This Update has been revised since its original publication. The revised information appears in red text on page 6.

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ForwardHealth UPDATE

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NEW ENROLLMENT REQUIRED FOR CHILD CARE COORDINATION SERVICES

Wisconsin is making changes in 2025 for child care coordination (CCC) service providers.

First, beginning February 1, 2025, prenatal care coordination (PNCC) providers currently enrolled with Wisconsin Medicaid can begin a second enrollment as CCC providers on the ForwardHealth Portal (the Portal).

CCC services are only available to Medicaid and BadgerCare Plus members who live in Milwaukee County or the city of Racine.

PNCC providers who are currently providing CCC services must enroll under the new CCC provider type by June 30, 2025, to continue to be reimbursed for those services by ForwardHealth.

Second, beginning July 1, 2025, Wisconsin Medicaid HMOs will reimburse contracted providers for CCC services provided to BadgerCare Plus and Medicaid members in their health plans. CCC

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Child Care Coordination Providers, Prenatal Care Coordination Providers, HMOs and Other Managed Care Programs

QUICK LINKS

- ForwardHealth Portal
- Provider Enrollment Information homepage
- Resources for Child Care Coordination Services page
- Trainings page
- Forms page

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(44).

WISCONSIN DEPARTMENT of HEALTH SERVICES

providers **must** have a contract with a member's HMO prior to providing services to be reimbursed.

Refer to the Attachment to this Update for a detailed CCC services timeline.

> **Beginning February 1, 2025, prenatal care coordination (PNCC) providers currently enrolled with Wisconsin Medicaid can begin a second enrollment as CCC providers on the ForwardHealth Portal.**

This ForwardHealth Update describes the new CCC enrollment policy, its requirements, and how providers enroll with Wisconsin Medicaid using the Portal. It also includes more information about contracting with Medicaid HMOs:

- Overview
- Provider Requirements for Enrollment
- Wisconsin Medicaid Enrollment Process
- Resources
- Document Retention

An Update will be published in early summer 2025 to provide additional policy information about the changes that will become effective July 1, 2025, including:

- Covered and noncovered services.
- Claim submission.
- Reimbursement.

Only CCC services are impacted by the upcoming enrollment and billing policy changes described in this Update. PNCC requirements are not changing at this time. Enrolled PNCC providers may continue to provide and bill for PNCC services under the PNCC provider type before and after July 1, 2025.

Overview

ForwardHealth created a CCC provider type separate from the PNCC provider type to:

- Clearly describe the specific qualifications for CCC.
- Distinguish CCC provider qualifications and services from PNCC qualifications and services.

Per Wis. Stat. § 49.45(44), CCC services are available for eligible members in Milwaukee County and the city of Racine.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(44).

Enrolling as a Child Care Coordination Provider

Beginning February 1, 2025, providers who are already enrolled under the PNCC provider type may enroll with Wisconsin Medicaid as CCC providers under the new CCC provider type on the Portal. Being enrolled and meeting CCC requirements is necessary for these providers to start or continue to provide covered CCC services to Medicaid and BadgerCare Plus members after July 1, 2025.

Providers who are not currently enrolled as PNCC providers but who are interested in providing CCC services must go through two steps to enroll:

- First, enroll with Wisconsin Medicaid under the PNCC provider type. Providers must do this even if they do not intend to actively provide PNCC services.
- Second, enroll as a CCC provider under that provider type and meet the CCC provider requirements detailed in this Update.

Newly enrolled CCC providers may begin providing and billing for covered services on July 1, 2025.

Instructions about how to enroll are included in the Wisconsin Medicaid Enrollment Process section. Providers can contact Provider Services at 800-947-9627 with questions about the enrollment process.

Contracting With HMOs

Current PNCC providers may continue to provide and bill for CCC services until June 30, 2025.

Starting July 1, 2025, all CCC providers must have a contract with a Wisconsin Medicaid HMO to be reimbursed for services provided to their members. Before pursuing a contract with an HMO, providers must first be enrolled in the CCC provider type with Wisconsin Medicaid.

PNCC providers must continue to have a signed memorandum of understanding with HMOs in their county service area to provide PNCC services. To provide and be reimbursed for CCC services as enrolled CCC providers, they must also have a contract with members' HMOs.

The Child Care Coordination Enrollment Provider Checklist provides more information about contracting with HMOs to provide services to their members. Providers should save a copy of their signed provider agreement with each HMO that describes reimbursement for services.

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Provider Requirements for Enrollment

Overall Provider Enrollment Criteria

To become a CCC provider with Wisconsin Medicaid, a provider must:

- Be enrolled as a PNCC provider.
- Meet all agency, owner, qualified professional, and care coordinator qualifications.
- Meet requirements for documentation and agency administration prerequisites.

Providers who serve members in the city of Racine are still required to participate in a program under Wis. Stat. § 253.16 to reduce fetal and infant mortality and morbidity. This is an existing CCC statutory requirement.

Organizations That Can Enroll as Child Care Coordination Providers

Examples of provider entities, groups, or organizations that can enroll as CCC providers include:

- Community-based health organizations
- Community-based social services agencies or organizations
- County, city, or combined city and county public health agencies
- County departments of human services under Wis. Stat. § 46.23, or social services under Wis. Stat. §§ 46.215 or 46.22
- Home visiting programs as defined under 42 USC 711
- Federally qualified health centers as defined in 42 C.F.R. § 405.2401
- Independent physician associations
- Hospitals
- Physicians' offices or clinics
- Rural health clinics certified under Wis. Admin. Code § DHS 105.35
- Tribal agency health centers
- Local agencies that participate in the Special Supplemental Nutrition Program for Women, Infants, and Children as described under 42 USC 1786

Ownership Criteria and Requirements

For the provider to be certified to provide CCC services, **each person with an ownership or control interest in the organization must meet certain requirements**.

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Per 42 C.F.R. § 455.101, a "person with an ownership or control interest" means a person or corporation that meets one of these criteria:

- Has an ownership interest totaling 5% or more in a disclosing entity.
- Has an indirect ownership interest equal to 5% or more in a disclosing entity.
- Has a combination of direct and indirect ownership interest equal to 5% or more in a disclosing entity.
- Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or asset of the disclosing entity.
- Is an officer or director of a disclosing entity that is organized as a corporation.
- Is a person in a disclosing entity that is organized as a partnership.

Not all organizations may have a person or persons who meet the definition of an owner. For example, many county-run health and human services department provider agencies operate without an individual who has an ownership or control interest. Other organizations, such as community-based agencies, may have an agency owner or multiple owners working in a partnership.

Criteria Owners Must Meet for Their Organization to be a Child Care Coordination Provider

Specific criteria determine whether any person with an ownership or control interest in the agency is fit and qualified to operate a CCC agency:

- The owners have the required experience through education or at least one year of continuous work experience in child health and family services.
- The owners are financially stable and do not have outstanding debts or amounts due to the Wisconsin Department of Health Services (DHS) or other government agencies, including unpaid forfeitures and fines, that resulted in Chapter 11 bankruptcy.
- The owners do **not** have criminal convictions involving any of the following:
  - Neglect or abuse of patients
  - Assaultive behavior or wanton disregard for the health and safety of others
  - Delivery of health care services or items
  - Misappropriation, theft, or fraud

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- The owners do not have findings of abuse or neglect of a client or misappropriation of client property under Wis. Stat. § 146.40(4r)(b).

Qualified Professionals

CCC agencies must employ or contract with at least one qualified professional to maintain certification, similar to PNCC agencies. Agencies are required to report changes in qualified professional staff or contractors, whether hiring or terminating, to ForwardHealth within 10 business days using the Demographic Maintenance Tool on the Portal.

Each qualified professional must have a minimum of two years of experience in coordinating services for at-risk or low-income children and families and the necessary skills to:

- Oversee the member's needs assessment and ongoing care coordination and monitoring.
- Supervise care coordinators.
- Develop the member's plan of care based on needs identified in the assessment.

The table below lists individuals who are eligible to meet the requirements for a CCC qualified professional.

INDIVIDUALS QUALIFIED TO BE A CHILD CARE COORDINATION QUALIFIED PROFESSIONAL

Individual	Required Credentials
Nurse Practitioner	• Licensed as a registered nurse pursuant to Wis. Stat. § 441.06 and currently certified by the American Nurses Association, the Pediatric Nursing Certification Board
Public Health Nurse	• Meets the qualifications of Wis. Admin. Code § DHS 139.08
Physician	• Licensed under Wis. Stat. ch. 448 to practice medicine or osteopathy
Physician Assistant	• Certified under Wis. Stat. ch. 448
Licensed Clinical Social Worker	• Certified under Wis. Stat. § 457.08(4)

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INDIVIDUALS QUALIFIED TO BE A CHILD CARE COORDINATION QUALIFIED PROFESSIONAL	
Individual	**Required Credentials**
Registered Nurse	• Has at least two years of experience in pediatric nursing, community health services, or a combination of pediatric nursing and community health services
Employee	• Either: • Has at least a Bachelor's degree and two 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 • Has Infant Mental Health Endorsement (IMH-E)
Health Educator	• Both: • Certified Health Education Specialist credential from the National Commission for Health Education Credentialing • Has a Master's degree in health education and at least two 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

Care Coordinators

CCC agencies that employ or contract care coordinators must ensure they:

- Are at least 18 years old.
- Have a minimum of a high school or GED diploma.
- Have the skills, education, experience, and ability to fulfill the employee's job requirements.
- Are trained under the CCC agency's training plan and assigned skills before serving members.

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Child Care Coordination Staff Administrative and Documentation Requirements

ForwardHealth requires CCC providers to meet certain criteria to provide and bill for services. Each CCC provider agency:

- **Must obtain and document employee background checks** following the procedures in Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12 for all agency staff. Background checks must be conducted at the time of hire or contract, and every three years thereafter.
- **Must maintain a list of all agency staff and contractors who provide or supervise CCC services**. The list must include the credentials of all listed qualified professionals. Report any changes to qualified professionals to DHS within 10 business days.

Documentation Providers Must Submit as Part of Child Care Coordination Enrollment

Providers are required to upload certain documentation during enrollment as part of the application process, including:

- Ownership documentation
- A Personnel Management and Training Plan
- A Plan of Operation

Ownership Documentation

Providers must submit documentation that each CCC agency owner and person with a controlling interest has experience to run such an agency through education or at least one year of continuous work experience in child health and family services.

Personnel Management and Training Plan

A documented and implemented personnel management and training plan for all employed and contracted care coordination staff, including qualified professionals, must be submitted as part of provider enrollment. The plan must include:

- The provider's plan to hire, support, and train staff to provide services that are family centered and culturally appropriate.
- A requirement that all employees or subcontractors may only be assigned duties for which they're trained. The provider must train or arrange for training for care coordinators as necessary.

THE KEY MESSAGE

Providers are encouraged to upload documents during the enrollment process to avoid a delay of the enrollment effective date.

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- Procedures for qualified professional and care coordinator orientation and on-going instruction. The procedures must include:
  - The names and titles of people responsible for conducting orientation and trainings.
  - Training dates, description of the course content, and length of training. (Note: Orientation and training must be completed by a qualified professional or care coordinator before they provide services to a member.)
  - Topics covered in orientation, which must include at minimum:
    - The goals, mission, and priorities of the provider.
    - 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.
    - The functions of the CCC provider staff and how they interrelate and communicate with each other in providing services.
    - Health and safety procedures for working in a home environment.
    - Responding to medical and non-medical emergencies.
    - Ethics, confidentiality of member information, and member rights.
  - 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.
- 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 CCC provider must provide counseling, education, or retraining to ensure the care coordinator is adequately trained to complete their job responsibilities.
  - In the case of care coordinators who are not employees of the CCC provider, a plan specifying all required training, qualifications, and services to be performed in a written care coordinator provider

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contract between the CCC provider and care coordinators and maintain a copy of that contract on file.

- A process for documenting performance of care coordination services by care coordinators by maintaining time sheets of care coordinators that document the types and duration of services provided by funding source.
- Expectations for ongoing training, including requirements that reflect:
  - A minimum of five hours of annual training for CCC provider staff or contractors who have, or are expected to have, regular and direct contact with participants. Annual training must 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.
  - A process for required additional training, as identified by the supervising qualified professional.
  - A process for documenting staff completion of ongoing training requirements in the employee's file.

Additionally, if the provider has more than one qualified professional or care coordinator (either employed or under contract) then the personnel plan must include:

- A process for periodically evaluating every care coordinator and qualified professional supervisor employed by or under contract with the providers in accordance with the provider's quality assurance procedures.
- A process for following up on all evaluations with appropriate action to ensure the employee can competently perform all assigned duties.

Plan of Operation

The agency must also upload documentation of the implemented plan of operation. This operations plan must describe that the CCC provider:

- Is located in the area it will serve.
- Has a variety of techniques to identify low-income children and families who are appropriate for services.
- Hired or contracted at least one qualified professional who meets criteria in EmR2421 Rule Text.
- Has a process for referrals, service delivery, assessment, care planning, and follow-up activities.

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- Will provide the name, location, and phone number of the resources to individuals in the area to be served, including:
  - All of the resources identified in Wis. Admin. Code § DHS 105.52(4)(c)1–10.
  - Food programs.
  - Housing resources and programs.
  - Medicaid-certified primary care and pediatric providers, including HMOs participating in the medical assistance program's HMO program.
- Has the ability and willingness to deliver services and maintain documentation as provided in Wis. Admin. Code § DHS 105.52(4)(f) and to arrange for supportive services as provided in Wis. Admin. Code § DHS 105.52(4)(g).
- Has the capability to provide ongoing monitoring of CCC for children and families that ensures that all necessary services are obtained. This includes coordination with health and social services to avoid service duplications and to facilitate coordination of child care services to clients. It also includes communicating about the services the CCC provider offers to Medicaid-certified primary and pediatric care providers in their service area. Contacts with all of these entities must be documented and retained in the provider's administrative records.
- Has quality assurance procedures and documentation requirements.
- Has adequate resources to maintain a cash flow sufficient to cover operating expenses for 60 days.

Enrollment Forms and Required Documentation

ForwardHealth has created forms for documenting the personnel management and training plan and plan of operation:

- Child Care Coordination Personnel and Training Plan, F-03362 (02/2025)
- Child Care Coordination Plan of Operation, F-03361 (02/2025)

These forms can be found by searching for the form number on the Forms page of the Portal. Use of these forms is optional, but they will help providers to submit information. Documentation provided in a different format than these forms must include the required content; otherwise, a provider's enrollment may not be successful.

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Wisconsin Medicaid Enrollment Process

Enrollment Resources on the Portal

Enrollment information for CCC providers is available on the Portal. On the Provider Enrollment Information page, providers should select Information for Specific Provider Types on the left side of the screen, scroll down the list to Child Care Coordination, and click on the + sign.

The Child Care Coordination Enrollment Provider Checklist walks providers through the enrollment process step-by-step, including submission of the documentation described above.

How to Enroll as a Child Care Coordination Provider

Existing Medicaid-enrolled providers must apply as "new enrollees" when applying for CCC. To enroll in Wisconsin Medicaid as a CCC provider:

1. Access the Portal.
2. Select the Become a Provider link on the left side of the Portal homepage. The Provider Enrollment Information page will display.
3. On the upper left side of the Provider Enrollment Information page, click Start or Continue Your Enrollment Application.
4. In the To Start a New Medicaid Enrollment box, click Medicaid/Border Status Provider Enrollment Application.
5. Click **Next** after reading the instructions.
6. On the Type of Applicant panel, select Organization.
7. Navigate through the enrollment wizard, entering or selecting the applicable information and clicking **Next** to continue.
8. On the Provider Type panel, select **Child Care Coordination Provider.**
9. Continue through the enrollment wizard panels to completion.

Notice of Enrollment Decision

Once a provider starts the application process, they will have 10 business days to complete it. ForwardHealth considers an application complete when the provider has correctly submitted all required information and all supplemental documents.

If the application is not completed within 10 business days, the provider will need to restart the application process.

ForwardHealth will notify the provider of their enrollment status within 60 days and usually within 10 business days.

TRAINING AVAILABLE

The recorded Child Care Coordination Provider Enrollment Training session is available on the Trainings page of the Portal.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(44).

If the enrollment application is denied, ForwardHealth will send a letter to the applicant giving the reasons for the denial.

If the enrollment application is approved, ForwardHealth will enroll the provider and send a welcome letter to a Medicaid-enrolled provider with:

- A copy of the provider agreement.
- An attachment containing important information such as effective dates and the assigned provider type and specialty.

Enrollment Effective Date

ForwardHealth will base the effective date of a provider's enrollment on the date it receives the complete and correct enrollment application materials. A provider should not provide services before the effective date of their enrollment.

The date the applicant submits their online provider enrollment application to ForwardHealth is the earliest effective date possible and will be the effective date if both of the following are true:

- The applicant meets all applicable screening, licensure, certification, authorization, or other credential requirements on the date of submission.
- ForwardHealth receives required supplemental documents that were not submitted as part of the enrollment process within 30 calendar days of the date the enrollment application was submitted.

To avoid a delay of the enrollment effective date, providers are encouraged to upload documents during the enrollment process.

If ForwardHealth receives any applicable supplemental documents more than 30 calendar days after the provider submits the enrollment application, the provider's effective date will be the date all supplemental documents are received by ForwardHealth.

Establishing a Portal Account

Establishing a Portal account allows providers to keep information current with ForwardHealth. Providers may update information, check a member's eligibility, and submit claims for fee-for-service members through the Portal.

Note: Claims for HMO members will be submitted through their respective HMO. A future Update will include additional CCC claims guidance.

Providers can refer to the ForwardHealth Provider Portal Account User Guide, P-00952 (PDF) for steps to request Portal access.

REMINDER

ForwardHealth requires providers to follow all existing policies and procedures in the ForwardHealth Online Handbook.

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Adding Multiple Organizations or Enrollments

Portal users with an administrative account may add multiple organizations to an existing Portal account. This feature allows providers to manage multiple organizations—or multiple enrollments—within one Portal account. To do so, providers with multiple organizations or enrollments must switch between different organizations or enrollments as appropriate for each transaction.

The ForwardHealth Provider Portal Account User Guide provides information on setting up Portal accounts.

Demographic Maintenance

Once enrolled, it is the provider's responsibility to update their information, such as addresses and financial information, through the Portal demographic maintenance tool. This tool may also be used to meet the requirement to report changes to qualified professional staff and/or contractors to DHS within 10 business days of hiring or termination.

The ForwardHealth Portal Demographic Maintenance Tool User Guide, P-00953 (PDF), provides information on updating information using the demographic maintenance tool.

Resources

ForwardHealth encourages providers to use these resources on the Portal to help them succeed in doing business.

Resources for Child Care Coordination Services Page

The Resources for Child Care Coordination Services page has the most up-to-date information about the project, timelines, and resources.

Training

Providers can go to the Trainings page of the Portal for additional information. For help enrolling in Wisconsin Medicaid, they can refer to the:

- Child Care Coordination Provider Enrollment Training.
- Child Care Coordination Enrollment Provider Checklist.

User Guides and Instruction Sheets

Portal user guides and instruction sheets offer step-by-step instructions on how to work through various functional areas of the Portal.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(44).

Updates and Online Handbook

The Update is the first source of provider information and announces the latest information on policy and coverage changes.

Providers should refer to the Online Handbook in conjunction with published Updates for changes to policy information. ForwardHealth requires providers to follow all existing policies and procedures in the Online Handbook.

Portal Messaging and Email Subscription

ForwardHealth sends Portal account messaging and email subscription messaging to notify providers of newly released Updates.

Portal Account Messaging

Providers who have established Portal accounts will automatically receive notifications from ForwardHealth in their Portal Messages inbox.

Email Subscription Messaging

Providers and other interested parties may also register to receive email subscription notifications. Refer to the ForwardHealth Portal Email Subscription User Guide, P-00954 (PDF), for instructions on how to sign up for email subscriptions. **There is a specific Child Care Coordination email subscription list**.

Provider Services

Provider Services offers program and service-specific assistance to providers. For answers to enrollment and policy questions, call Provider Services at 800-947-9627.

As a supplement to Provider Services, WiCall is an automated voice response system that allows direct access to enrollment information. To reach WiCall, call 800-947-3544 and press "1" to begin.

IN THE KNOW

Stay current by signing up for ForwardHealth's email subscription service. Select from a list of service areas to receive policy, training, and benefit information specific to those areas.

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Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

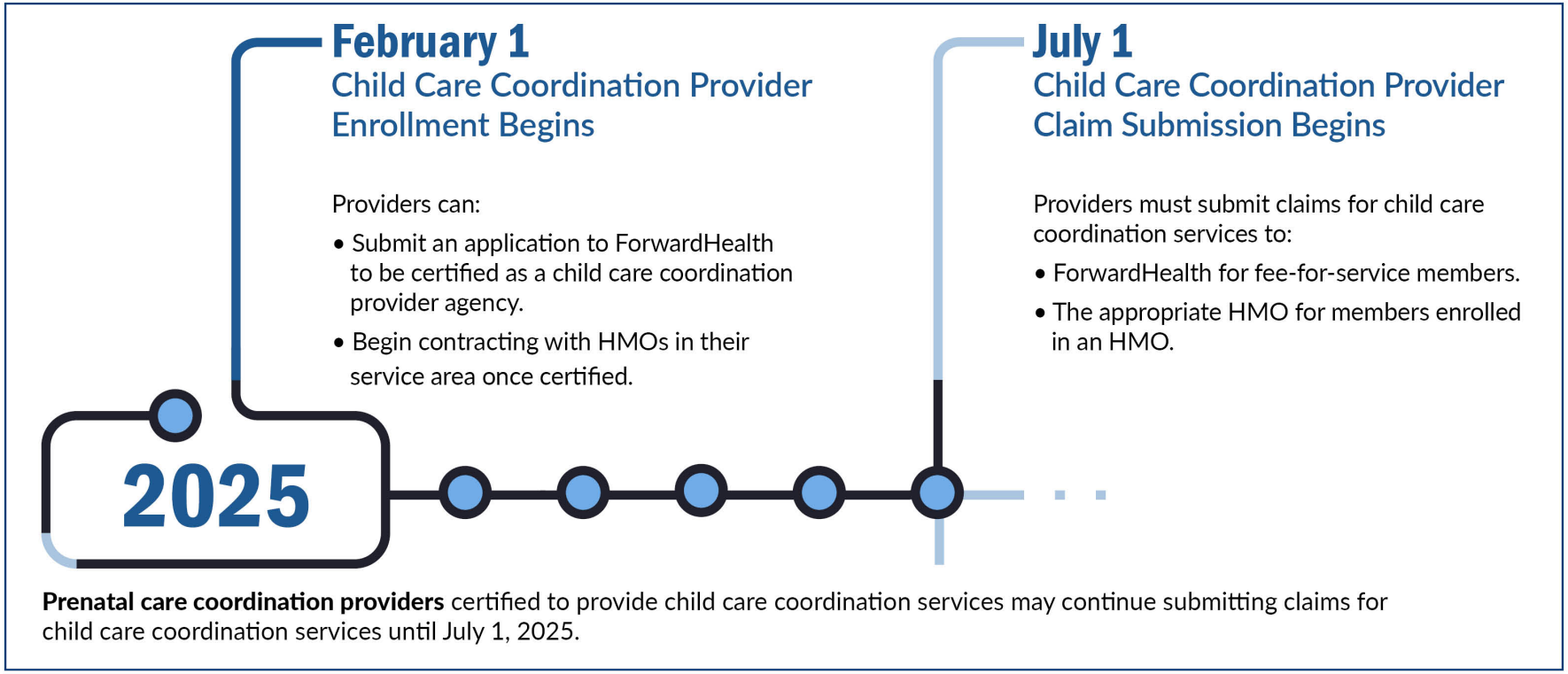
CONTACT INFORMATION

Professional Field Representatives can help providers with complex enrollment, policy, and billing questions. Field representatives are located throughout the state to offer detailed assistance to all ForwardHealth providers and all ForwardHealth programs.

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This Update was issued on February 3, 2025, and information contained in this Update was incorporated into the Online Handbook on July 1, 2025.

ATTACHMENT
Child Care Coordination Services Timeline



Prenatal care coordination providers certified to provide child care coordination services may continue submitting claims for child care coordination services until July 1, 2025.

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