

Contract Amendment for Children Come First BadgerCare Plus Services

The agreement entered into for the period of July 1, 2013 through June 30, 2015 between the State of Wisconsin acting by or through the Department of Health Services, herein after referred to as the “Department,” and Dane County - Children Come First (“County”) is hereby amended.

1. Article I, I. – Definitions

Add as new definitions:

“Cold Call Marketing” – Any unsolicited personal contact by the County, with the purpose of marketing.

“Marketing” – Any communication, from the County to a Medicaid member who is not enrolled, that can reasonably be interpreted as intended to influence that member to enroll in the County’s program.

“Marketing Materials” – Materials that are produced in any medium, by or on behalf of the County, that can reasonably be interpreted as intended to market to potential members.

“Special Health Care Needs Assessment”- The assessment performed by the County’s appropriately qualified health care professionals to determine a member’s special health care needs and to identify any ongoing special conditions of the member that require a course of treatment or regular care monitoring.

2. Article IV, A – Provision of Contract Services

Add a new #9 and #10:

9. Children Come First, for members ages 18 years and older, must maintain written policies and procedures related to advance directives. Written information provided must reflect changes in state law as soon as possible, but no later than 90 days after the effective date of the change. An advance directive is a written instruction, such as a living will or durable power of attorney for health care, recognized under Wisconsin law (whether statutory or recognized by the courts of Wisconsin) and relating to the provision of such care when the individual is incapacitated. Children Come First must:
 - a. Provide written information at the time of enrollment to all adults receiving medical care through the Children Come First regarding:

- The individual's rights under Wisconsin law (whether statutory or recognized by the courts of Wisconsin) to make decisions concerning such medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives; and
 - The individual's right to file a grievance with the Department of Health Services, Division of Quality Assurance, regarding noncompliance with advance directive requirements. If requested, assist the member in filing a grievance with the Division of Quality Assurance regarding noncompliance with advance directive requirements, and
 - Children Come First's written policies respecting the implementation of such rights.
- b. Document in the individual's medical record whether or not the individual has executed an advance directive.
 - c. Not discriminate in the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive. This provision shall not be construed as requiring the provision of care which conflicts with an advance directive.
 - d. Ensure compliance with the requirements of Wisconsin law (whether statutory or recognized by the courts of Wisconsin) respecting advance directives.
 - e. Provide education for staff and the community on issues concerning advance directives.

10. The County must have written policies regarding member rights, including free exercise of rights without adverse action by the County or the providers. The County must notify members of their rights in the member handbook upon enrollment and annually. The County must comply with any applicable federal and state laws regarding enrollee rights, and must ensure its staff and providers consider those rights when providing services.

3. Article IV, L – Enrollment

Amend to read:

- L. ENROLLMENT----The County shall accept, as enrolled, all persons who appear as members on County Enrollment Reports. Enrollment in the County's Managed Care Program shall be voluntary by the member. Signed and completed enrollment forms will be faxed to the Department's Medicaid Fiscal Agent the

day the County's Community Partnership and Dane County staff determines the child is at imminent risk of out-of-home placement. The Department's Medicaid Fiscal Agent will determine if a member is BadgerCare Plus eligible, through 18 years of age, does not have a nursing home authorization, and is not residing in a psychiatric hospital. The Department's Medicaid Fiscal Agent will have five (5) working days to process the County enrollment to final disposition. Final disposition means that:

1. The County enrollment is approved and updates are applied to the members eligibility segment; or
2. The County enrollment is denied and the County is notified.

If determined eligible, members are enrolled effective on the date the enrollment form is received by the Department's Medicaid Fiscal Agent.

Services can begin immediately. Enrollment can be any day of the month. If the member is enrolled in a BadgerCare Plus HMO, the Medicaid Fiscal Agent Analyst will enroll the member with a start date effective the date the enrollment request was received. By enrolling the member, s/he will automatically be disenrolled from the other BadgerCare Plus HMO, and will receive all non-County provided BadgerCare Plus services on a fee-for-service basis.

The County shall accept referrals of eligible children and adolescents at any time during the time this agreement is in effect. The County will accept BadgerCare Plus members in the order in which they apply without restriction, except as otherwise noted herein. The County will not discriminate against individuals eligible to enroll on the basis of race, color, or national origin, and will not use any policy or practice that has the effect of discriminating on the basis of race, color or national origin.

Enrollment opportunities will remain open and available without restriction within the total enrollment limits set by this Contract, except that the County may set reasonable limits on the number of eligibles to be enrolled on a monthly basis to ensure a manageable rate of growth and ability to provide medically necessary care. The County shall develop a policy with approval from the Department on how to determine which child to serve when there is a waiting list.

A referral can originate from County social workers, parents, other agency staff or Emergency Services Unit staff, schools or community-based providers. A referral is a request to enroll in the wraparound system of care. Requests for services or specific requests for CCF enrollment are directed to CCF or the Emergency Services Unit (most often when screening a child for a voluntary psychiatric hospitalization or an emergency detention). The five (5) steps to enroll a child into CCF are:

- Request for CCF enrollment.
- Administration of a standardized risk assessment tool to determine if the child at risk for out-of-home placement and/or psychiatric hospitalization.
- Determination of severe emotional disturbance (SED).
- Referral of the child to the Community Partnerships for a comprehensive assessment and possible CCF enrollment.
- Community Partnerships determination of the most appropriate service delivery, including possible CCF enrollment with approval from DCDHS.

The County chooses the standardized risk assessment tool for the initial screen; however, the Department must approve the tool. Steps to enroll a child are described below specific to who requested services and the agency that received the request.

Dane County Department of Human Services Ongoing Social Workers:

When a child already has a County social worker, parents, other agencies and youth crisis staff directs requests for CCF services to the child's social worker. The social worker shall review historical records regarding the child and family for the presence of a possible SED. If the child has a documented SED diagnosis, the social worker will administer the standardized risk assessment tool to assess the likelihood that the child will be placed in an institution (the initial screen). If the initial screen meets the predetermined threshold and there is documentation of a SED, the social worker shall refer the case to Community Partnerships.

If there is no documentation of an SED, the social worker shall administer the initial screen. If the child meets the threshold of the initial screen, the social worker shall assist the family in arranging for a certified psychologist or psychiatrist to determine if SED exists. SED verification must occur within 25 business days of the initial screen. If the assessment verifies the presence of an SED, the social worker shall refer the case to the Community Partnerships.

Once referral to Community Partnerships status is reached, the child is required to have a Community Partnerships review the following week unless there is written documentation that the parent waived the Community Partnerships process. Community Partnerships shall review the child and family history leading up to the current situation and the results of the initial screen and determine the most appropriate services and supports for the child and family.

Community Partnerships:

1. Parents, school, staff and community agencies may also contact the Emergency Services Unit of Dane County to initiate a child's enrollment in CCF. In these instances, Youth Crisis staff would contact the CCF intake worker or previously assigned Dane County Department of Human Services ongoing worker and work through the enrollment process as described in the previous section.

2. Emergency Services Worker:

Youth Crisis staff can also request CCF enrollment if the child has a SED and meets the predetermined threshold of the standardized risk assessment tool. Emergency Services Workers then contact the CCF Intake Worker, and work in conjunction with the CCF Intake Worker to facilitate the referral to CCF. The Emergency Services Worker and CCF Intake Worker follow the same procedures for referral outlined above for DCDHS Ongoing Social Workers.

Other requirements related to enrollment include:

1. Timeline:

Once a request for services or a specific request for CCF enrollment is made, a contact with the child and family must be made within five (5) business days. At the initial contact, the County or Emergency Services Worker should administer the standardized risk assessment tool. Within five (5) business days, the worker should determine if there is a SED determination on record. If the child meets both the threshold of the standardized risk assessment tool and the SED determination, the child is referred to the Community Partnerships for review the following week.

If there is no documentation of a SED, the County or Emergency Services Worker has 25 business days to obtain a SED determination. All requests for CCF enrollment should be determined within 30 business days of the initial contact.

2. Parent Notification:

If the parent(s) specifically requests CCF enrollment, the parent(s) shall be able to file a grievance for each step in the enrollment process in which a decision is made. The County is obligated to develop grievance procedures with Department approval. Parent(s) requesting CCF will be provided the grievance procedures in writing. In addition, the parent(s) should be mailed an invitation to participate in the Community Partnerships review. The invitation should inform the parent(s) that a

family advocate is available to accompany the parent(s) to the Community Partnerships as well as the telephone number to Wisconsin Family Ties.

3. Documentation:

Records will be kept on all children with a SED that come before the Community Partnerships. Information recorded includes the following:

- Child's name.
- The person who initially requested services or CCF.
- The agency receiving the initial request.
- Date the SED was verified.
- The person that verified the SED.
- Date the standardized risk assessment tool was administered and the rating.
- The person who administered the standardized risk assessment tool.
- The date the Community Partnerships review was requested.
- The date the Community Partnerships review occurred.
- The result of the Community Partnerships review.

4. Monitoring Process:

Written notifications explaining the results of the Community Partnerships review, and how that decision was made will be sent to all parents with children with a SED. The parent(s) of a child(ren) with a SED who are reviewed by the Community Partnerships will be mailed the policy and procedure to appeal their decision.

The County shall not obtain enrollment through the offer of any compensation, reward, or benefit to the member except for additional mental health-related services, which have been approved by the Department.

4. Article IV, R – Non-discrimination

Add as a new fourth paragraph:

The County will not prohibit or otherwise restrict a healthcare professional from advising or advocating on behalf of a member who is his or her patient:

- For the members' health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
- For any information the member needs in order to decide among all relevant treatment options.
- For the risks, benefits, and consequences of treatment or non-treatment.
- For the members right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about further treatment decisions.

5. Article IV, V.2 – Member Handbook

Add as a new section m.:

m. Enrollment and Disenrollment Rights

The County must:

- Provide notice of the member's enrollment within a reasonable timeframe.
- Notify all members of their disenrollment rights, and their ability to request information on such rights, at a minimum, annually.
- Notify all members, at the time of enrollment, of the member's right to change providers or disenroll for cause.
- Notify all members of their right to request and obtain names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the member service area, including identification of providers not accepting new members, at least once per year. Furnish to all members notice of this information within a reasonable time frame after notice of enrollment.
- Give each member written notice of any change to their disenrollment rights at least 30 days before the intended effective date of the change.
- Furnish to each member the disenrollment rights within a reasonable time frame following notice of the member's enrollment.
- Provide the procedures for obtaining benefits including authorization requirements.
- Provide the extent to which, and how, members may obtain benefits from out of network providers.

6. Article IV, Z – Quality Assessment/Performance Improvement (QAPI)

Add a new #6 and #7 under Z.4.c:

6. The County must submit documentation to the State that it offers an appropriate range of behavioral health services that is adequate for the anticipated number of members in the service area.

7. The County must maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area.

Article IV, Z.4 - Add as a new section d.:

- d. Out of network providers must coordinate with the County with respect to payment. The County must ensure that cost to the member is no greater than it would be if the services were furnished within the network.

Delete Article IV, Z.7.h regarding residual functional capacity evaluations

Add a new section 8 and move current #8 - #10 to #9-#11:

8. Notice of Adverse Action
The notice of adverse action must explain:
 - The action the County or its contractor has taken or intends to take.
 - The reasons for the action.
 - The member or the provider's right to file an appeal.
 - The member's right to request a State Fair Hearing.
 - Procedures for exercising member rights to appeal or grieve.
 - Circumstances under which expedited resolution is available and how to request it.
 - The member's rights to have benefits continue pending the resolution of the appeal, how to request that benefits be continued, and the circumstances under which the member may be required to pay the cost of these services.
 - Written material must use easily understood language and format, be available in alternative formats, and in an appropriate manner that takes into consideration those with special needs.
 - All members and potential members must be informed that information is available in alternative formats and how to access those formats.

7. Article IV, DD – Use of Providers Certified by Medicaid/BadgerCare Program

Add as a new third paragraph:

Federal Financial Participation (FFP) is not available for amounts expended for providers excluded by Medicare, Medicaid, or SCHIP, except for emergency services.

8. Article IV, GG - Coordination and Continuation of Care

Add as a new #13 - #16:

13. Provide names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the member service area, including identification of providers that are not accepting new members. Include any restrictions on the member freedom of choice among network providers. Provide information on the amount, duration, and scope of benefits available under the contract.
14. Provide the procedures for obtaining benefits including authorization requirements.
15. Provide the extent to which, and how, members may obtain benefits from out of network providers.
16. The County must submit documentation to the Department assuring adequate capacity and services to provide Contract required services upon request and as follows, but no less frequently than:
 - At the time the contract is entered.
 - At any time there has been a significant change in the County's operations or provider network that would affect adequate capacity and services, including changes in services, benefits, geographic service area, or payments, or
 - Enrollment of a new population into the County program, with Department approval.

9. Article IV – Functions and Duties of the County

Amend section PP to read:

PP. Services Provided by a Certified Peer Specialist

1. Service

Children Come First may elect to provide behavioral health benefits to eligible members through the use of Certified Peer Specialist providers. Peer Specialists are under the direct supervision of a Children Come First certified clinician. Peer Specialists must be able to participate in multidisciplinary team meetings regarding a participating individual's care. This benefit will be targeted to members age 14 –21 years old with SED or co-occurring SED and substance abuse related disorders. This service will not duplicate any peer specialist services the member may be receiving.

2. Provider Qualification

Children Come First will use peer specialists certified and trained by the State Division of Mental Health and Substance Abuse Services (DMHSAS). This certification includes a requirement that the Peer Specialist be supervised by a

qualified mental health professional. In addition to being certified by DMHSAS, the peer specialist must have a minimum of a high school diploma or GED, must be 18 years of age or older, and have the ability to communicate effectively with peers.

3. Reimbursement

Peer specialist services will be billed under their supervising clinician's NPI, using HCPCS code H0038 – Self-help/peer services. Up to 16 units may be billed per week. A unit is 15 minutes.

Travel time to and from the member visits may not be billed separately; this time is considered covered within the direct time reimbursement.

10. Article X, D – Modification

Amend the second paragraph to read:

If the Department exercises its right to renew this Contract, the Department will recalculate the capitation rate for succeeding calendar years. The County will have 30 days to accept the new capitation rate in writing or to initiate termination of the Contract. If the Department changes the reporting requirements during the contract period, the County will have 180 days to comply with such changes or to initiate termination of the Contract.

11. Article XI, E – Trading Partner requirements under HIPAA

Add as new section d. under Article XI, E.7 – Privacy:

- d. All information, records, and data collected in connection with this Contract shall be protected from unauthorized disclosure as provided in Chapter 49, Subchapter IV, Wis. Stats., HFS 108.01, Wis. Adm. Code, 42 CFR 431 Subpart F and 45 CFR 160, 162, and any other confidentiality law to the extent that these requirements apply.

Dane County – Children Come First	Department of Health Services
Official Signature	Official Signature
Printed Name	Printed Name Kevin Moore, Medicaid Director
Title	Title Medicaid Director Division of Health Care Access and Accountability
Date	Date