



CONTRACT FOR SERVICES

between

State of Wisconsin Department of Health Services

and

Contractor Name

for

Family Care or Partnership Program

This Contract is between the State of Wisconsin Department of Health Services (DHS), at 1 West Wilson Street, Madison, Wisconsin 53703, and Contractor Name at Contractor Address. With the exception of the terms being modified by this Contract modification, all other terms and conditions of the existing contract, including funding, remain in full force and effect. This Modification, including any and all attachments herein and the existing contract, collectively, are the complete contract of the parties and supersede any prior contracts or representations. DHS and the Contractor acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing contract as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

Contract ID Number:

Contract Amount: see per member per month capitation rates in the December 2019 amendment updating CY 2019 Rates

Contract Term: January 1, 2018 to December 31, 2019

Optional Renewal Terms: N/A

DHS Division: Division of Medicaid Services

DHS Contract Administrator: Dana Raue

DHS Contract Manager: Dana Raue

Contractor Contract Administrator:

Contractor Telephone:

Contractor Email:

Modification Description: The following changes are made to the contract through this amendment.

Effective January 1, 2019

Article VIII, Provider Network

D. Provider Agreement Language

31. Direct Care Workforce Provider Payment Permitted Uses and Reporting Requirements

a. Definition of Direct Care Worker

Under this section, a “direct care worker” is defined as an employee who contracts with or is an employee of an entity that contracts with an MCO to provide adult day care services, daily living skills training, habilitation services, residential care (adult

family homes of 1-2 beds, adult family homes of 3-4 beds, community-based residential facilities, residential care apartment complexes), individual and group supported employment, prevocational employment, vocational futures planning, respite care services provided outside of a nursing home, and supportive home care, and who provides one or more of the following services through direct interaction with members: assisting with activities of daily living or instrumental activities of daily living, administering a member's medications, providing personal care or treatments for a member, conducting activity programming for a member, assisting with employment activities and skills, or providing services such as food service, housekeeping or transportation to the member. Staff who would be excluded from the definition of "direct care worker" include but are not limited to: licensed practical nurses, registered nurses, nurse practitioners, nursing home staff, personal care agency staff, staff in marketing, sales, reception, finance, maintenance/plant operations and those staff who work exclusively in food service, transportation, and housekeeping and do not have direct contact with members.

b. Provider Use of Direct Care Workforce Funds

The provider agreement shall include the following provisions regarding the use of any funds received pursuant to Article VIII.L.9.:

- i. That the funds shall only be used for the following purposes or to pay for employer payroll tax increases that result from using the funds for one of the following purposes:
 - a) Wage increases;
 - b) Retention/longevity bonuses;
 - c) Performance bonuses;
 - d) Employee paid time off;
 - e) Staff referral bonus;
 - f) Sign on bonus;
 - g) Supplemental payments to workers during the declared state of emergency in response to the COVID-19 pandemic that are above and beyond a worker's normal reimbursement for hours worked.
- ii. That providers must complete making payments to direct care workers within 6 months of receiving the payment from the MCOs they contract with.
- iii. That providers may claim expenditures they made in the 12 months prior to receiving the direct care workforce payment as appropriate uses of the direct care workforce funding.
- iv. That providers must distribute the direct care workforce funding to direct care workers providing services to Family Care and Family Care Partnership, members in Wisconsin.
- v. Providers must submit the signed provider agreement to the MCO within 45 days from when the MCO sent the agreement to the provider to be eligible for the initial direct care workforce payment; and

- vi. Providers that submit the signed provider agreement to the MCO after 45 days will only be eligible for direct care workforce funding distributed after the signed provider agreement was received by the MCO.
- c. **Provider Documentation and Reporting**
The provider agreement shall require the provider, upon acceptance of the above referenced funds, to respond to Department-developed surveys regarding the funds' use and effectiveness, to attest to the manner in which the funds were used, and to retain documentation proving the funds were paid to individual workers.
- d. **Provider Ineligibility for Direct Care Workforce Funding**
 - i. The provider agreement shall specify that when a direct care workforce provider discontinues operations or enters bankruptcy, the provider will not be eligible for direct care workforce payments.
 - ii. Subject to iii. below, the provider is only eligible for direct care workforce funding if they have a contract with the MCO to provide Family Care or Family Care Partnership, services at the time the MCO distributes the direct care workforce funding. Providers that do not have an active service contract with the MCO are not eligible to receive direct care workforce funding.
 - iii. If an MCO discontinues operations in a geographic service region in which the provider is located, providers remain eligible for direct care workforce funding from that MCO if they had a contract with that MCO to provide the specified Family Care or Family Care Partnership services 30 days prior to that MCO discontinuing operations in the geographic service region.
- e. **Changes in Provider Identification**
 - i. The Department will specify information unique to each provider to calculate the amount of direct care workforce funding for each provider. Providers that change or discontinue their unique identifying information will only receive funding after the Department gives the MCO approval to distribute the funding. Providers that change their unique identifying information are required to submit documentation to the MCO that the old and new information belong to the same provider.

L. Payment

9. Direct Care Workforce Payment

To comply with Wis. Stat. § 49.45(47m), the Department may make payments to the MCO, which the MCO shall distribute to direct care workforce providers, under the following terms and conditions:

- a. For purposes of this section, “direct care workforce provider” means a provider of adult day care services, daily living skills training, habilitation services, residential care (adult family homes of 1-2 beds, adult family homes of 3-4 beds, community-based residential facilities, residential care apartment complexes), individual and group supported employment, prevocational employment, vocational futures planning, respite care services provided outside of a nursing home, and supportive home care. Providers of self-directed services are not eligible for direct care

workforce payments for self-directed services. Nursing homes, personal care agencies, and MCOs are not direct care workforce providers under this section.

- b. The Department will divide the total funds allocated under Wis. Stat. §49.45(47m) into amounts per claims period.
- c. The dates by which the Department will make direct care workforce payments to each MCO and the dates of service of the encounters used to calculate each payment will be communicated by the Department.
- d. Encounters submitted after the Department's data pull for the payment calculation in one claims period will be included in the data pull for the payment calculation in a subsequent claims period, as appropriate.
- e. As requested by the Department, the MCO shall submit to the Department a list of the providers and encounters it believes should be included in the Direct Care Workforce funding calculations.
- f. The MCO shall provide the Department a final list of all the direct care workforce providers the MCO contracts with and the providers' encounters. The MCO shall attest that the information they provide is complete and accurate.
- g. To calculate the amount that each MCO needs to pay each provider for each claims period, the Department will:
 - i. Calculate the direct care workforce percentage increase by dividing the direct care workforce funding allocated to the claims period in Article VIII.L.9.b. by the sum of the cost of all direct care workforce encounters within the dates of service for the claims period and, as appropriate, any encounters not included in prior payment calculations. As necessary, the costs from encounters that span more than one claims period will be allocated between periods based on the number of days of service which occurred in each period.
 - ii. Multiply the direct care workforce percentage increase calculated in Article VIII.L.9.g.i. by the sum of all payments the MCO made to the provider.
 - iii. If any provider would receive a Direct Care Workforce payment of less than \$25, the Department shall exclude expenditures from those providers and recalculate the amounts in Article VIII.L.9.g.i. and ii.
- h. The MCO shall distribute to each direct care workforce provider the amount determined by the Department by deadlines established by the Department. The Direct Care Workforce payment will be in addition to the provider's negotiated payment rate. The MCO shall return any direct care workforce payments for providers who have not returned a signed provider agreement according to deadlines established by the Department.
 - i. The MCO shall only distribute direct care workforce payments to those providers from whom the MCO has received a signed provider agreement and whom:
 - ii. The MCO still contracts for provision of services to Family Care or Family Care Partnership members in Wisconsin; or
 - iii. If an MCO discontinues operations in a geographic service region, the MCO had a contract with the provider to provide the specified Family Care or Family Care Partnership services 30 days prior to the MCO discontinuing

operations in the geographic service region in which the provider is located. This provision applies to any successor organization that assumed the financial or legal obligations of the MCO that discontinued operations in the geographic service region.

- j. The Department will specify information unique to each provider to calculate the amount of direct care workforce funding for each provider. The MCO shall not distribute direct care workforce funding to providers that change or discontinue their unique identifying information until the MCO receives the Department’s written approval. Providers that change their unique identifying information are required to submit documentation to the MCO that the old and new information belong to the same provider. The MCO is required to submit this documentation to the Department.
- k. The MCO shall return to the Department any payments to providers that are not accepted by or recouped from providers and notify the Department of the amounts and reason the payments were not accepted or recouped. The Department will include funds returned to the Department in subsequent direct care workforce payment calculations.
- l. The Department will use funds returned to the Department under Article XIII.L.9.k. for future direct care workforce payments.
- m. The MCO shall assist the Department in obtaining the survey responses and attestation required in Article VIII.D.31., from direct care workforce providers who receive payments under this subsection. If directed by the Department, the MCO shall distribute and collect from providers the survey and attestations developed by the Department
- n. The MCO shall provide to the Department the following items by deadlines established by the Department:
 - i. A print out from the MCO accounting system demonstrating the provider payments were made within the required distribution timeline and that the total payments equal the direct care workforce funding the MCO received from the Department. The MCO will include provider-specific explanations for any direct care workforce funding the MCO did not distribute to a provider.
 - ii. A signed attestation that all direct care workforce providers received the funding paid to the MCO by the Department for this purpose.
- o. The MCO shall send all documents they are required to submit to the Department under this section to DHSLTCFiscalOversight@dhs.wisconsin.gov with “Attention: Direct Care Workforce MCO Submission” in the subject line.

State of Wisconsin

Department of Health Services

Authorized Representative

Name: James D. Jones

Title: Medicaid Director

Contractor

Contractor Name: _____

Authorized Representative

Name: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____