

**FORWARDHEALTH
CHILD CARE COORDINATION PLAN OF OPERATION**

INSTRUCTIONS: Type or print clearly. The Wisconsin Department of Health Services (DHS) requires providers to send a plan of operation to DHS as part of enrollment and revalidation in Wisconsin Medicaid. The plan of operation describes the child care coordination (CCC) provider's ability to carry out the full CCC benefit and all CCC activities in a family-centered and culturally appropriate way. The CCC provider's plan of operation must be part of the accessible records the CCC provider keeps. Providers can find more information about these requirements in the CCC service area of the ForwardHealth Online Handbook at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=7.

Providers can use this optional form to meet these record-keeping requirements. Providers can also keep records in a different way as long as they meet these requirements.

DHS can ask to see CCC plans of operation to check that providers are meeting all policy rules. DHS will also use this information to check that the provider can meet the needs of Medicaid members.

SECTION I – OVERVIEW OF OPERATIONS

1. Name – CCC Provider Agency

2. Goals, Mission, and Priorities – CCC Provider Agency

3. Name – Managing Employee (For example, a general manager, business manager, administrator, director, or other person who is responsible for the day-to-day operation of the organization)

4. Describe the policies the provider has that make sure they meet Medicaid rules about providing services, submitting claims, maintaining documentation, addressing member needs in care plans, and protecting confidentiality.

5. Describe the agency's quality assurance mechanisms, including steps the provider uses to prioritize, monitor, and fix problems with how they provide services.

6. Describe how the provider's services are family-centered and culturally appropriate.

7. Describe the resources the provider has to maintain a cash flow that will cover operating expenses for at least 60 days and allow continuity of services for members.

SECTION II – SERVICE DELIVERY

8. Describe the provider's policies for scheduling CCC services for members. Include information about how long it takes the provider to schedule services, how long it takes the provider to get in contact with a member and their support people (collateral contacts), and how the provider makes sure they meet each member's individual needs with the right length and intensity of services.

9. Describe how the provider makes sure that hearing-impaired members and members whose primary language is not English have access to prompt and high-quality translator and interpreter services.

10. Describe how the provider builds relationships with community agencies, social service providers, HMOs, and Medicaid primary care providers to support their ability to make referrals. Include a list of providers the CCC provider has a relationship with and:

- Descriptions of services the referred provider offers.
- The referred provider's name, address, phone number, contact person, and any costs for the services.
- Written agreements that include the process for making referrals, how to communicate outcomes from the referrals back to the CCC provider, and how the CCC provider makes their staff aware of the referral procedures.

11. Describe how the provider manages outreach to members. Include the ways the provider identifies low-income children and families for CCC services.

12. Describe the provider's policies and procedures for initial assessments and making regular assessment updates. Include how the provider makes sure that qualified professionals review and sign all assessments in a timely manner before members receive services.

13. Describe the provider's process for making and updating care plans. Include details about how the provider makes sure:

- The care plan is reviewed at least every 60 days for the first year of the child's life, every 180 days thereafter, or as the member's needs change.
- Care plans are reflective of the current needs of the member and updates the needs and goals of the member as they change.
- The member knows that the care plan can be changed at any time and as often as needed.
- The member knows how to ask for changes to the care plan.
- Care plans are filled out and signed by qualified professionals in a timely manner.
- Care plans are made with the member and their family and signed by them.

14. Describe the provider's policies and procedures for care coordination and monitoring services, including how they:

- Introduce the CCC provider's care coordinator (the person who will provide ongoing care coordination services to the member) if they were not already introduced during the initial assessment or care planning.
- Give the member and their family the written name and phone number of the care coordinator and the person to contact in urgent situations or as backup if the care coordinator is unavailable.
- Tell members about when they can expect care coordinators to reach out to them and help members and their families access the services they're referred to.
- Follow up with members who are receiving services.

15. Describe how the provider makes sure that members and their family are included to the full extent of their ability in all decisions about their care.

SECTION III – STAFF HIRING AND TRAINING

16. Describe the provider's hiring process.

17. Describe how the provider's staff (qualified professionals, care coordinators) are trained, including how providers are trained to provide quality services that are family centered and culturally appropriate, and processes for the staff's continuing education and ongoing training.

18. What is the provider's staff-to-client ratio (how many qualified professionals are there to members and how many care coordinators are there to members)? Describe how the provider makes sure that care coordinators have enough time to spend with each member. Also describe how the provider makes sure that qualified professionals have enough time to develop care plans and supervise, review, and approve assessments.

19. Describe how the provider gives staff the opportunity to learn and grow in their roles on an ongoing basis. Give details about how the provider makes sure the staff can learn about topics like child health and development; social support; breastfeeding; perinatal mood and anxiety disorders; substance use; housing; methods to handle suspected or known child abuse and neglect cases that comply with applicable federal, state, local, and tribal laws; culturally appropriate care; interviewing; and trauma-informed care.

SECTION IV – SIGNATURE

20. **SIGNATURE** – Managing Employee

21. Print Name – Managing Employee

22. Date Signed – Managing Employee
