

2019 PROGRAM SPECIFICATION
DDIS

PROGRAM #: 520

STANDARD PROGRAM: Autism Waiver Service

TARGET POP: Autism Waiver

YEAR: 2019

UNITS: TBD

CLIENTS: N/A

ALLOCATION: TBD

UNIT DEFINITION:

N/A

GEOGRAPHICAL AREA TO BE SERVED:

Racine County

DAYS/HRS OF SERVICE AVAILABILITY:

Monday – Friday 8:00am – 5:00pm

MINIMUM STANDARDS:

Provider must agree to comply with the following terms and conditions:

- Standard contract language
- Certification standards where applicable
- Fiscal and program reporting criteria
- Allowable Cost Policy
- Audit criteria
- Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual
- Maintain adequate liability coverage
- Recognize that authorization for services is approved by Racine County Human Services Department.
- All informational materials (program descriptions, brochures, posters, etc.) must identify it as a RCHSD program through the use of a standardized RCHSD format provided by Racine County.
- The program must be identified as a RCHSD program in all public presentations and media contacts/interviews.
- Civil Rights/Affirmative Action Policies
- Fair Labor Standards Act
- Criminal and Caregiver background checks, drug screening, driver's license checks for all staff working within the project scope.

PROGRAM DESCRIPTION:

**Children's Autism Waiver Service Provision
for Children with Developmental Disabilities**

Provider will serve as the Autism Waiver provider of services for children with autism disabilities in Racine County. Provider agrees to comply with all provisions of the Autism Program as outlined below.

I. Funds Provided/Period Covered

Funding Period and Amount: Funds identified in this contract are provided for the period January 1, 2019 through December 31, 2019. The value of this contract is the anticipated cost per participant in the CLTS Autism program. Additional funding may be assigned to the County during the term of the contract.

Funding for CLTS Waiver participant services are "State-matched" State-matched means that State General Purpose Revenue (GPR) funds are used to match the federal share of Medicaid waiver costs. If the County is using state-matched Autism or crisis funding, the County has the option to place the waiver participants on a waiting list for additional services if their costs exceed the state-match daily rate.

The Federal matching rate in effect is the Federal Medical Assistance Percentages (FMAP) finalized and published in the Federal Register. The Federal government uses state per capita personal income to calculate each state's reimbursement rate for Medicaid and other grant programs. The matching rate, calculated annually, is known as the FMAP. The FMAP for the current federal fiscal year can be found on the Federal Register Website (www.federalregister.gov).

Funds allocated to the County will be based on the following methodology:

State-Matched Autism Services: The State will pay actual allowable CLTS program expenses incurred which are less than or equal to the total provider allocation for program participants in the Autism program, as well as the federal share of any allowable expenses up to and exceeding the allocation. The State will not pay allowable expenses above the maximum annual rate for any individual participant without prior approval by the CLTS Program.

Increases and Decreases: The total value of this contract may be increased during this contract period if:

1) a child who is receiving waiver services moves to the County from another County. If the child's services are funded with Autism funding or crisis funding, the sending county's contract is decreased and the receiving county's contract is increased accordingly. If the child's services are funded with any other funding, the sending county continues to be financially responsible for the child's waiver funding unless the receiving county has no wait list for CLTS services or until such time as the child reaches the top of the receiving county's wait list and the county has waiver funding available. The two counties may enter into an arrangement where an agreed-upon sum of funds is temporarily transferred from the sending county's contract to the receiving county's contract until such time as the receiving county is able to fund the child's waiver services. Counties should refer to Chapter II of the Medicaid Home and Community-Based Services Waivers Manual for additional details.

2) a participant is using crisis funding or Autism funding and he or she either reaches the age of 22 years or for another reason terminates waiver services. In this case, the funding returns to the State for reallocation and the Provider contract is reduced.

II. Purpose and Conditions on the Use of these Additional Funds

These funds may be used by the county in accordance with the following conditions:

1. The Provider agrees to comply with the requirements of s. 46.278 WI Stats., the relevant portions of the Medicaid Home and Community-Based Services Waivers Manual, applicable Division of Long Term Care (DLTC) Numbered or Information Memos and other policy communications specific to the CLTS Waivers.

2. Funds may only be used for services for eligible participants who meet functional and financial requirements for CLTS and have an approved Individualized Service Plan.
3. Participants shall be given a choice of all qualified providers for each service covered by the waiver.
4. The amount of funds paid is determined by actual allowable MA waiver service costs incurred, which include support and service coordination services as well as up to 7 percent administration costs, up to the maximum amount allowed by the contract including matching funds required by the contract.
5. These funds may only be used for persons who reside in qualifying settings that include a private residence or licensed foster home for children.
6. Support and Service Coordination shall be provided to all Children's Autism Waiver participants, unless the participant waives their right to this service.
7. The Provider will not be reimbursed for services on any day a participant receives MA-funded services in an inpatient setting (such settings include general hospitals, SNFs, ICFs, or ICF-MRs).
8. Funds may not be used to cover any portion of room and board expenses for participants except when the cost of room and board is an integral but subordinate part of covered respite care services when such care is provided outside of the participant's home.
9. The Provider agrees to implement the Parental Payment System for Children's Autism Waiver Program as directed by Ch. DHS 1 of the Administrative Code. Requirements are available online at the DHS website:<http://www.dhs.wisconsin.gov/children/clts/ppl/index.htm>.

III. Fiscal and Client Reporting Conditions on the Earning and Use of the Additional Funds

The Provider shall make the following reports as a condition of receiving these funds:

1. **THIRD-PARTY ADMINISTRATOR REQUIREMENTS:** The Provider is required to pre-authorize all participant services by submitting service authorizations to the third-party administrator (TPA) in a manner that is consistent with requirements outlined in the TPA Handbook and applicable DLTC Numbered or Informational Memos.

EVALUATION OUTCOMES:

1. 100% of all children determined eligible for Intensive Autism services through Compass Wisconsin: Threshold, will be placed on a State Waiting list. When notified of a start date for services the family will be seen by the CWA and eligibility will again be determined through the CLTS Functional Screen within 45 days.
2. At least 90% of families served will express satisfaction with the case management/support service coordination as shown by an annual client satisfaction survey.
3. 100% of state audits of records will reveal that participant records comply with the CLTS Waiver Manual.

REPORTING REQUIREMENTS:

Client demographics must be tracked using the database provided by RCHSD. Demographics to be tracked include race, ethnicity, gender, age, the referral, start and end dates, census tracking, zip code and the marital status of the head of household as well as SACWIS individual and family identifiers. This report should also include the total served in the program to date.

Quarterly Evaluation Outcome and Demographic Reports reflecting the aforementioned criteria must be provided no later than 4/15/19, 7/15/19 and 10/15/19 to Racine County HSD Contract Compliance Monitor.

Annual Evaluation Outcome and Demographic Reports must be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.