CCS/CLTS dually enrolled Collaboration Guide (Updated 3.2023)

Per the CCS/CLTS Dually eligible memo:

- ✓ The CCS Care Coordinator is the primary service coordinator, billing service facilitation tasks to the CCS program. The CCS Care Coordinator and CLTS support and service coordinator should each have a distinct role and responsibility and are required to work cooperatively to ensure there is no duplication of activities.
- ✓ For a youth dually enrolled, CCS funding should be considered first. The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity.
- ✓ When a dually enrolled youth has a need for services not covered by CCS, the CLTS Waiver Program can be considered to fund those services.

Assessment/Determining eligibility/Enrollment

- ✓ Eligibility is determined by the CLTS Functional screen for both CCS and DSD programming (CLTS Waiver and Children's Community Options Program, CCOP)
- ✓ *Consents: most of the time, the screeners will obtain consents for either CCS or DSD, please be sure to check that we have consents for the respective department.
- ✓ *If you are not aware of who the CCS Care Coordinator is or who the DSD Service Coordinator is, please contact the following individuals:
    - CCS: Jenni Van Wagenen Jennifer.vanwagenen@milwaukeecountywi.gov
    - DSD: Luisana Waukau Luisana.waukau@milwaukeecountywi.gov and/or Toto Chanthavixay Anouvong.Chanthavixay@milwaukeecountywi.gov
- ✓ Update/Annual Re-screens- When someone is dually eligible, both the CCS Care Coordinator and DSD Service Coordinator should complete the screen together.
- ✓ Screens should not be completed more than once per year
- ✓ If youth are determined "Not Functionally Eligible" or "NFE" per the functional screen, immediately inform other programs of the change in eligibility and work to review screen results for accuracy. For CLTS please email a copy of the functional screen to the Milwaukee County Disabilities Screen Lead (Nancy Dumas Nancy.dumas@milwaukeecountywi.gov)

Service Planning

- ✓ CCS requirements: Monthly visits/check ins, Team meeting/POC development every 90 days
- ✓ DSD requirements: Monthly visits/check ins, Individualized Service Plan (ISP) development at minimum every 6 months, use of "Deciding Together" tool to develop outcomes and ISP, Signatures required from essential providers on outcomes page of ISP
- ✓ Team Meetings: because the CCS Care Coordinator is the only person able to bill for service coordination, it is their responsibility to coordinate, invite and schedule the team meetings with all team members (CCS providers as well as DSD providers) -Ensuring the DSD Service Coordinator can attend the meeting should take priority
- ✓ Monthly Visits: best practice, CCS Care Coordinator and DSD Service Coordinator meet with the family together, if this cannot happen, conversations/collaboration should take place between the CCS Care Coordinator and DSD Service Coordinator monthly.
- ✓ CCS and DSD plan development expectations: All providers and services should be included in BOTH the CCS Plan of Care and the DSD ISP.
- ✓ Consents: Please remember to get consents for any service providers you are collaborating with.

References and Resources

CCS/CLTS Dually eligible Memo: https://www.dhs.wisconsin.gov/dms/memos/num/2020-01.pdf

CCS: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/36.pdf

https://www.forwardhealth.wi.gov/kw/pdf/2014-42.pdf

DSD: https://www.dhs.wisconsin.gov/publications/p02570.pdf