WISCONSIN DEPARTMENT of HEALTH SERVICES

Minimum Fee Schedule: Frequently Asked Questions

Providers should work directly with the Managed Care Organizations (MCO) if there are questions or concerns regarding the minimum fee schedule by contacting the email boxes listed below.

- Community Care- MinimumFeeSchedules@communitycareinc.org
- Inclusa and iCare - WIMarketMFS@humana.com
- Lakeland - networkrelationssupport@lakelandcareinc.com
- My Choice - Nicole.Pagliaro@molinahealthcare.com

Questions for the Department of Health Services (DHS) related to the Minimum Fee Schedule should be sent to: DHSMinimumFee@dhs.wisconsin.gov.

Information on the Minimum Fee Schedule, including the current minimum fee rates, recorded webinars and additional resources is located at: https://www.forwardhealth.wi.gov/WIPortal/cms/page/managedcare/HCBSMinimumFee

Quick links to questions

What if my current rate is above the minimum rate? 2

Where can I get a definition of "room and board"? 2

Do the minimum rates include room and board? 2

Right now, care and supervision are bundled with room and board for a single residential rate from MCOs. Will these now be separated? 2

How does a residential provider calculate the full amount they will receive from an MCO under the minimum fee schedule? 2

Is room and board still going to be based on U.S. Department of Housing and Urban Development (HUD) Fair Market Rent (FMR)? 3

How will this impact the IRIS (Include, Response, I Self-Direct) program? 3

Sometimes what is reflected on the adult Long-Term Care Functional Screen (LTCFS) is not how a person functions once they have moved in to a facility. How can this be addressed? 3

Where can I find information about the LTCFS? 3

Is the LTCFS being revamped to add in behavioral challenges? 3

When are functional screens completed for members? 3

Who completes the LTCFS to determine a member's tier? 3

Where are diabetic care needs fitting into the tiers? Insulin administration and continuous glucose monitoring, for example? 4
How do we request the information from an individual's LTCFS? 4
Have MCOs already sent out amended contracts? 4
Will we be given more responsibilities as providers in the new contracts? 4
Corporate 1-2 bed Adult Family Homes (AFH) follow the tiered schedule. What about owner-occupied 1-2 bed AFHs? 4

FAQs

What if my current rate is above the minimum rate?

Providers will only receive an increase based on the minimum fee schedule if their current rate is below the minimum rates for their provider type and for the needs of the members they are serving. For providers currently paid above the minimum rate, MCOs continue to be contractually required to meet members' care needs and that includes paying rates above the minimum when necessary.

Where can I get a definition of "room and board"?

The Family Care contract includes the contractual requirements for room and board. The Family Care contract is found here: https://www.dhs.wisconsin.gov/familycare/mcos/fc-fcp-2024-contract-amend.pdf.

Do the minimum rates include room and board?

No, the minimum rates are only for care and supervision.

Right now, care and supervision are bundled with room and board for a single residential rate from MCOs. Will these now be separated?

The minimum fee schedule does not require MCOs to separate care and supervision from room and board. MCOs can still pay a single residential rate. MCOs may also choose to unbundle room and board from care and supervision.

How does a residential provider calculate the full amount they will receive from an MCO under the minimum fee schedule?

The minimum rates are only for care and supervision. MCOs are required to calculate every member's room and board obligation, collect this obligation, and give it to the residential facility on behalf of the member. Room and board is not a Medicaid-coverable expense and MCOs are not required to supplement room and board payments.

In these cases, the provider's total funding from the MCO would be at least the total of the minimum rate plus the member's room and board obligation. DHS will be enforcing the minimum fee schedule by monitoring that MCOs are paying at least that amount.

Is room and board still going to be based on U.S. Department of Housing and Urban Development (HUD) Fair Market Rent (FMR)?

There is no change to the room and board requirements in the Family Care and Family Care Partnership programs.

How will this impact the IRIS (Include, Response, I Self-Direct) program?

The Minimum Fee Schedule does not apply to IRIS. IRIS participants negotiate their own rates within their budget.

Sometimes what is reflected on the adult Long-Term Care Functional Screen (LTCFS) is not how a person functions once they have moved in to a facility. How can this be addressed?

MCOs continue to be contractually required to meet members' care needs and that includes paying rates above the minimum when necessary. Providers can negotiate with MCOs as they do today if the member's needs on the functional screen do not fully capture the member's care needs. Further, providers can work with their contracted MCO if they believe the functional screen has not been completed accurately.

Where can I find information about the LTCFS?

Information about the LTCFS can be found at https://www.dhs.wisconsin.gov/functionalscreen/index.htm.

Is the LTCFS being revamped to add in behavioral challenges?

The minimum fee schedule tiers and rates were developed with the information currently available in the LTCFS. There have been no changes to the criteria for when screeners select behaviors on the LTCFS.

When are functional screens completed for members?

At a minimum, all members receive a LTCFS annually. This is consistent with current and existing contractual requirements.

Who completes the LTCFS to determine a member's tier?

The LTCFS is completed by the MCO. The LTCFS system then automatically calculates the tier.

Where are diabetic care needs fitting into the tiers? Insulin administration and continuous glucose monitoring, for example?

Diabetic care needs are not a component of the tiers.

How do we request the information from an individual's LTCFS?

Providers will see the individual's tier assignment on their authorization from the MCO. Providers can also request a report that shows the residential tier directly from their contracted MCO without a release of information. To request the full LTCFS, the member or their legal decision maker would need to consent and agree to sign a release of information.

Have MCOs already sent out amended contracts?

MCOs have started to send out contract amendments.

Will we be given more responsibilities as providers in the new contracts?

The minimum fee schedule should not change the responsibilities under the contract.

Corporate 1-2 bed Adult Family Homes (AFH) follow the tiered schedule. What about owner-occupied 1-2 bed AFHs?

The minimum payment rates for owner-occupied 1-2 bed AFHs are to be no less than the equivalent of the 15-minute MCO-directed supportive home care (SHC) minimum payment rate ($6.38 per 15 minutes), multiplied by the 15-minute units of time needed to provide care and active supervision to the member as specified in their plan of care.

Active supervision is defined as intervention by an in-person caregiver needed to maintain the health and safety of the member or others. Active supervision is generally used during periods of noncompliance or behavioral outbursts that cause risk to the health and safety of the member or others and require the caregiver to take action needed to re-direct the member to stop unwanted behaviors and return to baseline behaviors. Verbal cues and companionship are not considered active supervision. For the purposes of enforcement, DHS considers that the equivalent 15-minute units of care and active supervision provided to more than one member at a time should be divided by the number of members present.