

## **Correctional Facility Attestation of Service Requirements**

**Instructions:** Type or print clearly. Submit the completed attestation to the Wisconsin Department of Health Services through the Incarcerated Youth Consolidated Appropriations Act email at

[DHSDMSCAA@dhs.wisconsin.gov](mailto:DHSDMSCAA@dhs.wisconsin.gov).

Correctional Facility Name: \_\_\_\_\_

Contracted Community-Based Provider Name (If Applicable):  
\_\_\_\_\_

The above facility is providing the required pre-release services for eligible youth as outlined by s. 5121 of the Consolidated Appropriations Act, 2023, but is choosing not to enroll in or bill Wisconsin Medicaid as described by the Centers for Medicare & Medicaid Services. This also applies to any contracted community-based provider who is choosing not to enroll in or bill Wisconsin Medicaid.

The facility is attesting that the following service requirements will still be met per Wis. Admin. Code §§ DHS [107.22\(2\)](#) and [107.32](#):

### **HealthCheck Screens**

Refer to the ForwardHealth Online Handbook Comprehensive HealthCheck Screening Components and Periodicity topic #2402 at [forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx](http://forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) for more information about screen components such as:

- Comprehensive health and developmental history, which must include:
  - A health history
  - A nutritional assessment
  - A developmental-behavioral assessment
  - Health education and anticipatory guidance for the member and caregiver
- Comprehensive unclothed physical exam
- Hearing screen
- Vision screen
- Oral assessment
- Appropriate immunizations based on age and health history per guidelines from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices
- Appropriate lab tests, including blood lead level testing when age-appropriate

Refer to the Choosing Appropriate Components for a Member topic #2404 at [forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx](http://forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) for information about appropriate screen components and documentation.

### **Targeted Case Management**

Refer to the A Comprehensive Overview topic #1691 at [forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx](http://forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) for more information about case management services.

- Assessments must include:
  - Identifying information.
  - Making a record of any physical or dental health assessments and if the eligible youth needs additional help.
  - Documenting the multi-disciplinary team evaluation required under Wis. Stat. § 49.45(25) for an eligible youth who is a severely emotionally disturbed child.

- Reviewing the eligible youth's ability to carry out activities of daily living, including moving about, caring for self, doing household chores, and conducting personal business, as well as the amount of help they need.
- Identifying social status and skills.
- Identifying psychiatric symptoms and mental and emotional status.
- Identifying social relationships and support, including:
  - Informal caregivers, such as family, friends, and volunteers
  - Formal service providers
- Identifying significant issues in the eligible youth's relationships and social environment.
- Describing the eligible youth's physical environment, especially relating to safety, mobility in the home, and accessibility.
- Determining the eligible youth's need for housing, residential support, adaptive equipment, and help with making decisions.
- Doing an in-depth financial resource analysis, including identifying health insurance, veterans' benefits, and other sources of financial and similar assistance.
- Identifying whether the eligible youth is employed or in school, if applicable. Include their career goals; rehabilitation, education, and career needs; and if educational, rehabilitation, or career programs are available if they need.
- Documenting legal status, if applicable, including whether there is a guardian, and any other involvement with the legal system.
- Identifying whether the eligible youth has access to community resources that they need or want.
- Assessing drug and alcohol use and misuse, for alcohol and other drug abuse target population recipients.
- Case plan development must include:
  - Identifying problems during the assessment.
  - Making goals the eligible youth wants to achieve.
  - Identifying all formal services the case manager will arrange for the eligible youth, their costs, and the names of the service providers.
  - Developing a support system, including a description of the eligible youth's informal support system.
  - Identifying individuals who helped develop the plan of care.
  - Identifying when and how often the case manager will meet with the eligible youth.
  - Documenting unmet needs and gaps in service.
- Ongoing monitoring and service coordination must include:
  - Performing face-to-face (or virtual) and phone contacts with eligible youth to either assess or reassess their needs or to plan or monitor services.
  - Performing face-to-face (or virtual) and phone contact with collateral contacts (for example, parents, siblings, friends, or foster family) to encourage services and support, advocate on behalf of a specific eligible youth, educate collateral contacts on client needs and the goals and services specified in the plan, and coordinate services specified in the plan. The case manager must document all times they connect with collateral contacts.
  - Recordkeeping needed for case planning, service implementation, coordination, and monitoring. This includes preparing court reports, updating case plans, making notes about case activity in the client file, preparing and responding to correspondence with clients and collateral contacts, gathering data, and preparing application forms for community programs.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature – Contracted Community-Based Provider Staff** (If Applicable):

---

Title – Contracted Community-Based Provider Staff (If Applicable):

---

Date Signed: \_\_\_\_\_