

Frequently Asked Questions

Operational Guide: Children Dually Enrolled in the Comprehensive Community Services (CCS) and the Children’s Long-Term Support (CLTS) Waiver Programs

This document accompanies the memo titled “Coordination of Services for Children who are Dually Eligible for the Comprehensive Community Services and the Children’s Long-Term Support Waiver Programs.” This memo was jointly developed by the Division of Medicaid Services (DMS) and the Division of Care and Treatment Services (DCTS). It will replace DLTC Joint Numbered Memo 2014-01 and DMHSAS Joint Numbered Memo 2014-03.

The following chart displays commonly asked operational questions for children/youth dually enrolled in the CCS and CLTS Waiver Programs. Responses are grouped into the following topic areas: Access, Functional Screen, Joint Service Facilitation, and Billing.

Access

Question	DHS Response
A child or youth eligible for both programs does not yet have a Medicaid source, but is on the CLTS wait list. Should enrollment into CCS be delayed until the child or youth receives Medicaid through the CLTS Waiver Program?	<p>It is prohibited to restrict access to one program due to delays created by waiting lists or pending eligibility/enrollment decisions for the other program.</p> <p>Medicaid is not required to receive CCS services per Wis. Admin. Code ch. DHS 36. Any child or youth who meets the CCS program eligibility requirements can participate. However, in order for Medicaid to reimburse for CCS services, the CCS member must be Medicaid eligible. The county or tribe should work with their economic support staff to determine if the child or youth is eligible for Medicaid.</p>
The memo states that the CLTS Waiver Program is the payer of last resort and CCS is a voluntary program. If a family declines CCS, can CLTS pay for services that would have been covered under CCS?	<p>The CLTS Waiver Program is the payer of last resort for children dually enrolled in CCS and CLTS. For children dually enrolled, CCS funds should be used first. If a child or youth is enrolled in CLTS and declines CCS services, they are not dually enrolled. All allowable services under the CLTS Waiver are available regardless of enrollment into another program. Services covered under CCS are located in ForwardHealth Updated 2014-42, Attachment 1. CLTS service descriptions are detailed under Types of Covered Services.</p>
When must a referral be made to the other program? The first section implies that a judgement call can be made and a referral made only if there are unmet needs. The second section makes it mandatory to inform parents of all programs so they can choose whether or not to request an assessment for a program.	<p>Functional eligibility does not result in automatic enrollment for any program. The results from the CLTS Functional Screen, as well as other program requirements, should be reviewed with the family. Children or youth may be identified as functionally eligible for multiple programs during initial eligibility and assessment or during an annual update or recertification. Unmet needs and conditions may change at any time. As such, it is important to continue discussions with the family about any and all programs for which</p>

	their child or youth is eligible. Families should have enough information to review benefits options, make a fully informed choice, and easily enroll.
If a child or youth has a primary diagnosis of autism, does that disqualify them from CCS services?	No single diagnosis makes a child or youth eligible or ineligible for CCS. This includes an autism diagnosis. A child or youth with autism may be eligible for CCS if all program requirements are met.

Functional Screen

Comment	DHS Response
Will the functional screens completed by CCS be reviewed by The Wisconsin Department of Health Services (DHS) at some point?	The functional screen team reviews all initial and annual screens for the CLTS Waiver and Katie Beckett Programs. The CCS program can work with counties or tribes if there is a concern about the functional screen. CCS will often refer questions to and collaborate with the functional screen team.
If a child or youth is enrolled in either CCS or CLTS and later expresses interest in the other program, do they need another functional screen?	<p>If a certified screener has completed a comprehensive screen for a child or youth within the past 12 months, it is considered valid. Thus, it is not necessary for the subsequent program to re-screen. Both programs can share or transfer the functional screen to promote collaboration and to ensure the screen is up to date and accurate.</p> <p>It is still required to complete an assessment that fulfills the requirements for both programs. Information collected in the functional screen may be helpful when completing an assessment.</p>

Joint Service Facilitation

Comment	DHS Response
Is the DHS going to mandate that there must be a single case manager for all children/youth dually enrolled in CCS and CLTS?	The intent of this memo is to provide guidance that can be applied regardless of county and program structure, as not all counties operate with single service coordinators. Some counties have all program staff dually trained in both programs and assign a single case manager for all dually enrolled children and youth. Other counties may have one dually trained case manager whose caseload is only dually enrolled children and youth.
As Medicaid programs, both CLTS and CCS have unique regulations and policies that can be challenging to learn as a service coordinator or service facilitator.	DHS is not requiring service coordinators to be dually trained in both programs. The guidance in this memo allows for each option due to the varying structures of each program throughout the state.

Are staff expected to be dually trained in both programs?	
The memo references that a single service plan may be used. Is there an example that fulfills requirements for both programs? If not, is this something that is going to be explored or created?	At this time DHS does not issue a service plan form that fulfills requirements for both programs. Several counties have developed examples of a single service plan that was approved by the state.
What documentation is needed for both programs when a child or youth declines program enrollment?	At this time there is not required documentation when a family chooses not to enroll in a program. In the future, DHS might develop and share best practices resources on how to document that a family was given adequate information to make an informed choice.

Billing

Comment	DHS Response
Can a CLTS support and service coordinator (SSC) be written into the CCS plan as a part of the recovery team in order to bill for case management type activities?	Yes, per the CCS FAQs , providers can bill as a part of the recovery team if it satisfies three conditions: The service must be included in the service array, must be attributed to a specific CCS member, and must be documented as such. Services should be related to a mental health or substance abuse diagnosis. Service facilitation includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial, and housing services.
If a dually enrolled child or youth has two case managers (a CCS service facilitator and a CLTS SSC), can they each bill case management activities to their program?	Medicaid does not allow reimbursement to more than one federally funded program for the costs associated with ongoing case management, unless a cost allocation plan is approved by the Centers for Medicare & Medicaid Services. As such, at this time it is not permissible to bill additional tasks related to CLTS service coordination to the CLTS Waiver Program. DHS is aware of the need for both programs to provide uniquely different case management. New guidance will be issued if this status changes.
If a child or youth enrolls in CCS first and later enrolls in the CLTS Waiver Program, can start-up activities, such as assessment and service planning, be billed to CLTS?	A child or youth would not need an additional functional screen if a comprehensive screen has been completed within the past 12 months. Assessments, as a distinct function of "case management" activities, can only be billed by one federally funded Medicaid program. Assessments and service planning may be billed to the CCS program. Per DHS 36.16(3)(a)

	<p>assessments must include coexisting mental health disorders, substance-use disorders, physical or mental impairments, and medical problems.</p> <p>When there are two separate service coordinators, the CLTS SSC may bill for assessments and service planning to the CCS program as a part of the recovery team. When there is a single service coordinator, time would still be billed to CCS.</p>
<p>If a child or youth enrolls in CLTS first and later enrolls in CCS, can start-up activities, such as assessment and service planning, be billed to CCS?</p>	<p>A child or youth would not need an additional functional screen if a comprehensive screen has been completed within the past 12 months. Assessments, as a distinct function of "case management" activities, can only be billed by one federally funded Medicaid program. Assessments and service planning may be billed to the CCS program. Per DHS 36.16(3)(a) assessments must include coexisting mental health disorders, substance-use disorders, physical or mental impairments, and medical problems.</p> <p>When there are two separate service coordinators the CLTS SSC is permitted to bill the CLTS program up to the CCS enrollment date. The CCS service facilitator can then bill for assessment and service planning. When there is a single service coordinator, assessments and service planning should be billed to the CCS program.</p>
<p>Can case management activities required specifically for the CLTS Waiver Program, such as coordinating respite or reporting critical incidents, be billed?</p>	<p>If the child/youth is dually enrolled in CCS and CLTS, all service case management is billed to the CCS program as service facilitation. Service facilitation includes helping the member obtain all necessary services and providing supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning.</p> <p>If there are two separate service coordinators, the CLTS SSC may bill these activities to the CCS Program as either part of the recovery team or as a service facilitator when all requirements are met.</p>