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DMS Numbered Memo 2019-02 **Action**

To: County Departments of Community Programs  
County Departments of Health and Human Services  
County Departments of Human Services

From: Curtis J. Cunningham, Assistant Administrator  
Long Term Care Benefits & Programs

A handwritten signature in dark ink, appearing to read 'Curtis J. Cunningham'.

**Crisis Stabilization Innovation Incentive Awards for Long-Term Care**

**Document Summary**

This memo describes a one-time opportunity to apply for innovation incentive awards for projects focused on improving the collaboration of county crisis intervention systems with state-contracted organizations that administer Medicaid-funded adult long-term care (LTC) programs or on enhancing the array of services available to the target population.

The awards are a part of ongoing efforts by the Wisconsin Department of Health Services (DHS) to improve local crisis prevention and intervention responses and reduce the frequency and duration of stays at institutes for mental disease (IMDs).

Counties can apply as a consortium or individually and are encouraged to propose service enhancements or resource development that will occur in calendar years 2019 and 2020. Counties may also choose to apply both individually and as part of a consortium. Collaborative or regional partnerships are encouraged. Public-private nonprofit partnerships are allowed. The awards will range from \$25,000-\$350,000. The deadline to apply is April 10, 2019.

**Background**

Wisconsin maintains a dual Medicaid waiver system. State-contracted organizations, such as managed care organizations (MCOs) and IRIS (Include, Respect, I Self-Direct) consultant agencies (ICAs), administer LTC services, while county human services departments administer mental health, crisis intervention, and emergency services.

As the frequency and severity of complex behavioral health needs in the LTC population continue to rise, crisis intervention and stabilization services will require effective communication and collaboration between the state-contracted and county systems in order to prevent and reduce IMD stays for adults served by LTC programs, and to prevent unnecessary psychiatric hospitalizations.

Counties have traditionally been responsible for the cost of care for individuals emergency detained and admitted to an IMD, based on federal Medicaid rules.

MCOs have been increasing their focus on how to serve individuals with complex behavioral health needs in the community for several years, and this funding opportunity for counties is intended to further develop collaborate approaches to support that work.

County departments or a consortium of county agencies are encouraged to collaborate with MCOs and other LTC stakeholders to develop and deliver specialized local resources that will reduce IMD stays. Contracting with local or regional service providers, developing innovative approaches, working with law enforcement, and developing partnerships to improve the systems of care is highly encouraged.

### **About the Crisis Intervention Innovation Incentive Awards**

The crisis intervention innovation incentive awards were created to promote collaboration between county human service departments and LTC stakeholders through improving the systems of care involved in supporting vulnerable Wisconsin residents who may be at risk of being admitted to an IMD, and to support local and regional efforts to reduce the frequency and duration of IMD stays for adults receiving Medicaid-funded LTC services.

The Division of Medicaid Services (DMS) will issue up to a total of \$1,200,000 to county human services departments for projects that occur in 2019 and 2020. The two year awards will range from \$25,000-\$350,000 based on the scope and scale of the projects proposed.

Regional networks or consortia of counties may apply as a collective, or counties may apply individually. Counties that choose to apply as part of a consortium may also apply as an individual county. The awards will be determined via a competitive review process.

### **Project Specifications**

Applicants must provide a plan that adds value, efficiency, effectiveness, or related improvements to aspects critical to quality for crisis intervention services; or decreases waste, error, confusion, frustration, or delay in these services. Applicants must define what they want to accomplish, how improvement will be measured, and the changes that will result in improvement. Projects that emphasize collaboration with MCOs and other LTC stakeholders are highly encouraged.

Project objectives may include diverting individuals from unnecessary inpatient hospitalizations, reducing emergency detentions, reducing the duration of stays in inpatient settings, or improving local crisis responses.

The target population for systems improvement is any adult individual receiving services for long-term care who may be at risk of experiencing a crisis. As defined in Wis. Admin. Code ch. DHS 34, crisis means “a situation which results in a high level of stress or anxiety for the individual or persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.”

### **Project Model Resources**

Use the following tools to help guide your efforts.

- [DHS Toolkit for Improving Crisis Intervention and Emergency Detention Services, P-02224](#)
- [Plan-Do-Study-Act](#). Use this model to implement and test changes in a real work environment.
- [SMART goals, P-00620](#). Applicants are encouraged to establish SMART goals for their project.
- [Performance Measure Categories and SMART Objectives Checklist, P-00620](#)

### **Suggested Project Topics**

Stakeholder workgroups held in late 2017 and early 2018 identified recommendations for reducing the frequency and duration of IMD stays for individuals receiving LTC services. Applicants are encouraged to consider these recommendations but other ideas are welcome.

Below are examples of the stakeholder recommendations.

### **Examples of crisis stabilization services to benefit Medicaid eligible LTC populations**

Opportunities to develop innovative approaches or increase access to specialized services may include, but are not limited to:

- Intensive in-home crisis stabilization services.
- Improving access or use of short-term crisis stabilization homes or diversion beds.
- Clinical consultative services.
- Positive behavior supports planning and person-centered crisis intervention planning.
- Specialized community-based psychiatric care, including telehealth services for follow-up.
- Staffing and collaboration with stakeholders to support at-risk individuals, or debriefing with stakeholders following an incident.
- Safety planning and care coordination, which may include working with law enforcement, MCO care teams, natural supports, and providers.
- Assistive technology or software to improve quality-of-life outcomes, care coordination, or to promote wellness and stability.

### **Examples of Training Resources and Capacity Building**

Training awards are available to support capacity building among the provider network and for other stakeholders to reduce the frequency and duration of IMD stays for adults in LTC. A sustainable training product, such as brief online video modules, that would enhance and promote the use of promising practices, is encouraged.

Recommended training modules:

- Police safety planning
- Positive behavioral supports
- Avoiding power struggles
- Trauma-sensitive or trauma-informed care
- Crisis intervention skills specific to individuals with intellectual or developmental disabilities
- Reducing restrictive measures
- Person-centered planning
- De-escalation skills
- Crisis debriefing with multidisciplinary teams supporting individuals in LTC

Systems interface and intergovernmental cooperation regarding:

- Supported decision making\*
- Interagency agreements\*
- Protective placements or Wis. Stat. ch. 51\*

\*The above are not intended to fund direct legal assistance nor advice.

### **Award Terms**

DMS will award up to 25 grants of \$25,000-\$350,000 each. Each application must request the award amount they are seeking. If the application is approved, the full amount requested may be awarded.

The awards are a one-time funding opportunity provided in two payments that must be used by December 31, 2020. The amount awarded may not be used to supplement Medicaid payments to providers in any capacity.

To be eligible for the awards, recipients must participate in a one-day, in-person collaborative learning conference. They must demonstrate collaboration with relevant local stakeholders, participate in quarterly progress report meetings via conference calls, and provide a short presentation at the conclusion of the projects. Two annual reports on the projects will also be required. They will include brief summaries of progress, lessons learned, a list of individuals served (if applicable), and cost reporting.

### **Question and Answer Teleconference and Crisis Network Meeting Discussion**

DMS will host a question-and-answer teleconference discussion on Tuesday, February 26, from 10:00-11:00 a.m. for interested parties.

Email your RSVP to [Vaughn Brandt](#), contract administrator for this initiative, to receive instructions for joining the teleconference.

### **Submission Procedure and Deadline**

All applications are due by close of business on **Wednesday, April 10, 2019**. A completed application includes one signed original document and one electronic copy.

- The signed original must be postmarked by the deadline and mailed to:  
Vaughn Brandt  
Bureau of Adult Quality and Oversight  
Division of Medicaid Services  
Department of Health Services  
1 W. Wilson St., Room 655  
Madison, WI 53703
- The signed electronic version must be emailed to the DMS Bureau of Adult Quality and Oversight at [dhsimdri@dhs.wisconsin.gov](mailto:dhsimdri@dhs.wisconsin.gov) by the deadline.

### **Timeline**

- Q&A conference call: February 26, 2019, from 10:00-11:00a.m.
- Submission deadline: April 10, 2019
- Announcement of awards and intent to contract: May 1, 2019
- Year one project summary and fiscal reporting due to DHS: January 31, 2020
- Quarterly shared learning meetings: TBD
- Two annual project meetings dates: TBD

### **Application Scoring**

Applications will be reviewed by an evaluation committee. Applicants may not contact any evaluator during the review process without written approval of Vaughn Brandt, contract administrator.

### **Notification of Intent to Pursue Contract Negotiations**

Recipients of the awards will be notified by email of the state's intent to pursue contract negotiations.

After notification of intent to contract, copies of all applications will be available for public review under supervision of DHS staff from 8:00 a.m.–4:00 p.m., Monday-Friday, at the DMS Bureau of Adult Quality and Oversight. To schedule a review, email Vaughn Brandt at [vaughn.brandt@dhs.wisconsin.gov](mailto:vaughn.brandt@dhs.wisconsin.gov).

### **Award Contracts**

DHS will contract with award recipients to implement the approved proposals in 2019 and 2020. All projects are expected to be finalized and related expenditures completed no later than December 31, 2020.

### **Right to Reject Applications and Negotiate Agreement Term**

The state reserves the right to reject any and all applications. The state may negotiate the terms of the contract, including the award amount, with an award recipient prior to entering into a contract. If contract negotiations cannot be concluded successfully with the recipient, DHS may terminate contract negotiations.

The contract administrator or designee will review each proposal on a pass or fail basis to verify the applicant met the requirements specified in this request for applications. This determination is at the sole discretion of DHS.

After the first year of the project and on request of either party, the contract amount planned for distribution in the second year may be renegotiated to allow for adjustments in overspending or underspending.

### **Application Organization**

Organize applications based on the five headings below. Describe the proposed project clearly and concisely within five pages. Applications must be submitted on a single-sided, single-spaced document with one-inch margins and a 12-point font (preferred is Times New Roman).

- I. Cover page (pass/fail)—not included in page count.** Indicate the county or counties, relevant department(s), and stakeholders involved in applying for funding. Include all mailing, email, and phone contact information for the county and staff involved in the project (primary contact for the innovation award, county director, etc.).
- II. Organization capacity (15 points)—two paragraph maximum.** Briefly describe the structure of crisis services. Include county-provided services, contracted services, and the number and type of full-time equivalent employees (for example, licensed, non-licensed, peer support specialists, volunteers). Include descriptions of existing crisis stabilization resources (both in-place and residential) for youth, adult, elder, and those requiring emergency protective placement.
- III. Current situation (20 points)—two paragraph maximum.** Briefly describe key strengths and challenges specific to local crisis intervention service provision.
  - a. Needs assessment: Briefly describe the greatest needs, obstacles, and barriers for preventing or reducing IMD stays for adults receiving LTC services. Consider the frequency and severity of these challenges along with the potential for and the impact of change.

- b. Strengths assessment: List the greatest strengths, opportunities, and resources for preventing or reducing IMD stays for adults receiving LTC services.

**IV. Project description (50 points)—one page maximum.**

- a. Project summary statement
- b. Baseline data to measure change against
- c. Goal and objectives—when applicable, use the SMART goal format and the [Performance Measure Categories and SMART Objectives Checklist, P-00620](#)
- d. Personnel
- e. Evaluation, effectiveness, and measurement. How will the effectiveness of your project be measured?
- f. Plan for sustainability

**V. Budget (15 points)—separate page (maximum of two pages).** Describe the projected budget for expenses expected between May 1, 2019, and December 31, 2020. Counties may list a range of projected expenses with minimum and maximum totals. There must be sufficient detail and justification for each expense. Enter total projected cost ranges in whole dollar amounts by rounding to the nearest dollar.

**Action Summary**

- County human service departments may apply individually, as a consortium, or both individually and as consortium for Crisis Innovation Incentive Awards.
- Applicants may set a range of costs, listing the minimum required to initiate the project and maximum needed to complete the project. Awards will be issued within the range requested for funding.
- The deadline to apply is close of business on Wednesday, April 10, 2019.

**Contact Information**

**Regional Offices**

Area Administrators

**Central Office**

Vaughn Brandt  
Bureau of Adult Quality and Oversight  
Division of Medicaid Services  
Department of Health Services  
1 W. Wilson St., Room 655  
Madison, WI 53703  
608-266-9809  
[vaughn.brandt@dhs.wisconsin.gov](mailto:vaughn.brandt@dhs.wisconsin.gov)

**Related Information**

Maps:

- [Family Care Geographic Service Regions, P-01790](#)
- [Partnership/PACE Geographic Service Regions, P-01789](#)
- [IRIS Consultant Agencies \(ICA\) and Fiscal Employer Agents \(FEA\) by Geographic Service Region \(GSR\), P-02029](#)