

Comprehensive Community Services (CCS) April Update

Joint Committee on Finance Process

On March 18, 2014, DHS received a letter from the Co-Chairs of the Joint Committee on Finance (Committee) informing the Department that an objection has been raised on the Department's request to release and transfer the \$10.2 million in GPR funds from the Committee to DHS in order to implement Comprehensive Community Services (CCS) on a regional basis statewide. The next step is for the Committee to schedule a hearing. At that hearing, the committee will vote to approve the transfer, reject the transfer, or amend the transfer. The Committee has not yet set a date for the hearing.

The Department is committed to the Governor's plan adopted in 2013 Wisconsin Act 20 to begin funding both the non-federal and federal share of Medicaid allowable CCS program costs beginning July 1, 2014 in counties that elect to deliver CCS on a regional basis, as approved by the Department. The Department will continue to develop the necessary policies and procedures to implement the Governor's plan. DHS will work with members of the Committee to address any concerns they may have and work to obtain their support for program implementation and the funding transfer. Approval from a majority of the Committee is needed before the Department can proceed with actual implementation.

CCS General Email Address

DHS has created a CCS email box where counties/tribes can submit CCS operation questions, expansion questions, requests for technical assistance, etc. The email address is DHSDMHSASCCS@wisconsin.gov. The email box is checked daily and responses will be made in a timely fashion. DHS will be developing a Frequently Asked Question document from questions received at the CCS email box.

Department Approval Process to Provide CCS on a Regional Basis

Counties and tribes interested in Departmental approval to provide CCS on a regional basis must complete three steps outlined in [DMHSAS Information Memo 2014-01](#) to be eligible for the non-federal share of CCS Medicaid costs:

1. *Obtain approval for the CCS regional service model from DHS-DMHSAS;*

Counties and tribes must submit form [F-00944](#) to DHS-DMHSAS for review and approval of the CCS regional service model design. Accompanied with this form should be a copy of the region's

fully executed legal agreement. In answering the questions, the region must fully explain how it intends to serve consumers across the lifespan (children, adults, and elders) and provide both mental health and substance abuse services. Finally, the answers should address how CCS programming is available in each county/tribe in the region. The Department will issue a written decision on the request for approval of the CCS regional service model within 30 days of receipt.

2. *Obtain CCS certification from the Division of Quality Assurance (DQA);*

Non-Certified CCS Counties should engage in training and/or technical assistance from DHS in advance of submitting a CCS certification application to the DQA Behavioral Health Certification Section (BHCS). This step is designed to assure the CCS application packet will be complete upon submission, which may facilitate faster review and processing. Please refer to the DHS website for information on CCS including a schedule of upcoming regional training events:

http://www.dhs.wisconsin.gov/mh_bcmh/ccs/index.htm. In addition, DMHSAS has created an email address for counties and tribes to submit questions about CCS operations, CCS expansion, requests for technical assistance, etc. The email address is DHSDMHSASCCS@wisconsin.gov

Please note that some of the information provided with form F-00944 for DMHSAS review may also need to be provided to DQA for CCS certification. These two steps are distinct and serve different purposes. During the DMHSAS review, the Department is evaluating the proposal as it relates to 2013 Wisconsin Act 20. The Department is determining if the proposal meets the intent of the law in providing CCS on a regional basis. During the DQA/BHCS certification process, the Department is reviewing applications as they relate to Admin. Code. DHS 36. The DQA/BHCS certification process is concluded within 60 days from receipt of a **fully completed** application.

For more information about certification or to request an initial certification application packet, please reference http://www.dhs.wisconsin.gov/mh_bcmh/ccs/ApplicationforCertification.htm

Certified CCS Counties must submit a copy of the DMHSAS Regional Model Approval letter to DQA/BHCS. The assigned surveyor will review the approval letter and information previously submitted to the Department. Additional information may be requested by the surveyor. Upon completion of the DQA/BHCS review, a new program certificate will be issued indicating regional approval and regional model type. The current CCS certification period will not change for counties that are part of a shared services model. DQA/BHCS will notify DHCAA (Medicaid) of the change and new effective date of the regional model.

Please send the Regional Approval Letter to:
DQA Behavioral Health Certification Section
P.O. Box 2969
Madison, WI 53701-2696

Certified CCS Counties should engage in training and/or technical assistance from DHS in advance of submitting a CCS re-certification application to DQA/BHCS. This step is designed to assure the regional CCS applications packet will be complete upon submission.

Population Based Model – Single counties eligible for the population-based model must be certified by DQA/BHCS. Counties that are currently certified (Waukesha) must submit a copy of the DMHSAS Regional Model Approval letter to DQA/BHCS for review. Counties that are not certified (Dane and Milwaukee) must complete the DQA/BHCS certification process.

Existing Regional Models (Wis. Stat. 46.23 or Wis. Stat. 51.42) – Counties eligible for this model because they are a part of an existing multicounty department of community programs or a multicounty department of human services must be certified by DQA/BHCS via the multicounty entity. Multicounty entities that are currently certified (Forrest, Oneida, Vilas; and Lincoln, Langlade, Marathon) must submit a copy of the DMHSAS Regional Model Approval letter to DQA/BHCS for review. Multicounty entities that are not certified (Grant, Iowa) must complete the DQA/BHCS certification process.

Multi-County Model – The multi-county model requires the region in its entirety to be certified by DQA. Each multi-county region must complete the DQA/BHCS certification process.

Shared Services Model – The shared services model requires the each county be individually certified. Counties that are currently certified must submit a copy of the DMHSAS Regional Model Approval letter to DQA/BHCS for review. Counties that are not certified must complete the DQA certification process.

3. Enroll in the Medicaid program and obtain approval from the Division of Health Care Access and Accountability (DHCAA) to bill the Medicaid program for CCS services

Once a region is approved by DQA/BHCS, it must enroll in Medicaid as a certified regional CCS provider. CCS counties/regions may not bill for services until they are Medicaid enrolled. More details on Medicaid coverage of CCS services will be forthcoming in a ForwardHealth Update.

CCS Regionalization Rollout

The Department is considering July 1, 2014 – December 31, 2015 the CCS regionalization rollout period. It is during this period that the Department expects most regions to have completed all three steps listed above in the Department Approval Process. Below are the draft guidelines related to when a region or county can begin receiving the non-federal share of CCS Medicaid costs.

These guidelines balance the need to give counties several opportunities to implement their new models during the rollout period while helping the state meet federal cost reporting requirements. By limiting the number of changes to regional composition throughout the year, the state will be better able to document changes to regional cost structures for federal claiming purposes.

The complexities involved in cost reporting and cost reconciliations are such that DHS needs to limit the number of changes counties can make in their CCS regional design in order to effectively regulate and manage the cost reporting and cost reconciliation processes. Separate cost reports and reconciliations will be needed each time a region changes member counties or changes models, so that direct costs can be accurately reported and non-direct and overhead costs can be consistently and correctly allocated under each version of the region.

Non-Regional CCS Counties - Certified counties that are not part of a region may continue to receive the federal share of CCS Medicaid costs after July 1, 2014 indefinitely or until the county joins a region and completes the steps listed in the Department Approval Process. Any county that becomes CCS certified after July 1, 2014, but does not join a region may receive only the federal share of CCS Medicaid costs. Counties that do not affiliate with a region for the provision of CCS are not eligible for the state funded non-federal share of CCS Medicaid costs.

All Models - Note that when the state commits to providing the GPR portion of CCS costs, counties in the region must commit to providing CCS services as part of their region for the calendar year. Counties may only voluntarily leave a region at the beginning of a calendar year.

New Regional Models - A new region, initially forming, where none of the participating counties are part of an existing region, may begin receiving the non-federal share of CCS Medicaid costs on the first of any month between July 1, 2014 and January 1, 2016, after completing all of the steps listed above. For example, if a region completes all of the steps above on July 18, 2014, then the region could begin receiving the non-federal share of CCS Medicaid costs on August 1, 2014.

Changes to Regional Composition after Initial Implementation

2014	<p>Shared Services Model/Multi-County Model - From July 1, 2014 through December 1, 2014, an established region may make one addition of a county or counties to the region. This will require the new region and county or counties to complete the steps listed in the Department Approval Process. The new region must begin operations on the first of a month.</p> <p>For example, County A and County B complete all of the steps listed above and begin functioning as region on July 1, 2014. County C and County D are not CCS certified by July 1, 2014. County C completes CCS certification on August 15, 2014 and County D completes CCS certification on October 19, 2014. The region has the option to add both County C and County D with a start date of November 1, 2014 or the region could add only County C with a start date of September 1, 2014. If the region chooses the second option, including County C in September, then the next opportunity for County D to join would be January 1, 2015.</p>
2015	<p>All Regional Models – Regions may add counties, remove counties or change regional models at the beginning of calendar year 2015. Any change will require the region to complete the three steps listed in the Department Approval Process. This process must be completed prior to a January 1, 2015 start date.</p> <p>Shared Services Model/Multi-County Model – During calendar year 2015, established regions may make one addition of a county or counties to the region. This will require the new region</p>

	<p>and county or counties to complete the steps listed in the Department Approval Process. The new region must begin operations on the first of a month. This is in addition to any change made on January 1, 2015.</p> <p>Note: The Department recognizes that in a Shared Services Model individual counties will have established unique periods of DQA/BHCS certification. Individual county certification periods will remain as established in the certification process but the “Region” will transition to a unique timeline for funding purposes.</p>
2016	<p>All Regional Models – Beginning January 1, 2016, counties may only be added or removed from an existing region at the beginning of a calendar year (January 1). Existing regions may only change the regional model at the beginning of a calendar year. These changes require the region to complete the three steps outlined in the Department Approval Process.</p>

Rate Setting and Billing

The information included in this section is in draft format. The Department is seeking feedback on the general concepts and principles associated with rate setting and billing for CCS starting July 1, 2014. The official rate setting and billing procedures will be published in a future ForwardHealth Update. Please send your comments to DHSDMHSASCCS@wisconsin.gov by April 18, 2014.

Rate Setting

CCS entities will no longer develop and submit individual rates. Beginning July 1, 2014, the Department will use a statewide max fee rate for CCS rates. These rates will vary by professional type. For example, the max fee for a M.D. might be \$185/hour and the max fee for a bachelor’s level staff might be \$60/hour. The actual rates have not yet been determined. The Department understands that rates vary greatly across the state and the Department intends to set rates that are sufficient so as to not to cause cash flow or major reconciliation problems. The CCS program will still be reconciled to the actual hourly cost by professional type for each county. These changes take effect July 1, 2014

Billing

CCS will no longer use procedure code H2018 for non-residential services. This code required all CCS services provided during the date of service to be combined and billed a one (1) unit. Beginning July 1, 2014, CCS will use procedure codes H2017 and H2018. Procedure code H2017 will be used for all services included in the service array except psychosocial rehabilitative residential support. Services using procedure code H2017 will be billed in 15-minute increments and will use modifiers to identify professional type and whether the service provided is an individual or group service. Procedure code H2018 will be used for psychosocial rehabilitative residential support. Services using procedure code H2018 will be billed on a per diem basis.

Interim Claims for Non-Regional CCS providers

Non-regional CCS providers should submit interim claims using the professional types, modifiers, and units outlined in the forthcoming ForwardHealth Provider Update and will receive the current Federal share of the statewide interim rate.

Interim Claims for Regional CCS providers

For regional CCS providers, interim billing will depend on which regional model the provider is using:

- **Population Based Model:** County should be both billing and rendering provider.
- **Shared Services Model:** Each county in the region should be both billing and rendering provider. A county's rendering provider number should only be submitted on claims for which direct costs were incurred by the county.
- **Multi-County Model:** The region's lead county should be listed as billing provider on all interim claims, while the rendering provider number on the claim should indicate the rendering county that incurred the cost.
- **51.42 Model:** The Wis. Stat. 51.42 legal entity should be listed as the billing and rendering provider on all claims.

The billing and rendering provider numbers will be used to assign interim claims to counties for cost reporting and reconciliation purposes. These provider numbers will be assigned during Medicaid Provider Enrollment. All claims submitted for CCS Regions will receive both the federal and non-federal share of the interim rate.

General Notes Concerning Cost Reporting and Reconciliation

The following represents high-level guidelines related to proper billing and cost reporting by CCS regions and participating counties under the CCS program, effective July 1, 2014. The Department wants to provide the general principles to allow counties to begin to plan for regional operations and to solicit feedback from counties. Please consider the guidelines below as draft. Counties can anticipate additional details and examples in the future.

- Regions may only operate under one regional model during each financial reporting and cost settlement period. The regional model must cover all CCS service areas and contracts for billing purposes. Additionally, counties may not be engaged in multiple regions simultaneously for CCS program participation.
 - This means a single region may not employ a Multi-County model that uses a lead biller to submit certain CCS program claims, while at the same time employing a Shared Services model to submit other CCS program claims.
 - Additionally, a county may not be a member of two regions at the same time.
 - Note that financial reporting and cost settlement periods will represent the same dates of service and, under normal operation, will conform to the calendar year.

- The cost reporting structure for CCS regions represents the summation of county specific costs for participating counties, as relevant for cost reconciliation purposes. This means that each county participating in a CCS regional service model must fulfill county-based cost reporting requirements, for each corresponding fiscal period, in a way that clearly represents the disaggregation of regional CCS costs at the individual county level.
 - As an example, if a county participating in a CCS region wishes to claim direct or indirect costs for reconciliation purposes, then these costs must appear in that county's cost report, or county-specific section of the regional cost report.
 - In a Multi-County region, each county will be provided a section on the cost report to report their individual county costs. In a Shared Services region, each county will submit their own cost report.
 - Note: *cost reporting* is defined as the work conducted by each county or region to fulfill state and federal financial reporting requirements whereas *cost reconciliation* represents activities completed by the Wisconsin Department of Health Services that results in payment to, or recoupment from, the county/region to fulfill CCS cost-based reimbursement under the program.

- Counties are required to clearly state their individual cost structure within the region according to direct cost, indirect cost, and overhead as it relates to each county's claims for billed CCS services. Note that actual indirect cost allocations, not estimates, will be needed for CCS reconciliations.
 - Reported direct costs and CCS service units rendered & billed (per county) must be aligned within a cost report. For example, reported costs per county must have corresponding direct service units billed for proper reconciliation.
 - Counties can only report non-direct or overhead costs if direct costs and billed service units are reported for that county. Non-direct and overhead costs function as an add-on to the direct service unit cost therefore these costs cannot be allocated unless direct costs and corresponding CCS billed services are present.
 - Note: A county may not simply allocate a percentage of their agency overhead costs; actual CCS-related costs must be used.

- Counties have the flexibility to enter into contractual arrangements for service provision either among regional county entities or with non-county contractors. Additionally, a region may contract with a county outside of the region for services. This outside county would be treated as a subcontractor and would not have a county section on the cost report.

- Regional entities operating under Wis. Stat. 51.42 statutory authority are required to both bill 100% of service units and report 100% of costs. Costs should be self-contained in the Wis. Stat. 51.42 entity. The Wis. Stat. 51.42 entity must also report disaggregated costs for each county in the region so that a picture of each county's participation in CCS and other related programs is

known. This will be necessary to satisfy CMS concerns about claiming of costs across Medicaid programs.

- The regional entity or county must maintain CCS documentation in accordance with State Medicaid Rules, Admin. Code. DHS 36.18, and other applicable laws and rules. The regional entity or county must be able to produce documentation upon request from DHS, Single Audit firms, or federal auditors.
- Per unit costs that appear to be outliers will be reviewed for allowability. Regions will be required to provide justification and documentation if rates are exceptionally high. Final policies regarding this review will be published at a later date.

Training

The Department is currently planning training sessions around the state. The trainings are planned for two days. The first day will be from 9:30 – 4:00 and the second day will be from 9:30 – 3:00. More information will be coming shortly.

Please save the following dates:

May 20 & 21: North Central Technical College, Wausau

June 11 & 12: Mendota Mental Health Institute Conference Center, Madison

June 18 & 19: Fox Valley Technical College, Appleton