



WIMCR and CCS FAQ Categories

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WIMCR and CCS General Information and Resources

QUESTION 1: Where can I find resources and Supplemental Service Information?

ANSWER 1: The WIMCR dashboard can be accessed by logging into an account at www.wimcr.com, and the CCS landing page and CSS reporting tool can be accessed via www.wimcr.com/ccs.

QUESTION 2: What is the reporting timeline for WIMCR and CCS for CY 2014?

ANSWER 2: You will be able to work on the CY2014 reports for both WIMCR and CCS starting June 1, 2014 and have until August 14, 2014. We encourage you to submit reports as soon as possible so we can get started on the desk review process.

QUESTION 3: What is new to the WIMCR web tool this year?

ANSWER 3: There are many new webtool features for CY2014 reporting, including:

- Employees are alphabetized by last name so it's easier to find individuals
- A printing options of the 2013 and 2014 summary reports
- More professional types are linked with the programs that they provide
- You can manually allocate costs for direct service non personnel instead of using the system based allocation method (we received lots of feedback on being able to override travel costs)
- You can manually allocate costs for direct support
- Improved import/export functionality
- New categories for reporting overhead (many people reported "other" last year, our goal is to remove the "other" category going forward and list all categories for overhead)

QUESTION 4: Why can't I unlock all the sections in the WIMCR tool? Can I work ahead of an uncompleted section?

ANSWER 4: There are sections of the WIMCR webtool that are prepopulated by the answers from previous sections. For example, the WIMCR tool will require a full accounting of employees prior to allowing any information to be added to the overhead section. If you have multiple people working on your WIMCR cost report, or would like to work ahead, there is an excel-based "WIMCR 2014 webtool demo" available under Resources on the WIMCR.com dashboard where you can input your information in any order. If you opt to use the excel tool to gather data, you are still required to import all data into the web based report.

QUESTION 5: Can I import data from last year?

ANSWER 5: Yes, there is an import and export data function available to you.

QUESTION 6: How will CCS be integrated into the WIMCR functionality next year?

ANSWER 6: You will be able to select CCS in the WIMCR Direct Service Checklist. You will also select the professional types associated with your CCS program. You will be able to allocate clinician hours, direct service non-personnel cost and overhead cost into CCS.

WIMCR and CCS County Agency Overview

QUESTION 7: Why does the WIMCR webtool ask for agency wide information?

ANSWER 7: Agency wide information like expenditures and a full time employee count are used in the desk review process and part of the agency overhead allocation.

QUESTION 8: How do I determine the number of FTEs, if my employee is not a 40 hour/week employee?

ANSWER 8: You can convert any FTEs by multiplying FTEs based on the average standard weekly hours in place at your agency by the ratio of average standard weekly hours to 40. For example, if you have 500 FTEs based on 37.5 average standard weekly hours, the conversion would be as follows:

$$500 \text{ FTEs} \times 37.5 \text{ average standard weekly hours} \div 40 = 468.75 \text{ FTEs}$$

Additionally, there is an excel tool located on the WIMCR Dashboard page under Resources that will assist you in converting your employee's hours into FTEs.

QUESTION 9: What are interdepartmental charges?

ANSWER 9: Interdepartmental charges are expenses that have been passed onto your agency as a part of a larger county agreement. For example, if a county shares an accountant between different agencies, the reporting agency's portion of the interdepartmental charges will be what they are paying to the county for the accountant's services. Overhead cost included in Interdepartmental charges will be prepopulated on the Overhead Non Personnel screen. Interdepartmental charges should not be reported again under the Overhead Personnel and/or Overhead Non Personnel screens because they will be automatically included in total overhead cost.

QUESTION 10: For CCS updated reporting, how should we record full time employee (FTE) hours on the County Agency Overview taking into account the split year reporting between the Legacy and Updated versions?

ANSWER 10: FTE hours will be divided by two between the two periods. For example, if you have 10 employees that are full time equivalent, you would report 5 FTE on the County Agency Overview within the updated CCS report.

WIMCR Direct Service Checklist

QUESTION 11: What happens if something is reported incorrectly on the direct service checklist?

ANSWER 11: If you have already submitted your direct service checklist, you will need to contact PCG at WIMCR@pcgus.com (866) 803-8698 to unlock or change the direct service page.

WIMCR and CCS Direct Service and Support

QUESTION 12: What activities are included In WIMCR direct service?

ANSWER 12: A WIMCR direct service is anything that includes face-to-face service with a client. Additionally, some programs include some other activities as a direct service. If the service is Medicaid billable (or would have been Medicaid billable, but the recipient is not eligible for Medicaid), it would be classified as a direct service. For example, Home Health considers travel expenses to be a part of direct services.

QUESTION 13: Where do I input travel time?

ANSWER 13: It will depend on the program. Programs like Home Health (HH) and Comprehensive Community Services (CCS) are reimbursed for travel expenses through Medicaid, and will be considered direct service hours. For other programs like Prenatal Care Coordination (PNCC), you will report the travel time as direct support hours because travel time is not reimbursable by Medicaid.

QUESTION 14: Should I report a contracted employee's salary and benefits?

ANSWER 14: No, counties should only report the amount that they paid to the contractor for their services provided. For example, if your agency paid \$10,000 for services provided by a contracted clinician, you would report a contract cost of \$10,000.

QUESTION 15: Can I average my contractor's costs for the services they provide?

ANSWER 15: For CY 2014, you will be able to use an average cost and number of hours for all contractors within a specific contract entity and professional level. For CY 2015, it will no longer be acceptable to average the contract cost across your contractors evenly. We have developed a "2015 Guide to WIMCR Contract Reporting" and a "WIMCR Cost Reporting Contractors Information Template" which are available on the wimcr.com dashboard page under resources. The contractors guide can be provided to your contracted agencies to alert them to the information they will need to provide for county for CY 2015.

QUESTION 16: Which programs can any clinician at any degree level provide?

ANSWER 16: The following WIMCR programs do not require professional type modifiers. Consequently, clinicians at any professional level can provide these services:

- Adult Mental Health Day Treatment (AMHDT)
- Child Adolescent Day Treatment (CADT)
- Prenatal Care Coordination (PNCC)
- Substance Abuse Day Treatment (SADT)
- Targeted Case Management (TCM)

QUESTION 17: How much time must an employee spend on WIMCR programs to be considered a direct support employee?

ANSWER 17: To be reported as a direct support employee, an employee must spend at least 25% of their time providing WIMCR direct support. If they spend less than 25% of their time on WIMCR programs, then they should be reported as overhead personnel.

QUESTION 18: Can any professional type provide direct support?

ANSWER 18: Yes, any employee who spends at least 25% of their time providing WIMCR direct support to one or more WIMCR programs should be reported under direct support.

QUESTION 19: In reporting CCS direct service hours and CCS direct support hours for both legacy and the updated method, should I simply split the total hours in half for each report?

ANSWER 19: No, it is important to report the direct service hours and direct support hours accurately based on dates of service, as opposed to simply splitting the hours between reporting periods.

WIMCR and CCS Group Services

QUESTION 20: What are the programs that could have been provided in a group services setting? What are the units for each program?

ANSWER 20: Community Support Program (CSP), Comprehensive Community Services (CCS), Outpatient Mental Health and Substance Abuse (OPMHSA), Outpatient Mental Health and Substance Abuse Services in the Home and Community (OPMHSA-HC), and Prenatal Care Coordination (PNCC) can all be provided in a group setting. Billable units for group services each program are listed in the chart below.

WIMCR and CCS Group Service Billable Units by Program		
Program	Abbreviation	Unit
Community Support Program	CSP	15 minute
Comprehensive Community Services	CCS	15 minute
Outpatient Mental Health and Substance Abuse	OPMHSA	1 hour
Outpatient Mental Health and Substance Abuse in the Home and Community	OPMHSA - HC	1 hour
Prenatal Care Coordination	PNCC	1 visit

QUESTION 21: What does duplicated participant count mean? How should it be reported?

ANSWER 21: The duplicated recipient count is total number of attendees at a program multiplied by the number of units of service. A unit of service will differ between programs per the chart above. For example, one session of CSP is a 15 minute unit. If 1 person attends 1 hour of CSP service (4 units), they will count as 4 under the duplicated participant count. Similarly, if 4 people attend 15 minutes (1 unit) of CSP service, they will count as 4 under the duplicated participant count. Please note that the duplicated participant count will take into account every session attended by a person, which means a person can be counted more than once.

WIMCR and CCS Overhead

QUESTION 22: Under the Overhead tab for personnel, how would I report a full time employee who spends 40% of their time providing clerical support and 60% of their time providing administrative support?

ANSWER 22: This employee will be listed twice. Once as a .4 FTE employee who provides clerical support and once as a .6 FTE employee who provides administrative support. 40% of their cost should be listed under clerical support, and 60% should be listed under administrative support.

QUESTION 23: How does the number of FTEs in Overhead Personnel fit into the final calculation?

ANSWER 23: Overhead will not be allocated to FTEs that exclusively provide overhead services because overhead FTEs are part of the overall overhead cost which should be allocated to each program.

QUESTION 24: Is there a process for overriding the system automated overhead allocation formula?

ANSWER 24: Yes, agencies that believe they have a more accurate methodology for allocating overhead can email wimcr@pcgus.com and ask for an override request form. Within the override request form, providers will be required to answer questions relating to their planned overhead allocation updates. PCG and DHS will review all requests to determine whether or not the overhead proposed allocation methodology is allowable.

WIMCR and CCS Federal Funds and Reductions

QUESTION 25: If we use federal funds and grants to pay for an employee's full salary, but they only work part time in WIMCR, how should we report this in the Federal Funds and Support tab?

ANSWER 25: In short, you need to report whatever piece would flow into the WIMCR program. For example, if someone works 50% of their time in WIMCR programs and they are paid for entirely with a block grant, then you will need to report 50% of his salary on the Federal Funds and Support tab for that

specific WIMCR program. This is also true for non-personnel item which is paid for with federal funds and only used part time for WIMCR programs.

WIMCR and CCS Certification and Cost Settlement

QUESTION 26: Can you certify the report if you are the one entering the data?

ANSWER 26: Yes, but you must be a county level administrator. If you need help changing to this designation please contact PCG.

QUESTION 27: Are WIMCR and CCS clients who are not Medicaid eligible factored into the final cost settlement calculation?

ANSWER 27: No; however, cost and hours associated with non-Medicaid eligible clients should be included in the cost report.

WIMCR and CCS Desk Review

QUESTION 28: Can I print the desk review edit page?

ANSWER 28: Currently no, but you can print via your internet browser or by using the screenshot function on your computer.

QUESTION 29: During the reporting period, can we go back and modify a desk review explanation?

ANSWER 29: Yes.

QUESTION 30: After the reporting period ends and the report is certified, can we go back and modify a desk review explanation?

ANSWER 30: No. If a PCG desk reviewer has a question about your desk review explanation, you will be required to update your report or provide additional clarification during the desk review period.

QUESTION 31: How are agency and contractor employee salary/contract thresholds determined?

ANSWER 31: The thresholds are based on the Bureau of Labor Statistics and are specific to Wisconsin and 2014.

CCS General Reporting

QUESTION 32: How do I start the CCS excel tool from the landing page?

ANSWER 32: First you must click the Enable Editing button, followed by the Enable Content button. At this point, you will be able to access the "Report List" Tab.

QUESTION 33: When are the Legacy and Updated CCS reporting dates of service?

ANSWER 33: Legacy dates of service are from January 1, 2014, to June 30, 2014. Updated CCS dates of service are from July 1, 2014, to December 31, 2014.

QUESTION 34: For the Legacy CCS claims reporting, should I report the date of service or the date of claim payment?

ANSWER 34: You should report total claims for dates of service between January 1, 2014 and June 30, 2014.

QUESTION 35: Why must I provide General Information on CCS, but not in WIMCR?

ANSWER 35: WIMCR collects your General Information via your login. CCS does not have a login page and will collect your data within the General Information tab of the spreadsheet.

CCS Regionalization

QUESTION 36: What are the benefits of Regionalization?

ANSWER 36: For counties that are part of a CCS region, the State will contribute the local Medicaid funding match.

QUESTION 37: Will I have to complete two reports in the Updated CCS report if my county regionalized after July 1, 2014?

ANSWER 37: No, you will only need to fill out one updated report (you will also need to complete one legacy report if you provided CCS services from January to June of CY2014). For example, if your county regionalized in October 2014, PCG will take into account the date of regionalization and apply the reimbursement to your claims accordingly.

QUESTION 38: If I am part of a region, which county should prepare and certify these reports?

ANSWER 38: It doesn't matter which county fills out the reports for each region, as long as there is a report created for each county and at least one participant from each county reviews their county's report. It may be the case that the lead county will prepare reports for all the counties in their region because it is time efficient.

QUESTION 39: When must regionalization have occurred for counties to report as a region for calendar year 2014?

ANSWER 39: Regionalization must have occurred between July 1, 2014 and December 31, 2014, to report as a region for calendar year 2014.

QUESTION 40: On the "Regional Information" tab, should I report counties that have been added to our region after the end of CY 2014?

ANSWER 40: No, only counties that were part of your region during CY 2014.

QUESTION 41: What date should I provide for regional formation? The date of formation or the certification date?

ANSWER 41: We are looking for the date of certification, not the date the region was initially formed.

CCS CY2014 Reporting

QUESTION 42: On the Direct Service and Support tab, will we need to describe their CCS job description or service for our agency and contracted employees?

ANSWER 42: No, we will not collect this information this year.

QUESTION 43: What is a regional shared employee? What is a regional revenue offset?

ANSWER 43: A regional shared employee is one who is shared between counties. For example, an employee's salary and benefits are paid for by County 1. The employee spends 80% of his time working

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for County 1, 10% for County 2, and 10% for County 3. County 1 will receive a revenue offset from Counties 2 and 3 for the services that the regional shared employee has provided their counties.