



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

Jennifer Bowdoin
Director, Division of Community Systems Transformation
Center for Medicare and Medicaid Services
7500 Security Boulevard
Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

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Re: Wisconsin's ARPA HCBS Quarterly Narrative and Spending Plan Update for 2023 Q3

Per the requirements outlined in the State Medicaid Director letter 21-003 regarding receipt of enhanced federal matching funds (EFMAP) to support Medicaid home and community-based services (HCBS) as outlined under Section 9817 of the American Rescue Plan Act of 2021 (ARPA), Wisconsin must submit quarterly updates to its federally approved ARPA HCBS spending plan and narrative. This quarter, as required per CMS guidance, Wisconsin is submitting both an updated spending plan and narrative.

On June 24, 2021, Wisconsin submitted its initial Spending Plan and Narrative, and provided additional information on August 12, 2021. On September 3, 2021, Wisconsin received conditional approval of its ARPA HCBS Spending Plan. Wisconsin submitted quarterly updates to its ARPA HCBS Spending Plan and Narrative on November 1, 2021 (2022 Q2) and February 1, 2022 (2022 Q3), and then submitted in another update in April 2022. This is the first narrative submitted since the issuance of the State Medicaid Director Letter 22-002 which revised the reporting requirements and extended the time period to expend the ARPA HCBS fund until March 31, 2025. This update is similar to previous updates and provides updated information on (1) narrative update on Wisconsin's progress toward implementation of approved Spending Plan initiatives, (2) budget update of actual to-date and projected ARPA HCBS 10% claiming, (3) budget update of actual expenditures to-date and projected ARPA HCBS reinvestment. In order to identify changes and additional information relative to the previous spending plans, new information or additional explanation information is in *italics*, underlined, and in **bold**.

Status of ARPA HCBS Spending Plan Initiatives

The Division of Medicaid Services (DMS) has been established as the lead for managing the implementation of the plan. DMS has continued to engage in the development of the internal infrastructure to support the work associated with the ARPA HCBS projects. Project managers and work teams have been identified for each of the initiatives and associated projects. Currently, the spending plan consist of 25 projects categorized into nine initiative areas. The various projects continue to seek stakeholder engagement in a variety of ways. There is a Wisconsin ARPA HCBS web page that provides information about each initiative, a list serv where stakeholders can sign up for periodic e-mail updates, and a dedicated e-mail box for any stakeholders to ask questions. In addition, all the projects use various



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councils and workgroups to seek feedback on how to develop the various projects. The following describes Spending Plan strategic initiatives, affiliated projects, and current project status.

1. Medicaid HCBS Rate Reform

1.1 **5% Rate Increase for HCBS Services**

This project addresses an immediate need in Wisconsin for increased funding across all Medicaid HCBS services. During Plan development, stakeholders identified additional resources for HCBS providers as critical to sustaining the system now and into the future. On January 1, 2022, the 5% rate increase was implemented for qualifying home and community-based services regardless of which program is delivering the service. **The funding for the 5% rate increase was approved by the legislative Joint Committee on Finance until March 31, 2024.**

A variety of approaches were utilized to increase fees in various programs. Fee-for-service Medicaid increased the maximum allowable fee schedule, Family Care utilized a directed payment methodology, and IRIS provided agency-based care a 5% rate increase, while participants have the authority to allocate the 5% rate increase to their participant-hired workers. The State will evaluate the level of ongoing funding necessary to support continued investment in this project beyond the three-year reinvestment period as part of its 2023-25 biennial budget deliberations. Further information on this project can be found at:

<https://www.dhs.wisconsin.gov/arpa/hcbs-ratereform.htm>

1.2 **Rate Schedule for Adult HCBS Services and Funding to Smooth Implementation**

The goal of this project is to establish a rate schedule for direct support workers providing Medicaid HCBS that ensures consistency and statewide provider network adequacy. The Wisconsin Department of Health Services (DHS) is focusing the immediate scope of the project on setting minimum rates for residential, supportive home care, and personal care services. DHS contracted with an actuarial firm for rate development and began weekly meetings on the project in the April-June 2022 quarter. DHS also held the first quarterly stakeholder meeting in April and in May established monthly workgroups of providers and managed care organizations (MCOs). The monthly workgroups are providing input and context for how residential, supportive home care, and personal care services are delivered in Wisconsin. Internal DHS staff interviewed all MCOs to understand how they are defining services in their contracts with providers. **A provider cost survey was released in October and providers submitted their responses in November 2022. The responses to the provider cost survey will be used to support the development of the minimum rates.**

The target date for implementation of the new rate schedule and associated reinvestment of funds to smooth the transition to new rates is January 1, 2024. Budgeted funds and timing of costs associated with this initiative are estimates and subject to change pending final rate schedule development. The pathways for ongoing funding beyond the three-year reinvestment period are still being evaluated.



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As this project develops the State will ensure compliance with ARPA Section 9817 and associated CMS guidance regarding the maintenance of effort requirement. Updates will be made to the quarterly spending plan that will demonstrate compliance with the maintenance of effort requirements as the tiered rates are developed.

1.3 Tiered Reimbursement for Medicaid Personal Care and Supportive Home Care

It has been decided that the tiered reimbursement initiative and funding will be removed from the plan. At this point, the priority to establish a minimum fee schedule and implement the certified direct care professional certification.

The goal of this project is to establish a tiered reimbursement structure for Medicaid personal care and supportive home care to build a career ladder in the long-term care field and help professionalize Wisconsin's long term care workforce. Career ladder development will be informed by results of the Staff Stability Survey detailed in Project 2.1 below and is a Medicaid-specific companion project of the Direct Care Professional Certification and Registry (project 2.2 below) and Career Connections Platform (project 2.3 below). This initiative remains in the early stages of development. Budgeted funds and timing of costs associated with this initiative are estimates and subject to change pending further development of this project.

2. Direct Care Workforce (DCW) Reform and Analysis

2.1 Staff Stability Survey

This project intends to develop and administer surveys to improve DHS's understanding of the State's direct care workforce, including current salaries, benefits, turnover rates and other staff stability metrics. The information gathered through this initiative will be used to inform Medicaid direct care workforce initiatives. Implementation of this project is underway. The Department is contracting with the National Association of State Directors of Developmental Disability Services (NASDDDS) and National Core Indicators (NCI) to conduct a staff stability survey of agencies serving individuals with intellectual and developmental disabilities.

Agencies submitted survey data from April through July 2022. Annual NCI membership fees include the cost of survey administration. DHS participated in a new pilot along with 4 other states a staff stability survey for Aging and Physically Disabled. This pilot is administered by ADvancing States and the National Core Indicators (NCI). DHS will use reinvestment funding to pay for the participating fee for this pilot survey. DHS plans to use reinvestment funding to incentivize provider participation in both of the surveys. DHS is in the process of exploring staff stability survey options for self-directed employer, and children's long term care providers.



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Budgeted funds associated with this project are estimates and subject to change pending final decisions and contractual agreements.

2.2 Direct Caregiver Professional Certification & Registry

This project creates a new Direct Caregiver Professional Certificate in Wisconsin, including a competency test and a public registry, and a system to track individuals from training to competency, employment, and retention. The registry is of particular importance to stakeholders supporting individuals with disabilities in need of HCBS who live independently in the community, such as self-directed IRIS participants, who often struggle to identify qualified direct care support professionals to meet their caregiving needs. DHS continues to work with an academic partner to develop a Direct Care Professional Certification curriculum based on feedback received at two stakeholder and direct care worker listening sessions, and an online survey.

DHS is also collaborating with a media company to implement a marketing and advertising campaign to target recruitment of new Direct Caregiver Professionals. Reinvestment funds will be used to cover costs associated with certification of 10,000 new Direct Caregiver Professionals and to provide sign-on and retention bonuses.

2.3 Career Connections Platform

This project includes the creation of a comprehensive website and resources to support Wisconsin's HCBS workforce. DHS is working with an academic partner to develop a system platform to connect direct care professionals with employers. This innovative platform will allow workers to be listed in the system with their trainings, credentials, and specialties. The system will then allow agencies and self-directing participants to find direct support professionals that meet their needs.

3. Tribal Long Term Care System Enhancements

3.1 Tribal Long Term Care System Enhancements

Based on a tribal needs assessment survey, DHS identified various needs specific to support each tribe's HCBS system. The funding amount of \$11M will be equally distributed (\$1M/tribe) to the 11 federally recognized tribes in Wisconsin. DHS identified specific home restoration projects to restore individuals' private residential dwellings to allow individuals to continue to reside in their own home. Home repairs and renovations are necessary to maintain residency for Home and Community-Based Service eligible participants and vulnerable elders at risk. Home repairs and renovations will only be made if it ensures that the individual can remain in their home. Utilizing the grant funding for home restoration as outlined was approved in previous spending plan narrative. ***In addition to the approved use of ARPA funding for home restorations, through the tribal needs assessment survey Wisconsin Tribes have requested section 9817 ARP funding to fulfill the following activities that will enhance, expand, or***



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strengthen home and community-based services within the tribal communities. Over the past couple months Wisconsin has discussed these initiatives with CMS and received approval to utilize ARPA HCBS funds for the activities outlined below under the specified conditions.

All funding for activities below will be limited to non-institutional settings and targeted to support individuals living in home and community-based settings that are compliant with the home and community-based settings rule. In addition, any nutritional support provided will not fulfill the full nutritional regimen for any individual receiving nutritional assistance. Administrative services and space will also be focused to only support home and community-based services and programs.

The activities listed below will be directed at HCBS members or those at risk of entering the HCBS system. Individuals who are considered at risk are persons with a qualifying diagnosis that typically leads to functional limitations and negatively impacts the individual's ability to live independently. At risk is limited to individuals who are age 55 and older with such diagnosis and at least one eligible functional need. An individual who seeks to apply for these services will be required to submit an attestation by their medical provider that states the individual is considered at risk as herein described.

Many of these activities include capital investments that can be considered one-time or short-term funding:

- *Expand existing loan closets/durable medical equipment*
- *Purchase of generators, air conditioners, and refrigeration appliances*
- *Capital investments to further enhance, expand, and strengthen HCBS*

Other activities will support staffing, service delivery, and outreach:

- *Community outreach events to increase awareness of the available Medicaid programs*
- *LTC needs assessment and feasibility study to determine potential funding streams, staffing levels, training needs, and other that will further LTC priorities*
- *Conduct home safety assessments to ensure individuals can safely remain in their homes*
- *Increase staffing levels to support HCBS services*

The following further describes each project identified. Tribes will be required to submit a proposal that the state will review to ensure Section 9817 compliance prior to releasing the funding. Specific projects include:

Community outreach events to increase awareness of the available Medicaid programs: Tribes have expressed the desire to educate their communities on the available Medicaid programs in Wisconsin. It is believed that tribal citizens are not aware of the vast array of available Medicaid programs such as Family Care, IRIS, Katie Beckett, and the Children's Long Term Support program, as well some lack knowledge of the Ombudsman program. Community outreach events to educate tribal citizens and create awareness of Medicaid



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programs within the tribal communities will potentially increase the numbers of tribal citizens' that apply for and utilize Medicaid programs.

LTC needs assessment and feasibility study to determine potential funding streams, staffing levels, training needs, and other that will further LTC priorities:
Tribes seek to hire consultants to conduct a needs assessment and feasibility study that will help them determine the potential funding streams, staffing levels, training needs, and other to guide them in their decision making to further their LTC priorities.

The needs assessment and feasibility study will be limited to HCBS compliant settings and will not include institutional facilities. The request is made to help the tribes determine how they can improve efficiencies in the delivery of home and community-based services, to explore the need for additional long-term services and supports, create safer living environments, discover how to best address the shortage of caregivers, and other.

Conduct home safety assessments and risk reduction:
ARPA funds will be used to evaluate the safety of the homes of tribal elders aged 55 and older, or those at risk of entering the HCBS system, to make known the need for necessary improvements and to remedy the factors that place elders at risk. The tribes desire to reduce the risk of injury to their elders so they continue to remain in their own homes, living independently, in a safe environment for as long as possible.

Expand existing loan closets/durable medical equipment:
Many of the tribes presently have loan closets for durable medical equipment such as wheelchairs, walkers, crutches, hospital beds, commode seats and more. Durable medical equipment can withstand repeated use and items within the closet are loaned out to community members to improve mobility and help individuals complete their daily activities in a safe manner.

The use of section 9817 ARP funds is potentially for both the purchase of new medical supplies and equipment, and/or to repair existing equipment. Some existing loan closets do not have enough inventory of the items that are more frequently needed, and in that case additional new purchases will be made to meet the demand. The decision to repair equipment will be made based on the cost to repair in comparison to the price of buying new. Should the cost to repair an item exceed the cost the replace the item, then a new purchase will be made.

Purchase of generators, air conditioners, and refrigeration appliances:
The request to use ARPA funding to purchase generators was made by tribes located in the northern rural parts of the state, and each report they experience severe weather that has often time left the Reservation lands without power for days. The request for generators is intended for use in the homes of vulnerable individuals aged 55 and older, or those at risk of entering the HCBS system who are age 55 and older, who require medical devices that are



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dependent upon the need for electricity and essential to the level of independence, or vital to keeping them alive such as oxygen or home dialysis equipment.

Requests were also made for the purchase of air conditioners and refrigeration appliances for placement in the homes of vulnerable tribal elders aged 55, or those at risk of entering the HCBS system who are age 55 and older. Many have respiratory issues that require air conditioning in the summer heat, and refrigeration is a concern due to the high percentages of tribal elders who are diabetic and require a reliable refrigerator to store insulin. A large portion of the tribal population, including the elderly, live in poverty and too often do not have the financial means to purchase these items. The purchase of air conditioners and/or refrigeration units will be available only to those individuals with a verified medical condition that warrants the need.

Capital investments to further enhance, expand, and strengthen HCBS:

Capital investment requests are made to ensure food safety, further the support of transportation services, expand facility space to further HCBS program development or other services that support HCBS, to improve accessibility for the elder and disabled population, plus more. Capital investments will result only in settings that are fully compliant with the home and community-based settings criteria. Following are the capital investment funding requests that enhance, expand, and/or strengthen HCBS in tribal communities:

- *Purchase of generators: The purchase of generators is requested for use in the tribal aging unit facility, a community-based facility that provides HCBS including congregate, and home delivered meals. The purchase of a generator for this type of facility is necessary to avoid financial loss and ensure food safety. Because of the large inventory of foods stored at these facilities the financial loss due to food spoilage would be significant if power is lost for days.*
- *Expand/develop facility space to:*
 - *centralize long-term care services*
 - *increase capacity for long-term care services: ARPA funding can be used to build additional office space in a tribal government building that houses the Tribal Aging and Disability Resource Specialist and Tribal Income Maintenance staff. These positions administer functional and financial eligibility determinations that support access to the HCBS waiver program. The additional office space will allow tribes to address overcrowded work settings and to enhance, expand, and strengthen their ability in the provision of HCBS by allowing them to better accommodate clientele in office settings that respect privacy and confidentiality, and to hire additional staff to better meet the demand for services.*
 - *offer additional home and community-based services at a tribally owned elderly services facility.*
- *Renovation of an existing aging unit facility to increase facility space*



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- *Pavement of the aging unit parking lot and entrance area to accommodate additional vehicles and improve accessibility for disabled persons.*
- *Purchase of a shuttle for the provision of home delivered meals and client transports: This shuttle is for the use of a tribal aging and disability services senior center that provides one home delivered meal per day, five days per week, to help support the nutrition services for frail, homebound, or isolated individuals who are age 55 and older or an elder who may have a disability. In addition, the planned use of the shuttle is to transport high risk elder clientele to community events where they may participate in social activities, including transportation to the senior center where they can socialize and partake of a meal in the congregate setting, and to provide scheduled trips for grocery shopping.*
- *Purchase of lawn mowers for the provision of lawn care: Tribes maintain a strong long-term care base supported by tribal aging units and other tribal departments that provide many of the same allowable services found within the Family Care Benefits Package. One such service is the tribe's provision of supportive home care services. The purchase of lawn mowers will strengthen the ability of the tribal nations to directly assist Medicaid eligible, and other elders at risk of institutional care, with the task of lawn care, a service that must be performed seasonally on an ongoing basis. Lawn care is a major task that is beyond the capability of many of those who are older, and it is a necessary service to assure continued community living.*
- *Expansion of an existing tribal community based residential facility: The tribal facility is licensed by the State of Wisconsin and subject to Division of Quality Assurance, Bureau of Assisted Living HCBS compliance reviews and ongoing HCBS compliance checks to ensure full compliance with the home and community-based settings criteria.*
- *Purchase of iPad, tablets, or laptops: These purchases are intended to improve communication and promote telehealth for Appendix B services. Persons that are eligible to receive an iPad, tablet, or laptop are Medicaid eligible elders and those elders who are at risk of entering the HCBS program.*

Increase staffing levels:

Tribes request the use of ARPA/HCBS funds to increase staffing levels to enhance existing activities and to allow for development of additional activities that support long-term care for tribal elders aged 55 and older or those at risk of entering the HCBS system. Long-term care in this context does not include institutional care. Services will only be delivered in home and community-based settings.

Staffing level increases related to existing and development of additional activities that support long-term care is used in sense of support to tribal senior centers/aging units that desire to expand program offerings and to fill the gaps in senior center services and supports. Below is a listing of the position(s) that tribes will support with ARPA funding.

- *Additional Community Health Representatives*



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- Respite care workers
- Activities coordinator
- Direct service providers: nurses' aides, social worker/case managers, and registered nurses: The social worker is located within the tribal social services structure, and the RN and nurse's aides work under the tribal community health department. Each of these positions provide in-home services related to community services. For example, the Registered nurses provide medication management and other services, and nurse's aides visit in-home and do vitals checks, and more.
- Supportive home care workers
- ARPA funding coordinator/Elder care coordinator
- Additional staff to support any increase in capacity of long-term care services: Income maintenance staff that conduct financial eligibility determinations that support access to the HCBS program.
- Necessary staff to meet the goal of developing a long-term care agency to benefit the expansion of senior center program offerings.
- Tribal aging unit cooks
- Personal care workers
- New hires in the income maintenance department to assume the role of making financial eligibility determinations for the HCBS program. The tribes desire to increase the number of tribal members who are willing to seek access to the home and community-based waiver program, however, due to historical trauma and a general mistrust, there are tribal members who are reluctant to access services from outside of the tribe's service delivery system. The common practice is that a larger number of tribal members actively seek out programs and services that are available from their tribe. For that reason, there are tribes that are interested to assume the roles of conducting both the functional and financial eligibility determinations for the HCBS waiver program that presently done outside of the tribe. The expectation is that by the tribe assuming these roles, a greater number of tribal members will be willing to be screened, and utilization of the waiver program by tribal people will likely increase, thereby expanding the HCBS waiver program to additional tribal members.

3.2 Tribal Aging and Disability Resource Specialists

This project uses reinvestment funding to support Tribal aging and disability resources. DHS completed an amendment to the State/Tribal Contract to increase funding to ensure each interested tribe can independently hire and retain a Tribal Aging and Disability Resource Specialist. With this expansion, a Tribal Aging and Disability Resource Coordinator was hired in August within DHS. The State will evaluate the potential need for funding to support continued investment in this project beyond the three-year reinvestment period as part of its 2023-25 biennial budget deliberations.



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4. Grants to Improve, Enhance and Expand Home and Community Based Services

4.1 Grants to Improve, Enhance, and Expand HCBS

DHS has awarded 69 grants to Wisconsin agencies to assist in improving, enhancing, and expanding home and community-based services across the state. The grant awards support agencies providing services to all Wisconsin counties and supports populations in Medicaid programs such as Family Care, IRIS, CLTS, Family Care Partnership, and PACE. It is anticipated that there will be one additional round grants. The next grant window will be in February. Reinvestment funds will be used to support vendor administrative costs. All other funds budgeted for this project will be distributed to grantees.

5. Independent Living Pilot and Caregiver Assessment

5.1 Independent Living Pilot

The Department developed a Request for Application to identify ADRCs and Tribal ADRS agencies to participate in the pilot. Applicants will be selected based on various factors, including the ability to provide services for marginalized or at-risk populations. Funds will be used to support a fiscal agent, which will assist in claims processing and financial management, and an academic partner to develop a robust program evaluation to help inform the State's development of future interventions that prevent or delay individuals from entering into the Medicaid long term care system. Other funds budgeted for this project will be distributed to participating ADRC, Tribal ADRS agencies, and members enrolled in the pilot program.

The proposed program design is to enroll 5,000 individuals for one year. To be eligible for the program the individual would need to be living in their home, need assistance with one qualifying activity of daily living or have a disability related diagnosis, and attest to an income level of less than 300%. Each eligible individual would have a \$7,200 annual maximum budget that could be used to purchase a variety of home and community-based services to allow the individual to remain in the home and community.

Recommendations regarding ongoing funding beyond the three-year reinvestment period will be informed by the evaluation of pilot project outcomes. As noted previously, budgeted funds associated with this project are still estimates and subject to change, pending final decisions and contractual arrangements.

5.2 Informal Caregiver Assessment

After further discussion and analysis, the assessment of informal caregivers will be merged into the ADRC modernization work (Project 6.2).

6. Aging & Disability Resource Center (ADRC) Modernization



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6.1 Virtual Aging and Disability Resource Platform

Investment under this project will support the development of a virtual resource platform, for individuals to obtain access to information and resources. A goal of the virtual platform is to improve access to accurate and objective information and resources for individuals who may have barriers to visiting a local ADRC office or who prefer to self-search. To establish the virtual resource platform a statewide resource database will need to be developed. Engaging stakeholders in the visioning and development will began in late August 2022.

A technology vendor has been identified for building the resource database and the contract is in place. Their implementation plan includes multiple phases with the first release being targeted for second quarter of 2023. Additional components of the virtual platform include exploring options for a modernized client tracking system and self-service options for obtaining information about publicly funded long-term care programs. The data systems manager is working with a project manager to identify potential vendors from whom a modernized client tracking system could be procured. Budgeted funds associated with this project are estimates and subject to change, pending final decisions and contractual agreements.

6.2 ADRC Outreach and Education

The goal of this initiative is to re-brand ADRCs in Wisconsin in a way that individuals self-identify with and promotes early access to information and resources. It is anticipated the outreach and education campaign will go live with the launch of the virtual resource platform, and will promote the new, virtual option as well as Wisconsin's local ADRCs. Budgeted funds associated with this project are estimates and subject to change, pending final decisions and contractual agreements.

A vendor has been identified and a contract to execute the work is in place. The vendor has completed background research to inform the outreach and education campaign, and they are currently in the process of developing a recruitment strategy, questions, and discussion guide for focus groups that will further inform the campaign's design.

6.3 ADRC Regional Resource Specialist Team

These positions are working closely with their assigned local ADRCs to gather resource information and apply the inclusion-exclusion policy criteria, to build the statewide resource database.

Five regional resource specialists and a lead worker were hired and onboarded in fall 2022. The resource specialists are also working closely with the technology vendor building the virtual resource platform database to ensure a successful launch of the virtual platform. Budgeted funds associated with this project are estimates and subject to change, pending final decisions and contractual agreements.



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6.4 **Guardianship Training**

The training modules have been published for public use. The vendor is continuing to work with DHS and stakeholders to make final revisions to the training before creating printed versions and a translated version. The initial contract has been executed and includes funding for initial development, stakeholder engagement, translation, implementation, and evaluation. Subsequent contracts will include funding for ongoing management and maintenance of the training. Budgeted funds associated with the ongoing management of this project are estimates and subject to change, pending final decisions and contractual agreements

7. No Wrong Door – Supporting Kids Together

The vision of the No Wrong Door – Supporting Kids Together Project is that families of children with special health care needs are supported to find the right next step for their family following initial diagnosis or the initial need for assistance. The aim is for Wisconsin families of children with special health care needs will have an easier way to identify, navigate, and access needed resources. There are four main components of this project:

7.1 **Marketing and Branding**

Marketing and Branding - **We are actively working with the contracted media vendor to create a brand and Statewide marketing plan to disseminate information (toll free number and a specific website) for families who have children with special health care needs and help families find the resources they need.** As we are utilizing an equity lens, this work includes a focus on targeting underserved communities.

7.2 **Leveraging Technology**

Establish a statewide toll-free number and develop a website that provides information on resources/services for families and a connection to their local *Children and Youth with Special Health Care Needs – Regional Center*, where they can speak with a staff member who can help guide them and offer support. **Work is being done to design the website that will include a Contact Us form for families to get connected to their CYSHCN Regional Center.**

7.3 **Strengthening Partnerships**

The group gathered baseline information on the many systems of care, bureaus, divisions, and state agencies that share responsibility for helping children with special health care needs. **Work is being done to increase collaboration and ideas are being explored. This may include, coordinated planning, cross trainings, warm hand-offs, and feedback loops—to develop a solution to make it easier for families to find their right next step. The possibility of an**



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annual conference is being explored. If this idea, or other statewide meetings are recommended, the workgroup will move forward to secure a budget, vendors, etc.

7.4 Children’s System of Care Collaborative

Lastly, the project is scoping out the ongoing operational needs that this solution will require and is seeking ongoing financial resources for a Children’s System of Care Collaborative. The Collaborative would have the responsibility to connect systems and make sure there is ongoing, sustained coordination and collaboration. The collaborative will ensure that the partnerships and systems of care that have shared responsibility for helping children with special health care needs continue to function together. At this time, besides seeking financial resources in the future– we are holding off on further workgroup tasks for this activity.

8. Assisted Living Reporting, Member Assessment and Certification

8.1 1 to 2-Bed Adult Family Home Certification Tool

Stakeholders expressed a need for the State to strengthen 1-2 bed Adult Family Home (AFH) certification standards. This project will create an online system to meet the ongoing business needs for 1-2 Bed Adult Family Home (AFH) certification. This system will track active certified 1-2 bed AFHs, including review reminders and monthly data reporting requirements. **The Department has acquired a vendor to develop the online system and the statement of work is currently being reviewed by DHS and the Department of Administration (DOA). It is anticipated work will begin on this project in March 2023.** Budgeted funds associated with this project are estimates and subject to change, pending final decisions and contractual agreements.

8.2 HCBS Setting Review System

This project will create an online system to meet the ongoing business needs for home and community-based services non-residential setting reviews. The system will also record heightened scrutiny reviews for residential settings and will help streamline the review process, documentation storage, and report generation. **The Department has acquired a vendor to develop the online system and the statement of work is currently being reviewed by DHS and the Department of Administration (DOA). It is anticipated work will begin on this project in March 2023.** Budgeted funds associated with this project are estimates and subject to change, pending final decisions and contractual agreements.

8.3 Assisted Living Reporting/Survey Tool

This project will enhance the existing e-renewal system to collect information about Wisconsin’s licensed assisted living facilities and their residents. This information will be used assess the capacity of these facilities to serve Wisconsinites, including residents enrolled in the Wisconsin Medicaid program. **The Department has developed business requirements and is working to secure a vendor to develop a statement of work.** Budgeted funds associated with this project are estimates and subject to change, pending final decisions and contractual agreements.



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As this project develops the State will ensure compliance with ARPA Section 9817 and associated CMS guidance regarding the maintenance of effort requirement. Updates will be made to the quarterly spending plan that will demonstrate compliance with the maintenance of effort requirements as the tiered rates are developed.

8.4 **Assisted Living Resident Assessment**

This project will enhance the existing e-renewal system to better understand the acuity and service needs of individuals in assisted living and other community-based residential settings. **The Department has developed business requirements and is working to secure a vendor to develop a statement of work.** Budgeted funds associated with this project are estimates and subject to change, pending final decisions and contractual agreements.

As this project develops the State will ensure compliance with ARPA Section 9817 and associated CMS guidance regarding the maintenance of effort requirement. Updates will be made to the quarterly spending plan that will demonstrate compliance with the maintenance of effort requirements as the tiered rates are developed.

9. Adult and Child Protective Services Enhancements

9.1 **Adult Critical Incidents System**

The goal of this project is to have a robust incident management system that will allow DMS to proactively respond to incidents and implement actions that reduce the risk and likelihood of future incidents. **DHS and the vendor kicked off the project in November and began meeting twice weekly to work on the design of the new tool. The team continues to work on the design and has met with the MCOs to discuss the project and get their input. The team is currently reevaluating proposed implementation dates to ensure all stakeholders are ready. The DHS internal team meets at least twice a week to work through defining each incident, what it entails and determining how it should be reported.**

Spending Plan Budget

Included with the submission of this narrative is the spending plan spreadsheet. In addition to the spending projections of the 9 initiatives, there is a category titled ARPA HCBS Project Implementation Support. This line is added to include in the spending plan the administrative resources needed to manage the implementation of ARPA HCBS Initiatives 1-9. These administrative resources enable core elements of project management and project administration including project planning, documentation, risk identification and escalation, budgetary oversight, and coordination to enable more efficient task execution, tracking milestones and deadlines, and reacting to issues with greater agility.

The corresponding quarterly spending plan budget update includes a revised budget projection reflecting Wisconsin's projected ARPA HCBS 10% EFMAP claiming and anticipated reinvestment spending on the Spending Plan initiatives and associated projects detailed above. The revised budget is detailed in a companion Excel spreadsheet. As noted in the narrative above, many of Wisconsin's ARPA HCBS



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

Spending Plan initiatives are still under development, so budgeted funding is based on the State's current best estimates of costs, which are subject to change as project design details are refined and finalized and as contracts for services are executed, when applicable. **In addition, this plan is based on funding in the current 2021-23 Biennial Budget. The 2023-25 Biennial Budget will be effective July 1, 2023. Current plans may need to be revised based on the outcome of the 2023-25 Biennial Budget.**

Attestation Requirement

As required in the guidance by signing this letter I attest to the following statements:

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Please let us know if you need any further information or have any questions regarding this quarterly spending plan and narrative.

Sincerely,

Jamie Kuhn
Medicaid Director

cc: HCBSincreasedFMAP@cms.hhs.gov
Curtis Cunningham, Assistant Administrator, Benefits and Services Delivery
Krista Willing, Assistant Administrator, Systems Fiscal and Operations