

**WISCONSIN DEPARTMENT OF HEALTH SERVICES
PROPOSED ORDER TO ADOPT EMERGENCY RULES**

The Wisconsin Department of Health Services (“the department”) proposes an order to: **create** DHS 105.525 and 107.345, relating to child care coordination services.

FINDING OF EMERGENCY

Preservation of the public peace, health, safety, or welfare necessitates adoption of an emergency rule. The office of the inspector general (“OIG”) and the division of medicaid services (“DMS”) found evidence of fraud in the child care coordination (“CCC”) benefit and determined that existing benefit requirements have allowed providers to enter the marketplace who are not offering appropriate services. Due to those findings, the Centers for Medicare and Medicaid Services issued a temporary moratorium restricting new enrollments in prenatal care coordination (“PNCC”) agencies, which also provide CCC services. Restricting enrollments through the moratorium gives the department time to mitigate the potential for fraud in provider enrollment. The moratorium is set to expire on December 6, 2024, without the possibility of further extension. New administrative rules are necessary to mitigate the risk of further fraud in the CCC benefit. Efforts are underway to revise the CCC and PNCC benefits via Statement of Scope SS 037-24, but it will not be possible to promulgate permanent rules for CCC under SS 037-24 before the federal moratorium expires.

Emergency rules are also necessary to ensure eligible members begin receiving high-quality CCC services sooner than when permanent rules under SS 037-24 could take effect. CCC services are an important early intervention strategy to identify and support children at high risk of child abuse and neglect in Milwaukee County and the City of Racine. CCC services include care planning and care coordination for these high-risk children to promote positive parenting, improve health outcomes, and prevent abuse and neglect. Based on department enrollment records, prior to the temporary moratorium, these services were provided to an estimated 3,187 children annually. From March 1, 2024 to May 31, 2024, the number of members receiving services with paid claims was approximately 21, due to the enrollment moratorium and pre-payment integrity reviews conducted by OIG. It is expected that the number of individuals receiving the benefit will increase upon benefit redesign; however, it is not expected to reach pre-moratorium levels due to the estimated number of fraudulent claims submitted prior to the start of the moratorium.

RULE SUMMARY

Statutes interpreted

Section 49.45 (2) (a) 1., 2., 11., and 12., (3) (f) 2., and (44), Stats.

Section 49.46 (1) (a) 1m., (j), and (2) (b) 12. and 12m., Stats.

Section 49.47 (4) (ag) 2., Stats.

Section 49.471 (6) (b), (7) (b) 1. and 2., Stats.

Statutory authority

The department is authorized to promulgate the emergency rule based upon the following statutory sections ss. 49.45 (10), 49.471 (12), and 227.11 (2), Stats.

Explanation of agency authority

The department's authority to administer medical assistance ("MA") is provided in s. 49.45, Stats.

Section 49.45 (2) (a) s. 49.45, Stats., lists the department's duties in administering the state MA program, including all of the following relevant obligations:

- Exercising responsibility relating to fiscal matters and eligibility for benefits under ss. 49.46 to 49.471, Stats. Section 49.45 (2) (a) 1., Stats.
- "[C]ooperat[ing] with federal authorities for the purpose of providing assistance and services under Title XIX to obtain the best financial reimbursement available to the state from federal funds." Section 49.45 (2) (a) 2., Stats.
- Establishing criteria for the certification of providers of medical assistance and promulgating rules to implement that authority. Section 49.45 (2) (a) 11, Stats.
- Decertifying or restricting providers from participating in MA if, after providing appropriate due process, the provider has violated relevant laws and regulations, and promulgating rules to implement this authority. Section 49.45 (2) (a) 11.

Subsection (3) of s. 49.45, Stats., relating to payment, requires that providers of MA maintain records as required by the department for verification of provider claims for reimbursement, and further authorizes the department to deny claims for reimbursement that cannot be verified, and to recover "the full value of any claim" if an audit determines that the actual provision of services cannot be verified or that the service was not covered. Section 49.45 (3) (f) 2., Stats. Subsection (10) of s. 49.45, Stats., further authorizes the department to "promulgate such rules as are consistent with its duties in administering medical assistance" as detailed in the above-cited provisions of s. 49.45, Stats.

Section 49.46 (2). Stats., lists benefits for which "the department shall audit and pay allowable charges to certified providers for medical assistance on behalf of recipients." Section 49.46 (2) (b) 12. and 12m. identify PNCC and CCC as MA reimbursable services. Sections 49.46 (1) (a) 1m., 49.46(1) (j), Sections 49.46 (2) (b) 12m, and 49.471 (7) (b) 1-2., describe eligibility criteria for care coordination services for prenatal and postpartum women and children. Subsection (44) of s. 49.45, Stats., states that certain individuals certified to provide PNCC services who are located in Milwaukee County or the city of Racine may be certified to provide CCC services. Certified CCC providers in Milwaukee County may provide services to children under age 7. Certified CCC providers in the city of Racine may provide services to children under age 2.

Section 49.471, Stats., includes provisions for BadgerCare Plus related to eligibility criteria. Subsection (12) of the statute authorizes the "department to promulgate any rules necessary for and consistent with its administrative responsibilities under this section, including additional eligibility criteria."

Section 227.24 (1) (a), Stats., authorizes an agency to "promulgate a rule as an emergency rule without complying with the notice, hearing, and publication requirements under this chapter if preservation of the public peace, health, safety, or welfare necessitates putting the rule into effect prior to the time it would take effect if the agency complied with the procedures."

Related statute or rule

The following federal statutes and rules directly relate to or address Prenatal Care Coordination (PNCC) and Child Care Coordination (CCC): 42 CFR § 440.169, 42 CFR § 441.18.

Plain language analysis

In accordance with ss. 49.45 (2) (a) 11. and 12., and 49.46 (2) (b) 12. Stats., the department established certification criteria for PNCC providers in s. DHS 105.52, and identified covered PNCC services in s. DHS 107.34. Previously, certified PNCC providers in Milwaukee County and the City of Racine were automatically certified to provide CCC services, and rules did not specify which specific services were covered under the CCC benefit.

Due to substantiated concerns about fraud, waste, and abuse among providers of the CCC benefit, the department ceased certifying CCC providers in accordance with a federal moratorium restricting PNCC and CCC enrollments. Enrollments ceased on November 10, 2023.¹

In order to mitigate the risk of future fraud, waste, and abuse within future CCC provider enrollment and reimbursement for services, the department proposes to create rules to effectuate the intent of ss. 49.45 (44) and 49.46 (2) (b) (12m), Stats. — namely to establish CCC certification criteria and identify covered CCC services. The proposed rules apply in addition to PNCC certification criteria.

Summary of, and comparison with, existing or proposed federal regulations

The Social Security Act, § 1915(g)(1), authorizes Medical Assistance program coverage of case management services. § 1915(g)(2) defines case management services as those assisting individuals eligible under the State plan in gaining access to needed medical, social, educational, and other services.

42 CFR § 440.169 and 42 CFR § 441.18 include requirements for covered case management services and providers.

42 CFR 440.210(a)(2) requires that state medical assistance programs provide, for the categorically needy, pregnancy-related services and services for other conditions that might complicate the pregnancy, including prenatal and postpartum care. 42 CFR § 435.170 extends the eligibility for pregnant women under the MA program.

Comparison with rules in adjacent states

Illinois:

As of August 2023, the state has rules related to Family Case Management for comprehensive service coordination for pregnant women and infants until 12 months of age. Rules are outlined under [Title 77 Illinois Administrative Code Part 630](#) (Maternal and Child Health Services), [325 ILCS 5](#) (Abused and Neglected Child Reporting Act), [405 ILCS 95](#) (Perinatal Mental Health Disorders Prevention and Treatment Act), and [410 ILCS 212](#) (Illinois Family Case Management Act).

Iowa:

As of August 2023, the state has rules under chapter 441 Iowa Administrative Code Chapter 24 for targeted case management provider accreditation. Case Management services are defined under [Iowa Administrative Code 441- 90](#).

¹ DHS Announces New Accountability Measures for Medicaid Providers to Ensure Families Receive Critical, Effective Post-Birth Care Services. <https://www.dhs.wisconsin.gov/news/releases/111023.htm>

Michigan:

As of August 2023, there is no Administrative Code found regarding Michigan's coverage of Maternal Infant Health Program, but it is found in their [Medicaid Provider Manual](#) that outlines their provision of the program which is similar to PNCC.

Minnesota:

Pregnant women are eligible for services under MA under Minn. Stat. ss. 256B.055 subd. 6. and 256B.057 subd. 1. until 12 months postpartum. Minnesota does not appear to have a special program targeted to specific parts of the state like CCC, but "child welfare targeted case management services" are identified in Minn. Stat. s. 256B.094.

Summary of factual data and analytical methodologies

In accordance with s. 227.13, Stats., the department conducted informal consultation and gathered feedback from providers working with a variety of partner organizations. These included federally qualified health centers, county health organizations, and private case management providers, representing a mix of private and public providers. All feedback from the informal consultations was considered by the department and incorporated, as appropriate. Further, the department referenced current federal benefit coverage practice outlined in the Social Security Act under § 1915(g)(2).

Analysis and supporting documents used to determine effect on small business

The most notable effect on small businesses will primarily relate to new administrative rule requirements for background checks for all staff, compliance with fit and qualified criteria for owners and principals, and the need for ongoing training and documentation. During informal consultations with the department, providers indicated that they already conduct background checks on staff and would therefore not expect a significant financial impact resulting from these requirements, but anticipate some limited administrative impact with respect to background check requirements for all staff, compliance with fit and qualified criteria, and the need for ongoing training and documentation. Furthermore, there is no change in the reimbursement amount paid to providers and there is no expected change in utilization as this benefit is simply going from fee-for-service ("FFS") responsibility to the responsibility of both FFS and MA health maintenance organizations. Therefore, there is no expected increase or decrease in Medicaid expenditures.

Effect on small business

Based on the foregoing, the emergency rules are expected to have minimal economic impact on small businesses.

Agency contact person

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Statement on quality of agency data

The data used by the Department to prepare these proposed rules and analysis comply with s. 227.14 (2m), Stats.

Place where comments are to be submitted and deadline for submission

Comments may be submitted to the agency contact person that is listed above until the deadline given in the upcoming notice of public hearing. The notice of public hearing and deadline for submitting comments will be published in the Wisconsin Administrative Register and to the department's website, at

RULE TEXT

SECTION 1. DHS 105.525 is created to read:

DHS 105.525 Child care coordination providers.

(1) PREREQUISITES. For MA certification, an agency that provides child care coordination services under s. DHS 107.345 (1) shall:

- (a) Be an agency under s. DHS 105.52 (1) (a) to (d) or (f) to (o) that is certified to provide prenatal care coordination services. An agency providing services to residents of the city of Racine shall also participate in a program to reduce fetal and infant mortality and morbidity under s. 253.16, Stats.
- (b) Render services to one of the following groups:
 1. Members who are residents of Milwaukee County.
 2. Members who are residents of the city of Racine.

(2) QUALIFIED PROFESSIONALS.

(a) *Qualifications*. In this section, "qualified professional" means any of the following:

1. A nurse practitioner licensed as a registered nurse pursuant to s. 441.06, Stats., and currently certified by the American nurses' association, the national board of pediatric nurse practitioners and associates.
2. A public health nurse meeting the qualifications of s. DHS 139.08.
3. A physician licensed under ch. 448, Stats., to practice medicine or osteopathy.
4. A physician assistant certified under ch. 448, Stats.
5. A licensed clinical social worker certified under ch. 457.08(4), Stats.
6. A registered nurse with at least 2 years of experience in pediatric nursing or community health services or a combination of pediatric nursing and community health services.
7. An employee with at least a bachelor's degree and 2 years of experience in health promotion, health advocacy, health education, case management or care coordination, child/family social work, community outreach, or child welfare or related field.
8. An employee with Infant Mental Health Endorsement from the Alliance for the Advancement of Infant Mental Health or an affiliated state association.

Note: All states affiliated with the Alliance for the Advancement of Infant Mental Health are listed at <https://www.allianceaimh.org/members-of-the-alliance>.

9. A health educator with either of the following:
 - a. A certified Health Education Specialist credential from the National Commission for Health Education Credentialing.
 - b. A master's degree in health education and at least 2 years of experience in health promotion, health advocacy, health education, case management or care coordination, child/family social work, community outreach, or child welfare or related field.

(b) *Required qualified professionals*. To be certified to provide child care coordination services that are reimbursable under MA, the child care coordination agency shall either employ or have under contract a minimum of one qualified professional. Each qualified professional employed or under contract with the agency must have all of the following:

1. At least 2 years of experience in coordinating services for at-risk or low income children and families.
2. The necessary skills to supervise needs assessment and ongoing care coordination and monitoring performed by paraprofessional care coordinators.

(c) *Duties.* Qualified professionals shall do all of the following:

1. Supervise tasks assigned to care coordinators.
2. Administer or review and sign each comprehensive assessment and assessment update performed.
3. Develop the individualized plan of care based on the needs identified in the assessment.
4. Confer as required with the care coordinator regarding the member's progress towards identified goals and outcomes.

(3) QUALIFICATIONS AND DUTIES OF CARE COORDINATORS.

(a) *Qualifications.* Care coordinators shall have the following qualifications:

1. A minimum of a high school diploma or GED.
2. Have the skills, education, experience and ability to fulfill the employee's job requirements.
3. Be at least 18 years old.

(b) *Duties.* Care coordinators shall do all of the following:

1. Perform tasks assigned by the qualified professional supervisor.
2. Report in writing to the qualified professional supervisor on each comprehensive assessment and assessment update administered.
3. Confer as required with the qualified professional supervisor regarding the client's progress towards identified goals and outcomes.

(4) SUFFICIENCY OF AGENCY CERTIFICATION. Individuals employed by or under contract with a child care coordination provider may provide child care coordination services upon the department's issuance of certification to the child care coordination provider under this section. In order to obtain and maintain certification, the child care coordination provider shall do all of the following:

- (a) At the time of hire or contract, and every 4 years after, conduct and document a background check for all care coordinators and qualified professionals following the procedures in s. 50.065, Stats., and ch. DHS 12.
- (b) Maintain a list of all persons who provide or supervise the provision of child care coordination services. The list shall include the credentials of each named individual who is qualified to supervise needs assessment and ongoing care coordination under sub. (3) (b) and (c). A child care coordination provider shall report to the department in writing within 10 business days the names of qualified professionals hired to provide child care coordination services and the termination of qualified professional employees who provided child care coordination services.

(5) FIT AND QUALIFIED DETERMINATION.

(a) In this subsection:

1. "Applicant" means the person seeking MA certification as a child care coordination services provider.
2. "Principal" means an administrator or a person with management responsibility for the agency who owns directly or indirectly 5% or more of the shares or other evidences of ownership of a corporate applicant, a partner in a partnership which is an applicant, or the owner of a sole proprietorship which is an applicant.

- (b) An applicant may not be certified under this section unless the department determines that the applicant and any principal with the agency are fit and qualified to provide child care coordination services, considering all of the following:
1. Whether the applicant or any principal with the agency have convictions for a crime involving any of the following:
 - a. Neglect or abuse of patients.
 - b. Assaultive behavior or wanton disregard for the health and safety of others.
 - c. Delivery of health care services or items.
 - d. Misappropriation, theft, or fraud.
 2. Whether the applicant or any principal with the agency has a finding of abuse or neglect of a client, or misappropriation of client property under s. 146.40 (4r) (b), Stats.
 3. The applicant and any principal with the agency's financial stability, including outstanding debts or amounts due to the department or other government agencies, including unpaid forfeitures and fines, that resulted in bankruptcy under chapter 11 of the United States Bankruptcy Code.
 4. Whether the applicant and any principal with the agency has experience through education or at least one year of continuous work experience in child health and family services.
- (6) ADMINISTRATIVE RECORDS AND REQUIRED DOCUMENTATION.** To be certified to provide child care coordination services under this section, the child care coordination provider shall comply with provider conditions of participation in s. DHS 106.02 (9) and shall submit plan of operation to the department and implement the plan, once certified. The plan of operation shall demonstrate all of the following:
- (a) That the provider is located in the area it will serve.
 - (b) That the provider has a variety of techniques to identify low-income children and families that are appropriate for services under this section.
 - (c) That the provider will provide the name, location, and telephone number of the following resources to individuals in the area to be served:
 1. All of the resources identified in s. DHS 105.52 (4) (c) 1. to 10.
 2. Food programs.
 3. Housing resources and programs.
 4. MA-certified primary care and pediatric providers, including health maintenance organizations participating in the medical assistance program's HMO program.
 - (d) That the provider has the ability and willingness to deliver services and maintain documentation as provided in s. DHS 105.52 (4) (f)., and to arrange for supportive services as provided in s. DHS 105.52 (4) (g).
 - (e) That the provider has the capability to provide ongoing child care coordination monitoring for children and families and to ensure that all necessary services are obtained. This includes:
 1. Coordinating with other health and social service agencies in the service area, including managed care providers and community resource providers, to avoid duplication of services and to facilitate coordination of child care services to clients.
 2. Coordinating with MA-certified primary and pediatric care providers in the service area to communicate the services the child care coordination provider renders, and documenting and retaining these contacts in the provider's administrative records.
 - (f) That the provider hired or contracted at least one qualified professional meeting the criteria in sub. (2).

- (g) The provider's process for referrals, service delivery, assessment, care planning, and follow-up activities.
 - (h) The provider's personnel management and training plan, as required under sub. (7).
 - (i) The provider's quality assurance procedures and documentation requirements.
 - (j) That the provider has adequate resources to maintain a cash flow sufficient to cover operating expenses for 60 days.
- (7) PERSONNEL MANAGEMENT.** The child care coordination provider shall document and implement a personnel management system and training plan, which shall include all of the following:
- (a) The provider's plan to hire, support, and train staff to provide services that are family centered and culturally appropriate.
 - (b) If more than one qualified professional or care coordinator is employed or under contract with the provider, all of the following:
 1. A process for periodically evaluating every care coordinator and qualified professional supervisor employed by or under contract with the provider's in accordance with the provider's quality assurance procedures.
 2. A process for following up on all evaluations with appropriation action to ensure the employee can competently perform all assigned duties.
 - (c) A requirement that no employee or subcontractor may be assigned any duty for which they are not trained. The child care coordination provider shall provide or arrange for training of employed or subcontracted care coordinators as necessary.
 - (d) Procedures for ensuring all qualified professionals and care coordinators receive orientation and on-going instruction. The procedures shall include:
 1. Requirements that orientation and training shall be completed by a qualified professional or care coordinator before they provide services to a member.
 2. The names and titles of persons responsible for conducting orientation and training.
 3. Dates of the trainings and a description of the course content and length of training.
 4. Topics covered in orientation, which shall include training on all of the following, at minimum:
 - a. The goals, mission, and priorities of the provider.
 - b. Specific job duties, including each skill the care coordinator is assigned and a successful demonstration of each skill by the care coordinator to a qualified trainer under the supervision of the qualified professional supervisor. Each job duty must be successfully demonstrated under supervision prior to providing the service to a member independently. The qualified professional or qualified trainer shall document the care coordinator's successful demonstration of each skill and maintain the information in their personnel file.
 - c. The functions of the child care coordination provider staff and how they interrelate and communicate with each other in providing services.
 - d. Health and safety procedures for working in a home environment.
 - e. Responding to medical and non-medical emergencies.
 - f. Ethics, confidentiality of member information, and member rights.
 5. A process for providing instruction when an evaluation of the qualified professional's or care coordinator's performance or competency indicates additional instruction may be needed.
 - (d) Standards for qualified professional supervision of services rendered by a care coordinator, including the frequency and duration of supervision. When supervision reveals a failure to follow the member's care plan, the child care coordination provider shall provide counseling, education or retraining to ensure the care coordinator is adequately trained to complete their job responsibilities. In the case of child care coordinators who are not employees of the child care

coordination provider, a plan specifying all required training, qualifications, and services to be performed in a written care coordinator provider contract between the child care coordination provider and care coordinators, and maintain a copy of that contract on file.

(h) A process for documenting performance of care coordination services by care coordinators by maintaining time sheets of care coordinators which document the types and duration of services provided, by funding source.

(i) Requirements for ongoing training, including all of the following requirements:

1. A minimum of 5 hours of annual training for child care coordination provider staff or contractors who have, or are expected to have, regular and direct contact with participants. Annual training shall be related to early intervention, education, case management, or similar social service continuing education. Training may be in-service training, conferences, workshops, earning of continuing education credits or earning of higher education credits.
2. A process for required additional training, as identified by the supervising qualified professional.
3. A process for documenting staff completion of ongoing training requirements in the employee's file.

(7) MEMBER RECORD. The child care coordination provider shall maintain a confidential file for each member receiving child care coordination services, which includes the following items required or produced in connection with provision of covered services under s. DHS 107.345 (1):

(a) A completed needs assessment.

(b) A care plan.

(c) Completed consent documents for release of information.

(d) A written record of all member-specific child care coordination monitoring, including the dates of service, description of service provided, the staff person doing the monitoring, the contacts made, the length of time, and the results of service provided.

(e) Documentation about any care coordination services provided immediately in urgent situations, including documentation regarding the circumstances and reasons for those services being rendered prior to the initial assessment and care plan.

(f) Documentation regarding referrals from a child care coordination provider to service providers including:

1. The name of the referred provider.
2. The reason for referral.
3. The date the referral was made
4. Any authorizations from the member for release of information.
5. All communication and follow-up on the referral with both the member and the referred provider.

(g) All pertinent correspondence relating to coordination of the member's care.

(9) AGENCY CLOSURE OR DISCHARGE OF MEMBER

(a) Any child care coordination provider that intends to close shall provide written notice to each member, the member's legal representative, if any, the member's attending physician and the department at least 30 business days before closure.

(b) The child care coordination provider shall provide assistance to members in arranging for continuity of necessary services. This includes, but is not limited, to coordination with other child care coordination providers to ensure necessary services identified in the care plan are sustained or initiated.

SECTION 2. DHS 107.345 is created to read:

DHS 107.345 Child care coordination services.

(1) COVERED SERVICES.

(a) Definitions. In this section:

1. "Care coordinator" means an individual who meets the criteria under s. DHS 105.525 (3).
2. "Employee of the child care coordination provider" means a qualified professional or care coordinator employed by, or under contract with, a child care coordination provider certified under s. DHS 105.525.
3. "Qualified professional" means an individual who meets the criteria under s. DHS 105.525 (2).

(b) General.

1. Child care coordination services covered by MA are services described in this section that are provided by an employee of the child care coordination provider to help a member, and when appropriate, the member's family gain access to needed medical, social, educational, and other services identified during the assessment.
2. Child care coordination services are available as an MA benefit to eligible members per s. 49.45 (44), Stats.

(b) Needs assessment. A needs assessment of a member's strengths and needs is a covered child care coordination service. The assessment shall be performed by an employee of the child care coordination provider. The assessment shall be completed in writing and shall be reviewed and finalized in a face-to-face contact with the member. The employee and member must sign the finalized assessment. All assessments performed shall be reviewed and signed by a qualified professional under s. DHS 105.525. The needs assessment shall be performed with the needs assessment criteria developed and approved by the department.

(c) Care planning.

1. Development of an individualized plan of care for a member is a covered child care coordination service when performed by a qualified professional.
2. The member's individualized written plan of care shall be developed with the member and, to the maximum extent possible, in collaboration with the family or other supportive persons.
3. The plan of care shall be signed by the member, qualified professional, and care coordinator.
4. The plan of care shall be updated by the qualified professional in consultation with the care coordinator when necessary or appropriate, and with the member at least every 60 days during the child's first year of life and a minimum of every 180 days thereafter. All updates shall be made in writing and signed by the member qualified professional, and care coordinator.
5. The plan of care shall include all of the following:
 - a. The member's strengths and needs and possible services which will reduce the probability of adverse outcomes.
 - b. All possible needed services related to the needs identified in the assessment, regardless of funding source.
 - c. Identification and prioritization of all needs found during the assessment, with an attached copy of the needs assessment under par. (b).
 - d. Identification and prioritization of all services to be arranged for the member by the care coordinator under par. (b) and the names of the service providers including medical providers.
 - e. A description of the member's informal support system, including collaterals as defined in par. (d) 1., and any activities to strengthen it.
 - f. Identification of individuals who participated in the development of the plan of care.

- g. Arrangements for various services to be made available to the member, the frequency of those services, and the expected outcome for each service.
 - h. Documentation of unmet needs and gaps in service.
 - i. Responsibilities of the family and child.
- (d) *Ongoing care coordination.*
- 1. In this paragraph, "collaterals" has the meaning provided in s. DHS 107.34 (e) 1.
 - 2. Ongoing coordination, either individually or in a group setting, is a covered child care coordination service when performed by an employee of the child care coordination provider. The care coordinator shall confirm whether the services referred were provided to the member, and whether the services provided were consistent with the goals and objectives of the member's care plan. The amount of service provided shall be commensurate with the specific factors addressed in the plan of care and the overall level of need. Ongoing care coordination services include any of the following:
 - a. Information and resources to educate the members and their families about needed services and supports identified in the assessment and care plan. This may include providing information and resources to the member on the referral resource and how it supports goals from the care plan, and ensuring they have the necessary support, resources, and understanding to access and navigate the resources being provided.
 - b. Face-to-face and phone contacts with members and their families for the purpose of determining if arranged services have been received and are effective. This shall include reassessing needs and revising the written plan of care. Face-to-face and phone contact with collaterals are included for the purposes of mobilizing services and support, advocating on behalf of a specific eligible member, informing collateral of member needs and the goals and services specified in the care plan and coordinating services specified in the care plan. Covered contacts also include case specific coordination and collaboration between qualified professionals and paraprofessional care coordinator staff regarding the needs of a specific member. All billed contacts with a member and their family, collateral contacts, and staff collaboration related to the member shall be documented in the member child's care coordination file.
 - c. Recordkeeping documentation necessary and sufficient to maintain adequate records of services provided to the member. This may include updating care plans, making notes about the member's compliance with program activities in relation to the care plan, maintaining copies of written correspondence to and for the member, noting of all contacts with the member and collateral, and preparation of required reports. All plan of care management activities shall be documented in the member's record including the date of service, the person contacted, the purpose and result of the contact and the amount of time spent. A child care coordination provider shall not bill for recordkeeping activities if there was no member contact during the billable month.

(2) LIMITATIONS.

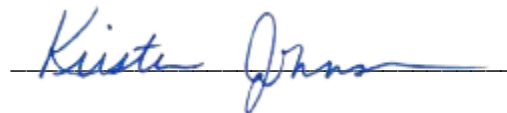
- (a) Reimbursement for needs assessment and development of a care plan shall be limited to no more than one each for a member per 365 days, regardless of any change in provider during that span.
- (b) Reimbursement of a provider for on-going child care coordination provided to a member shall be limited to one claim for each member per month and only after the provider has had contact with the member during the month for which services are billed.
- (c) Child care coordination is available to a member as an inpatient in a hospital only to the extent that it is not included in the usual reimbursement to the facility, such as coordinating housing, supplies, or intervention services for the member upon discharge.

- (d) A child care coordination service provider shall not terminate provision of services to a member it has agreed to provide services for unless the member initiates or agrees to the termination. If services are terminated, the termination shall be documented in writing and the member shall sign the statement to indicate agreement. If the provider cannot contact a member in order to obtain a signature for the termination of services, the provider will document the reason in the member's file as well as all attempts to contact the member. Nothing in this paragraph shall be construed to limit a member's free choice to seek services from another provider.
- (e) When services are provided to multiple members in the same household, a provider may only bill for the actual time spent providing care coordination to each specific member.
- (3) NON-COVERED SERVICES.** Services not covered as child care coordination services are the following:
- (a) Services listed in s. DHS 107.34 (3) (a) to (c), and (f).
 - (b) Care coordination and monitoring not based on the plan of care.
 - (c) Care coordination and monitoring which is not reasonable and necessary to improve child health outcomes.
 - (d) Child day care.
 - (e) Goods and supplies.
 - (f) General classroom instruction and programming commensurate to that licensed or administered by the department of public instruction.
 - (g) Personal care services.
 - (h) Home health services.
 - (i) Supportive home care and respite services.
 - (j) Collateral contacts regarding non-member-specific issues or general program issues.
 - (k) Any other service which is a covered service under this chapter and which is provided by an MA certified or certifiable provider.
 - (L) Any services which constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs.

SECTION 3. EFFECTIVE DATE. This rule shall take effect upon publication in the state newspaper and shall remain in effect as provided in s. 227.24 (1) (c) and (2), Stats.

Wisconsin Department of Health Services

Dated: December 18, 2024

A handwritten signature in blue ink, appearing to read "Kirsten Johnson", is written over a horizontal line.

Kirsten Johnson, Secretary-designee

SEAL: