner to prevent similar incidents from occurring, to extent possible.

Denominator = Total number of abuse, neglect and maltreatment incidents reported.

This PM is used to monitor the timeliness and quality of the SSC's remediation activities to prevent similar incidents from occurring to the same or other CLTS waiver participants.

The CLTS Waiver Program annual record review process is conducted onsite at county waiver agencies. The annual record review tool, which is administered by the Department's contracted external quality review organization (EQRO) includes several questions which focus on Support and Service Coordination activities. The record review questions identified is measuring compliance with the quality and timeliness of the SSC service delivery requirements:

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- Was a Functional Screen completed by the SSC that gave an eligible level of care (LOC) prior to the waiver start date?
- Was a Functional Screen for the review period completed accurately by the SSC and give an appropriate Level of Care (LOC)?
- Did the SSC complete the ISP development date on or before the waiver start date?
- Did the SSC's initial Individual Service Plan address the child's assessed needs, health and safety risks, and personal outcomes?
- Did child receive services listed on the ISP, as evidence by services billed on Expenditure Report matching the ISP?
- Does the most recent ISP completed by the SSC address the child's assessed needs, health and safety risks, and personal outcomes?
- Did the SSC review the ISP and Outcomes and updated at a face-to-face meeting with the child and parent(s) at least once every 6 months during the review period?
- During the review period, contact between the SSC and the child/family meets the minimum contacts required by waiver guidelines?
- Did the SSC revise and update the ISP following a change in the child's needs?
- For participants enrolled on the waiver greater than one year: Did the SSC personalize the Outcomes and do they capture the child's/parent's needs, voice and priorities?
- Is it clear from the SSC's progress notes in the child's record that the participant and his/her parent(s) were involved in the development of the most recent ISP, to the degree possible?
- For services on the ISP that could be covered by insurance, Medicaid State Plan, EPSDT (Health Check Other), did the SSC's documentation show the waiver was the payer of last resort?
- Did the SSC list Room and Board on the ISP and does it list a non-waiver funding source?
- Did the SSC submit an incident report each time a restrictive measure was used without a valid approval?
- Did the SSC report and submit an incident report to DHS for each identified incident that occurred during the review period?
- Does the SSC's documentation in the file verify the participant, parent, or guardian was provided information on how to report abuse, neglect, exploitation, and other critical incidents?
- Did the SSC have a valid approval in place for a restrictive measure at the time it was used?
- Does the file indicate the child experienced zero reportable incidents during the review period?
- Did the SSC submit incident reports to DHS within required timelines?
- Is documentation available in the file to verify the SSC provided information to the participant, parent or guardian on how to report abuse, neglect, exploitation and other critical incidents?

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Upon approval of the 1915(b)(4) waiver application, the Department will issue a detailed memo to county waiver agencies regarding the updated requirements to operationalize the CLTS Waiver Program at the local level.

DHS will clearly detail the following requirements to county waiver agencies when they sub-contract for support and service coordination (SSC) services:

- Report the name of the SSC sub-contractor to the Bureau of Children's Services
- Ensure the sub-contractor verifies the licensure qualifications of all newly hired SSCs
- Ensure the sub-contractor conducts a search of the federal DHHS Office of Inspector List of Excluded Individuals (LEIE) and completes caregiver background checks for each SSC upon hire and every four years thereafter.
- Ensure each newly hired SSC (whether employed by the county or by their sub-contractor) to complete the DHS CLTS Waiver Basics training course and pass the competency test before the county or sub-contractor can bill for SSC services through the CLTS Waiver Program's TPA claim process.

While the Department does not prescribe CLTS waiver participant caseloads for Support and Service Coordinators that are employed by county waiver agencies (or their sub-contracted case management entity), DHS does mandate timeliness standards for enrollment and service plan development for applicants who meet enrollment eligibility criteria. Please see the following details regarding CLTS Waiver Program timely enrollment and service plan development:

- When the child meets the eligibility criteria for CLTS Waiver Program enrollment the SSC must contact the family within 10 days to schedule an initial assessment to identify the child and family's needs and enroll the child.
- The SSC must develop an Individualized Service Plan (ISP) and Outcomes form identifying appropriate services to address the child and family's assessed needs, obtain all required signatures and submit the completed ISP to DHS within 60 days from the date of enrollment.
- The participant's waiver re-certification and level of care re-evaluation must be completed within 12 months of the date of enrollment.

During the comprehensive CLTS Waiver Program annual onsite record review conducted by the EQRO, the DHS quarterly desk review process, as well as other monitoring activities, the quality and timeliness of the applicant's access to support and service coordination services will be reviewed and measured.

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion.

State Response: If deficiencies are identified during the CLTS Waiver Program's annual onsite record reviews, quarterly desk review process, Single State Audit

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process, or other monitoring activities, the county waiver agency will receive increased oversight by DHS to remediate the deficiencies. This may include monthly calls, face-to-face meetings, mandatory refresher training or technical assistance.

In instances where the technical assistance and increased oversight activities do not resolve the deficient, the Department response is elevated and includes directing the county waiver agency to develop and submit a corrective action plan which would include the steps to resolve the issue and remediate future risks.

The DHS Bureau of Children's Services staff reviews the county's corrective action plan and issues a decision on whether the CAP is acceptable within 30 days of receipt. The Department then conducts follow-up activities to ensure that the county waiver agency has remediated all the identified systemic deficiencies and brought them into compliance within 90 calendar days following the Department's approval of the CAP.

In addition, BCS issues a similar summary report and request for a corrective action plan if systemic issues are identified during other county waiver agency monitoring activities that substantiate operational deficiencies (e.g., Single State Audit, family, participant or provider complaints, fair hearing requests, etc.).

The Department also has the contractual authority to withhold CLTS waiver funds and to require repayment, if the county waiver agency fail to comply with all of the SSC provider requirements, as specified under the CLTS Waiver Program State/County contract appendix.

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program.

State Response: All CLTS Waiver Program enrollees have access to case management services through Wisconsin's 72 county waiver agencies. The State/County contract requires county waiver agencies to deliver timely case management services to all § 1915(c) CLTS Waiver Program enrollees. County waiver agencies may sub-contract with case management entities who must comply with all of the Support and Service Coordinator provider qualifications and service delivery requirements, to manage caseload capacity and workload requirements.

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The support and services coordination and provider standards are described in Appendix C of the § 1915(c) CLTS Waiver Program.

To ensure consistent statewide support and service coordination delivery within Wisconsin's 72 counties, the State/County CLTS Waiver Program contract appendix includes language requiring county waiver agencies to comply with all requirements detailed in the HCBS Waiver federal regulations, the Medicaid Home and Community-Based Services Waivers Manual, applicable Numbered or Information Memos, and other DHS policy communications.

The Bureau of Children's Services and the Bureau of Long Term Care Financing hold regular statewide teleconferences with all 72 county waiver agencies to review and discuss CLTS Waiver Program policy, procedure or fiscal updates. Each county waiver agency has an assigned DHS Children's Services Specialist, who regularly holds face-to-face meetings and conference calls with supervisory and SSC staff to provide technical assistance and discuss issues such as policy changes, reporting requirements, capacity issues, and other topics identified as part of the Department's monitoring and tracking efforts.

The Bureau of Children Services also tracks Support and Service Coordination access and delivery through the CLTS Waiver Program Medicaid Management Information System (MMIS) authorization and claim data. The Bureau monitors access to timely and quality case management through various strategies, including a plan to implement an internal quarterly desk review quality assurance protocol. The quality assurance reviews include evaluating the timeliness, availability and quality of the case management services.

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program.

State Response: CLTS Waiver Program enrollees have access to case management services through Wisconsin's 72 county waiver agencies. The State/County contract requires that county waiver agencies to provide case management services for all § 1915(c) CLTS waiver enrollees. County waiver agencies may sub-contract with qualified private vendors for case management services in order to assist in managing capacity and workload requirements of the Support and Service Coordinators. While some county boards may limit the county waiver agency's ability to directly employ Support and Service Coordinators, all counties have the ability to sub-contract with private case management entities to ensure compliance with the Department's requirements for access and timely delivery of support and service coordination.

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The Department has conducted a survey with the county waiver agencies to compile the current number of county employed and sub-contracted Support and Service Coordinators (see below):

County	Number of County Employed SSC Providers	Number of Sub-Contracted SSC Providers
Adams	2	
Ashland	1	
Barron	6	
Bayfield	1	
Brown	11	
Buffalo	1	
Burnett	1	
Calumet	4	
Chippewa	5	
Clark	2	
Columbia	3	
Crawford	2	
Dane	7	19
Dodge	2	
Door	5	
Douglas	1	
Dunn	3	
Eau Claire	4	
Florence	2	
Fond du Lac	7	
Forest, Oneida, Vilas	7	
Grant, Iowa, Unified	7	
Green	1	
Green Lake	1	
Iron	1	
Jackson	3	
Jefferson	4	
Juneau	2	
Kenosha	8	
Kewaunee	3	
La Crosse	13	
Lafayette	1	
Langlade, Lincoln	2	
Manitowoc	4	
Marathon	8	
Marinette	2	
Marquette	1	

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County	Number of County Employed SSC Providers	Number of Sub-Contracted SSC Providers	
Menominee	1		
Milwaukee	8	16	
Monroe	3		
Oconto	3		
Outagamie	2	3	
Ozaukee	4		
Pepin	2		
Pierce	3		
Polk	2		
Portage	6		
Price	2		
Racine	4		
Richland	2		
Rock	9		
Rusk	2		
Sauk	3		
Sawyer	1		
Shawano	4		
Sheboygan	4		
St Croix	12		
Taylor	3		
Trempealeau	2		
Vernon	0	2	
Walworth	1		
Washburn	3		
Washington	3		
Waukesha	8	7	
Waupaca	2		
Waushara	2		
Winnebago	7		
Wood	4		
Totals	274	47	Total SSCs: 321

DHS has not established minimum SSC caseload requirements, due to workload differences that can occur with the required case management activities for children (e.g., acuity levels, challenging behaviors, family dynamics, involvement with criminal justice, child protection services, coordination with school or DVR services, etc.).

DHS will increase the monitoring activities as described to ensure timely access to SSC services and the quality of those services. If a county waiver agency does not meet the Department's requirements for timely access and delivery of support and service coordination, DHS can require the county waiver agency to resolve issues and remediate barriers.

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There are a number of private entities located throughout Wisconsin that currently deliver CLTS Waiver Program support and service coordination through trained and qualified case management staff. Examples of such statewide case management entities include Lutheran Social Services and St. Francis Children's Center.

C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above?

State Response: For this 1915(b)(4) application the Department used the CLTS Waiver Program MMIS support and service coordination claims that were paid during January 1, 2015 through December 31, 2015, and applied a 12-month period because utilization of case management can vary from month to month.

The Department regularly monitors the CLTS participants' access to the timely delivery of quality support and service coordination through a variety of methods. This includes an annual CLTS Waiver Program record review process which is completed by the Department's contracted external quality review organization (EQRO) vendor. A statistically reliable randomly selected sample of CLTS participant records are thoroughly reviewed to ensure program compliance, including a review of various performance measure requirements which are conducted by the participant's SSC. Several of these record review requirements include:

In addition, upon approval of the CLTS Waiver Program § 1915(c) performance measures, the Bureau will be implementing an internal quality desk review process that will be conducted on a quarterly basis. This centralized internal quarterly desk review process will monitor, track and remediate both informal and formal complaints and concerns raised by families regarding the local CLTS Waiver Program operations by the county waiver agencies.

While the Department has not established requirements for county waiver agencies to report their informal grievance or dispute activities that are used to mediate or resolve complaints at the local level, DHS does mandate that these local grievance processes cannot interfere with an applicant or participant's right to file a formal fair hearing request with the Department of Administration's Division of Hearings and Appeals (DHA). The Bureau is notified regarding all CLTS Waiver Program fair hearing requests filed with DHA.

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Bureau of Children's Services staff lead the CLTS Waiver Program monitoring efforts, in collaboration with the Bureau of Long Term Care Financing, through a variety of methods, including a review of the CLTS encounter authorization and claim data. BCS intends to use the SSC service claim data as this information is readily available and allows a more current and "real time" method to monitor, review and analyze the timely access and quality service delivery on a quarterly basis.

DHS will be implementing the quarterly review in 2017 to measure the county waiver agencies' (or their sub-contracted vendors) delivery of support and service coordination, through various system activities, data and documentation which the county waiver agencies submit to the Bureau on an ongoing basis. Randomly selected applicant and participant data will be subject to the internal quality assurance desk review on a quarterly basis.

The following activities and data will be in the quarterly quality assurance review:

- Initial CLTS Waiver Program enrollment applications
 - Removal from CLTS Wait List
 - Current Medicaid enrollment
 - CLTS Function Screen with accurate level of care of care evaluation
 - Completed ISPs including Outcomes
- CLTS 12-month recertifications
- CLTS Waiver Program terminations, including adverse action notices
- Incident Reports:
 - Abuse
 - Neglect
 - Maltreatment
 - Unapproved Restrictive Measures
 - Unanticipated Death
- Fair Hearings Requests
- Fair Hearing Decisions and Remands
- Informal complaints
- CLTS Functional Screen reports
 - Not Functionally Eligible Report
 - Functionally Eligible
- Qualified Waiver Providers
 - Medicaid Waiver Provider Registration
 - Medicaid Waiver Provider Agreement
 - Provider services listed on ISP
 - TPA provider authorizations
 - TPA paid service claims

The quarterly desk review will also include a review other data elements, such as the timeline between a child's enrollment to the CLTS Waiver Program, and the receipt

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of the completed and signed ISP by the Department. The SSC authorization and claim data will also be included in the review. Each quarter the CLTS Waiver Program enrollments and services that are listed on the participant's ISP will be compared to the TPA authorization and claim data.

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above.

State Response: If deficiencies are identified during the CLTS Waiver Program's record review process, quarterly desk review process, or other monitoring and remediation activities, the Bureau of Children's Services (BCS) may provide increased oversight activities, such as monthly calls, increased technical assistance or other monitoring activities.

When there are systemic issues regarding access to Support and Service Coordination or under-utilization is identified, BCS will notify the county waiver agency regarding the deficiencies, and the county must submit a plan of correction within 30 calendar days that details the necessary activities to remediate the deficiency. BCS will review and approve the county waiver agency's proposed plan of correction, BCS will also monitor the corrective action plan implementation to assure it has remedied the issues.

The Department contracts with MetaStar, an external quality review organization (EQRO), to conduct the CLTS Waiver Program record reviews. MetaStar staff apply the DHS approved record review tool to ensure county waiver agencies (or their sub-contracted case management vendors) comply with the federal assurances and sub-assurances.

The EQRO will conduct record reviews with county waiver agencies that utilize subcontracted SSC providers. DHS will assure that the county waiver agencies that utilize subcontracted SSCs will be targeted and included in the randomized representative sample. Prior to the WPM implementation in 2018, EQRO will review a statistically representative sample of both county employed SSCs and their sub-contracted SSCs to ensure the county waiver agency had complied in verifying that the individual fully compliant with the Department's provider licensure, screening and training requirements prior to the delivery of support and service coordination to applicants and participants.

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Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program.
 - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):
 - i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.

State's Response: Since the proposal for this § 1915(b)(4) waiver will operate concurrently with the § 1915(c) CLTS Waiver Program, evidence of the monitoring activities will be submitted as part of the annual CMS 372 Report; as documentation of compliance with the CMS-approved performance measures (see page.

- ii. Take(s) corrective action if there is a failure to comply.

State Response: The process for monitoring, and addressing compliance deficiencies through corrective action plan activities is described in the response to question 2, listed below.

2. Describe the State's contract monitoring process specific to the selective contracting program.
 - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):
 - i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.

State Response: Wisconsin's Quality Management Program (QMP) focuses on the county waiver agencies CLTS Waiver Program activities, including compliance with the current § 1915(c) waiver requirements, with which this § 1915(b)(4) waiver application proposes to operate concurrently. The county waiver agencies and their sub-contracted case management agencies must adhere to the same standards of care for each CLTS Waiver Program participant that is being served. Each county waiver agency must meet the standards detailed in the DHS State/County CLTS Waiver Program contract, the CLTS Waiver Program Manual (which is under development), numbered, informational and action memos, and other materials issued by the Department which describes the CLTS Waiver Program requirements, as issued by the Department.

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The Department is responsible for the administration and monitoring of the DHS/County CLTS Waiver Program contractual operating requirements which applies to all county waiver agencies (including the county's sub-contracted case management entity).

Data collection and reporting mechanisms related to performance measures are used to monitor and ensure compliance with CLTS waiver policies, procedures and requirements within the six assurance areas defined by CMS. The performance measures are defined in the 1915(c) CLTS Waiver Program renewal application and will also serve to ensure compliance with this 1915(b)(4) waiver application. These performance measures and quarterly reporting mechanisms will be in place and operational following CMS approval of the waiver application.

The Bureau's Children's Services Specialist (CSS) staff are assigned to specific counties within Wisconsin's regions and provide ongoing consultation and technical assistance to the county waiver agencies. If compliance issues are identified during this process, they are reported to the BCS quality assurance staff for determination of further corrective actions or sanctions.

The DHS contracted External Quality Review Organization (EQRO), MetaStar, is responsible for carrying out the CLTS Waiver Program's annual record review process, including the random selection of a statistically representative sample of participants (by target group) to ensure all identified CLTS waiver performance measures have been met.

The CLTS waiver participant records are selected by the EQRO using a stratified, representative random sample. Each county waiver agency is a strata to ensure that cases are reviewed from each county. The EQRO is using a 50% mean, as this will give the largest sample size. The bound error is 5%, resulting in accuracy of +/- 5%. The EQRO will also pull participant service claim data, which is used as the basis to conduct the review of qualified provider records.

Effective with the approval of the CLTS Waiver Program 1915(c) renewal application in 2017, the three CLTS waiver target groups will be combined into one waiver. The randomized sample selection process will be revised for the selection of the 2017 participant records for the 2018 annual onsite record review process. A minimum of two records will be sampled for each selected county waiver agency's annual onsite review, and both county employed and sub-contracted SSC records will be reviewed.

MetaStar administers a DHS approved record review tool to ensure county waiver agencies (or their sub-contracted case management entity) fully comply with all federal and state assurances and sub-assurances. The updated CLTS Waiver

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Program record review tool includes several questions to assure compliance with accessing timely and quality SSC services, such as:

- Were all five assurances on the signature page of the most recent ISP checked by the SSC?
 - o SSC offered choice between institutions and community services
 - o SSC offered choice of services and providers
 - o SSC issued Rights and Responsibilities document
 - o SSC Informed both verbally and in writing of rights and responsibilities
 - o SSC confirms acceptance of waiver services
- Did the SSC submit an incident report each time a restrictive measure was used without a valid approval?

The Bureau of Children Services provides administrative oversight to county waiver agencies to address the deficiencies that were discovered, provide follow-up monitoring to ensure appropriate remediation occurs, and issues sanctions or disallowances when needed.

The onsite quality assurance process includes the review of the county waiver agency's (or sub-contracted case management entity) personnel records to ensure all Support and Service Coordinators meet the DHS qualified provider licensure and credential standards, screening requirements, and have successfully completed the established DHS training and competency testing requirements prior to delivering case management activities.

The Bureau of Children Services is developing a CLTS Waiver Program quality assurance desk review protocol that will be implemented on a quarterly basis for a randomly selected sample of records and data that DHS received for CLTS waiver applicants and participants, on an ongoing basis. This added quality assurance strategy will increase the Bureau's monitoring and oversight activities, and will provide the opportunity to more quickly review the counties' SSC access and performance quality, address and remediate deficiencies on more of a "real time" basis.

In addition to the formal on site review by the external quality review entity, ongoing technical assistance and oversight of waiver program operations is provided by the Bureau's county assigned Children's Services Specialist staff. Through regular communication and oversight, areas for improvement are identified and remediated through DHS training and technical assistance to the county waiver agencies and their sub-contracted case management agencies. DHS will apply the same standards and quality assurance activities to all support and service contractors – whether employed directly by the county waiver agency or by a sub-contracted entity.

- ii. Take(s) corrective action if there is a failure to comply.

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State Response: Issuing corrective action to identified CLTS Waiver Program deficiencies may occur as a result of the quarterly desk quality review process, the annual onsite record review process conducted by the EQRO, the Single State Audit process, or informal complaints. The county waiver agency is contacted and may be asked to provide missing documentation or provide a good cause justification. If the deficiency is not remediated, a corrective action plan is issued and the county waiver agency is required to provide any missing documentation or remediation response within 30 days. DHS staff review the county's corrective action plan and issues a determination within 30 days of receipt. Follow-up activities are conducted to ensure that the county waiver agency has remediated all the identified systemic deficiencies and brought them into compliance within 60 calendar days following the Department's approval of the CAP.

Requests to file CLTS Waiver Program fair hearing requests by applicants and participants with the Division of Hearings and Appeals (DHA) are currently reviewed as part of the BCS program ongoing monitoring activities. If the fair hearing request summary illustrates that a county waiver agency did not comply with DHS established CLTS Waiver Program requirements, the Bureau of Children's Services will notify the agency to correct and remediate the deficiency without waiting for DHA to schedule, hold and issue a fair hearing decision.

Fair hearing requests that indicate a county pattern of CLTS Waiver Program noncompliance with timely access, quality of the eligibility determinations, or support and service coordination decisions, will result in increased monitoring and follow-up remediation activities including corrective action plans which can include specific remedies, such as:

- DHS may impose requirements to include addition of available service coordinators, including through utilization of sub-contracted Support and Service Coordinators, to resolve increased access to timely and quality services
- Mandatory Support and Service Coordination service or CLTS Functional Screen refresher training
- Disallowance notice to county waiver agency and requirement to recover CLTS Waiver fund and issue payment to the Department

DHS has proposed a new CLTS Waiver Program performance measure as part of the CLTS Waiver Program § 1915(c) waiver renewal application, which requires BCS to monitor the county waiver agencies' compliance in responding to all DHA fair hearing decisions with remand orders within 10 days.

To ensure consistent program operations by the local county waiver agencies, on a statewide basis the Department includes the CLTS Waiver Program standards and requirements in the DHS / County contract appendix, the CLTS Waiver Manual, and memos issued by the Division of Long Term Care (DLTC). In addition to these written directives, the Bureau of Children's Services holds

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monthly teleconferences with the county waiver agencies' supervisors to review and discuss CLTS Waiver Program programmatic requirements. The Bureau of Children's Services assigns Children Services Specialists to each region in the state to ensure consistent local operations, respond to questions from the county waiver agencies, and provide technical assistance, when necessary.

The Bureau of Children's Services (BCS) has lead responsibility within the Wisconsin Department of Health Service's State Medicaid Agency for the administration and oversight of the CLTS Waiver Program. This includes ensuring that the CLTS Waiver Program meets the federal assurances and annual and five-year reporting requirements. BCS oversees the CLTS Waiver Program quality findings related to enrollment, functional eligibility and other programmatic compliance. BCS also works closely with the Bureau of Long-Term Care Finance (BLTCF) to ensure that all fiscally related requirements are in compliance, such as monitoring the CLTS waiver service claims, as processed by the Department's contracted third party administration (TPA) vendor.

BCS is currently in the process of developing an improved CLTS Waiver Program monitoring and enforcement protocol, which would include a quarterly review of system data (including Medicaid Management Information System [MMIS] CLTS encounter claim data. BCS will issue the system summary results to county waiver agencies on a quarterly basis for their review and remediation. The quarterly quality assurance protocol will result in improved timeliness in the county waiver agencies' remediation activities, as well as establish thresholds for determining increased county waiver agency monitoring and oversight activities.

B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program.

State Response: As previously noted, this § 1915(b)(4) waiver application does not impact the current manner in which the approved §1915(c) CLTS Waiver Program has operated since its inception in 2004. Under Wis. Stats, chapters 51, 36, 48, and 938, designated county departments are mandated to comply with local CLTS Waiver Program operational requirements, including the development of an ISP for all participants residing in the county.

Chapter 48, also known as "The Children's Code" applies to other county delivered services and crisis interventions to best meet the needs of children and families, such as the Birth to 3 Program, Children's Community Option Program, child protection services, child welfare services, juvenile justice services, mental health services, and income maintenance services. Based on these statutory requirements, the county Support and Service Coordinators are the most experienced and knowledgeable about the

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comprehensive program services that are available at the local level as well as unpaid natural community supports for children and families.

Therefore, by identifying the county waiver agencies as the DHS sole selected Support and Service Coordination FFS contracting program, the CLTS Waiver Program's participants' are assured of the comprehensive coordination of services that will best meet the complex needs of children with significant disabilities and their families.

The current estimated number of Wisconsin's county waiver agency-employed and sub-contracted CLTS Waiver Program Support and Service Coordinators on a statewide basis is 321. CLTS Waiver Program applicants or participants may be aware if their Support and Service Coordinator is employed by the county waiver agency or is employed by a sub-contracted case management entity,; however there should be no difference in the level or quality of support and service coordination activities, service planning or filing a fair hearing request.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program.

State Response: The DHS *Children's with Delays and Disabilities* web site provides information about the CLTS Waiver Program and directs individuals to their local county waiver agency's to determine eligibility and access to covered CLTS Waiver Program services through the Support and Service Coordinator. The website also includes other county-administered program supports and services such as the Birth to 3 Program, the Children's Community Options Program, and referral and resource information via the regional Division of Public Health's Children and Youth with Special Health Care Needs. In addition, Wisconsin's county waiver agencies have established their own local web site, which includes their local contact information.

B. Individuals with Special Needs.

X The State has special processes in place for persons with special needs (Please provide detail).

State Response: Each county waiver agency must have an intake unit or function that acts as the "front door" of the county's operations and conveys a helpful and informative process for applicants and participants wishing to access Wisconsin's Children's Long-Term Support Waiver Program services, as well other services that are available within the county department.

Each county waiver agency must have an access line that is available 24 hours per day, seven days per week, and via Text Telephone (TTY) for hearing-impaired individuals. Telephone lines must be toll-free and accommodate people with Limited English Proficiency (LEP) and other linguistic needs, and must accommodate persons with

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diverse cultural and demographic backgrounds, visual impairments, and alternative needs for communication and mobility challenges.

In addition, county waiver agencies must assure equal access for people with diverse cultural backgrounds, language of choice, and/or Limited English Proficiency, as per federal civil rights requirements, and that services and supports provided by the county waiver agency demonstrate a commitment to the population's linguistic and cultural competencies to assure meaningful participation for all people in the service area.

The CLTS Waiver Program requires that all participant's ISPs are developed using a "person-centered planning" (PCP) process. The principles inherent in the PCP process dictate that each consumer's special needs are accommodated in both the planning process and the ISP. For children, the concepts of PCP are incorporated into a family-driven, youth-guided approach that recognizes the importance of family in the lives of children and that supports and services impact the entire family. In the case of minor children, the child/family is the focus of planning and family members are integral to success of the planning process. As the child ages, services and supports become more youth-guided especially during transition into the adulthood waiver support and service delivery system. When the individual reaches adulthood, his or her needs and goals become primary.

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services.

State's Response: Wisconsin's Department of Health Services and Department of Children and Families administer many health and human services programs through its county human/social/community service agencies, including an established infrastructure for such services as adult and child protection, mental health services, juvenile justice services and public health services. The State has delegated responsibilities for certain administrative activities including Medicaid eligibility, related income maintenance activities, and preadmissions screening to county departments.

Limiting support and service coordination within the CLTS Waiver Program § 1915(c) to county waiver agencies assures the most efficient and economic provision of covered care and services tied to the related responsibilities that counties perform under various state/county contracts. Administrative activities carried out by the county departments are directly associated with the CLTS Waiver Program's service coordination tasks, including referral and collaboration activities with county child welfare, mental health and juvenile justice agencies within the county department.

As per this 1915(b)(4) waiver application request, Wisconsin's actual CLTS Waiver Program expenditures will continue to meet the federal "cost neutrality" requirements.

The cost estimate assuming selective contracting under the 1915(b) waiver is identical to the projected Support and Service Coordination cost in Appendix J of 1915(c) waiver WI.0414.R03.00. Both projections are based on actual Support and Service Coordination cost and utilization data in the approved CY2014 CMS 372 reports for 1915(c) waivers WI.0413, WI.0414, and WI.0415. Costs are trended forward using the Consumer Price Index for All Items. A trend rate of 0.1% is applied in CY2015 and a trend 2.0% is applied in all other years.

The pre-waiver cost estimate under "any willing provider" conditions assumes the same unit cost and cost trends as the selective contracting projection under the 1915(b)(4) waiver; however, average units per user is based on CY2014 experience in 1915(c) waivers WI.0154 (Community Options Program) and WI.0229 (Community Integration Program). Support and Service Coordination in waivers WI.0154 and WI.0229 has historically been provided using a larger proportion of private care management entities, similar to what would be experienced in CLTS under "any willing provider" conditions without the 1915(b)(4) waiver.

2. Project the waiver expenditures for the upcoming waiver period.

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Year 1 from: 01/01/2017 to 12/31/2017

Trend rate from current expenditures (or historical figures):

From Base Year CY 2014 to CY 2017 (three years): 4.13%

Estimated Number of Enrollees	Estimated Units Per User	Estimated Cost Per Unit	Estimated Total Annual Cost
7188	28.31	81.06	16,274,782

Projected pre-waiver cost \$22,893,568

Projected Waiver cost \$16,274,782

Difference: \$6,618,786

Year 2 from: 01/01/2018 to 12/31/2018

Trend rate from current expenditures (or historical figures):

From Year 1 to Year 2: 1.99%

Estimated Number of Enrollees	Estimated Units Per User	Estimated Cost Per Unit	Estimated Total Annual Cost
7188	28.27	\$82.63	\$16,568,894

Projected pre-waiver cost \$27,359,382

Projected Waiver cost \$16,568,894

Difference: \$10,790,488

Year 3 from: 01/01/2019 to 12/31/2019

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Estimated Number of Enrollees	Estimated Units Per User	Estimated Cost Per Unit	Estimated Total Annual Cost
7189	28.24	\$84.23	\$16,876,558

Projected pre-waiver cost: \$29,759,823

Projected Waiver cost \$16,876,558

Difference: \$16,116,706

Year 4 from: 01/01/2020 to 12/31/2020

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Estimated Number of Enrollees	Estimated Units Per User	Estimated Cost Per Unit	Estimated Total Annual Cost
7189	28.20	\$85.87	\$17,185,626

Projected pre-waiver cost \$30,332,403

Projected Waiver cost \$17,185,626

Difference: \$13,146,777

Year 5 from: 01/01/2021 to 12/31/2021

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Wisconsin Children's Long-Term Support (CLTS) Waiver Program

Estimated Number of Enrollees	Estimated Units Per User	Estimated Cost Per Unit	Estimated Total Annual Cost
7188	28.17	\$87.54	\$17,501,214

Projected pre-waiver cost \$30,913,131
Projected Waiver cost \$17,501,214
Difference: \$13,411,917

Wisconsin Children’s Long-Term Support (CLTS) Waiver Program

Wisconsin Department of Health Services (DHS) Divisional Reorganization

This description provides an overview of the Department of Health Services reorganization activities, including a description of the new Division of Medicaid Services (DMS). The new DMS organizational structure encompasses all functions of the prior Division of Health Care Access and Accountability (DHCAA), Division of Long Term Care and prior Medicaid service prior authorization and adjudication functions conducted by the Office of the Inspector General (OIG).

The Department’s goal is to align the DLTC and DHCAA management teams within a single structure, all reporting up to the State Medicaid Director. All programs and services will work collaboratively toward improving the lives of all members, and ensuring they are receiving the best possible care. The DMS reorganization will begin implementation in January 2017, while infrastructure and support activities take place over the next several months. Please see the information below for a description of the reorganized divisions, including the DLTC and DHCAA merger.

Prior Division / Office	New Divisions
<p>Division of Long Term Care (DLTC)</p> <ul style="list-style-type: none"> • Bureau of Children’s Services • Bureau of Long Term Care Financing • Bureau of Managed Care • Bureau of Aging and Disability Resources • DLTC IT Unit • Central Wisconsin Center • Northern Wisconsin Center • Southern Wisconsin Center 	<p>Division of Medicaid Services</p> <ul style="list-style-type: none"> • Long Term Care Benefits and Programs <ul style="list-style-type: none"> ○ Bureau of Children’s Long Term Supports ○ Bureau of Adult Long Term Care Services • Eligibility and Benefits Management <ul style="list-style-type: none"> ○ Bureau of Benefits Management ○ Bureau of Enrollment Policy and Systems ○ Disability Determination Bureau ○ Milwaukee Enrollment Services • Systems, Fiscal and Operation Management <ul style="list-style-type: none"> ○ Office of Long Term Care Systems ○ Bureau of Long Term Care Finance ○ Bureau of Fiscal Management ○ Bureau of Operational Coordination
<p>Division of Health Care Access and Accountability (DHCAA)</p> <ul style="list-style-type: none"> • Bureau of Benefits Management • Bureau of Enrollment Policy and Systems • Disability Determination Bureau • Milwaukee Enrollment Services 	
<p>Office of Inspector General</p> <ul style="list-style-type: none"> • Fraud Investigation Section • Audit Section • Prior Authorization and Adjudication 	
<p>Division of Mental Health and Substance Abuse Services (DMHSAS)</p> <ul style="list-style-type: none"> • Community Mental Health • Community Forensics • Client Rights • Wisconsin Mental Health Institution • Mendota Mental Health Institution • Sandrich Secure Treatment Center 	<p>Division of Care and Treatment Services (DCTS)</p> <ul style="list-style-type: none"> • Community Mental Health • Community Forensics • Client Rights • Electronic Health Records (New) • Wisconsin Mental Health Institution • Mendota Mental Health Institution • Sandrich Secure Treatment Center • Central Wisconsin Center • Northern Wisconsin Center • Southern Wisconsin Center
<p>Division of Public Health</p> <ul style="list-style-type: none"> • Community of Health Promotion • Communicable Diseases • Environmental and Occupational Health • Office Operations • Policy and Practice Alignment • Preparedness and Emergency Health Care 	<p>Division of Public Health</p> <ul style="list-style-type: none"> • Community Health Promotion • Communicable Diseases • Environmental and Occupational Health • Office Operations • Policy and Practice Alignment • Preparedness and Emergency Health Care • Bureau of Aging and Disability Resources