

**FORWARDHEALTH  
CHILD CARE COORDINATION PERSONNEL AND TRAINING PLAN**

**INSTRUCTIONS:** Type or print clearly. The Wisconsin Department of Health Services (DHS) requires providers to send a training plan to DHS as part of enrollment and revalidation with Wisconsin Medicaid. The training plan 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 training plan 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](http://forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=7).

Providers can use this 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 training plans 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.

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**SECTION I – POLICIES AND OBJECTIVES**

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1. Name – CCC Provider Agency

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2. 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)

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3. Describe the internal policies and procedures the provider uses to make sure that they are providing high-quality services that follow Medicaid rules.

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4. Describe the provider's plan to hire, support, and train staff to provide services that are family-centered and culturally appropriate.

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**SECTION II: ORIENTATION, TRAINING, AND QUALITY ASSURANCE**

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5. Describe the orientation process for staff, including descriptions of the content and the length of the trainings.

Describe how will they be trained on:

- The provider's goals, mission, and priorities.
- Specific job duties and skills.
- The functions of the CCC provider staff and how they relate to each other and communicate.
- Health and safety procedures for working in a home environment.
- How to respond to medical and non-medical emergencies.
- Ethics, confidentiality of member information, and member rights.

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6. Describe the **ongoing** training for staff. How will they receive five hours of training each year? What is the process for additional training for care coordinators if a qualified professional identifies additional training is needed? What is the process for documenting trainings in their employee file, including dates of the trainings, description of the content, and length of the trainings?

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7. Describe how qualified professionals supervise care coordinators when they provide services. Include the frequency, length, and standards of the supervision.

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8. Describe the process for periodically evaluating care coordinators and qualified professionals in accordance with the providers' quality assurance procedures. Describe the process for following up on all evaluations to ensure employees can perform all duties.

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9. If the provider contracts personnel, describe how they maintain a contract that includes all the personnel's training, their qualifications, and the services they can perform.

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10. Describe how the provider gives their 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.

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11. Describe the process for documenting and maintaining documentation of provider services, including the type and duration of services and relevant funding sources, using time sheets.

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**SECTION IV – SIGNATURE**

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13. **SIGNATURE** – Managing Employee

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14. Print Name – Managing Employee

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15. Date Signed – Managing Employee

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