

STATE OF WISCONSIN
Department of Health Services
Division of Long Term Care

DLTC Numbered Memo Series / Action 2009-12
Dated: November 2, 2009
Index Title: Changes in Medicaid Waivers Affecting Service
Providers Providing Home and Community-Based Waiver
Services

To: Listserv

For: Aging and Disability Resource Centers
Area Administrators / Human Services Area Coordinators
Area Agencies on Aging
Children's Long-Term Support Lead Contacts
County Aging Units / Directors
County COP Coordinators
County Department of Community Program Directors
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Independent Living Centers
Tribal Chairpersons
Human Services Facilitators

From: Susan J. Crowley
Administrator

Subject: CHANGES IN MEDICAID WAIVERS AFFECTING SERVICE PROVIDERS FOR THE
MEDICAID HOME AND COMMUNITY-BASED SERVICES WAIVERS

Document Summary

This memo describes policy changes that apply to county waiver agencies and service providers through the Medicaid Home and Community-Based Services Waivers as follows: the Brain Injury Waiver (BIW), the Children's Long-Term Support Waivers (CLTS), the Community Integration Programs (CIP) and the Community Options Programs (COP-W/CIP II). These are referred to as Medicaid Waivers in this memo. These changes are necessary to assure that Wisconsin's Medicaid Waivers comply with federal regulations. In the future, compliance with this policy may be determined in a number of ways including the 'State Single Audit Guidelines for Programs from the Department of Health Services' or a Quality Assurance review through The Management Group (TMG). State Quality Assurance staff for each of the Medicaid Waivers are available to assist county waiver agencies with the application of the revisions set forth in this memo.

This correspondence is intended to provide information about the policy requirements established by The Department of Health Services (DHS) to address Center for Medicare and Medicaid Services (CMS) requirements and to describe the process for county waiver agencies to implement the change. These policies require that all Medicaid Waiver service providers execute a provider agreement with the Department and that all current and potential providers be registered with the Department.

Note: This policy applies to county waiver agencies that will continue to operate the Medicaid Waivers in 2010 and to providers serving people through the Medicaid Waivers in those counties. If a county begins transition to managed care prior to December 31, 2009, then this policy only applies to CLTS Waivers in those counties.

1. STATE MEDICAID AGENCY (SMA) PROVIDER AGREEMENTS

All Medicaid waiver service providers must execute a SMA Provider Agreement with the Department of Health Services and must register online with the Department (refer to Section 2 of this memo - 'Provider Registration'). Providers who have not completed both steps: registered and signed an agreement by the end of CY 09 will not be paid with waiver funds in CY 10. Chapter IV, Sections 4.02 and 4.03 of Medicaid Waiver Manual (See [Chapter IV](#)) contain additional policy details. The provider agreement forms are available from the DHS Forms Library at the following links:

<http://dhs.wisconsin.gov/forms/f0/f00180.doc> or <http://dhs.wisconsin.gov/forms/f0/f00180A.doc> and <http://dhs.wisconsin.gov/forms/f0/f00180B.doc>. The agreements must be completed and submitted in a hard copy format with an original signature to the Department.

The terms of provider agreements may not be supplemented, negotiated, or modified in any way. County waiver agencies must distribute the memo to all providers who will deliver services in Calendar Year 2010; it is the Provider's obligation to submit the signed agreements to the Department. Agreements are required for all Medicaid Waiver service providers, except for providers of incidental services that are provided on an infrequent or one time basis. In these limited circumstances, the county waiver agency may employ and provide to the Department an unsigned Provider Agreement.

Provider Agreements for all providers currently providing Waiver services must be executed no later than December 15, 2009. If a county will begin transition to managed care prior to December 31, 2009, then this policy only applies to CLTS Waivers. Providers are encouraged to complete this process as soon as possible. The Department will provide county waiver agencies a listing of providers who have submitted Provider Agreements and providers who have completed the Provider Registration by December 15, 2009. It is the county's responsibility to ensure all providers have signed and submitted Provider Agreements. Waiver payment for services provided on or after January 1, 2010 is unavailable for any provider who has not submitted a signed Provider Agreement by December 31, 2009.

Signed Provider Agreement forms must be submitted directly to The Bureau of Long Term Support (BLTS). Bureau staff will assure that counties get documentation of provider compliance with this requirement.

- a. WISCONSIN MEDICAID PROGRAM PROVIDER AGREEMENT AND ACKNOWLEDGEMENT OF TERMS OF PARTICIPATION FOR WAIVER SERVICE PROVIDER ENTITIES (Attachment 1)

This agreement is to be used by entities which are corporations or legal businesses other than individuals that provide Waiver services.

- b. WISCONSIN MEDICAID PROGRAM PROVIDER AGREEMENT AND ACKNOWLEDGEMENT OF TERMS OF PARTICIPATION FOR INDIVIDUAL OR NON-SPECIFIED WAIVER SERVICE PROVIDERS (Attachment 2)

This agreement is to be used by providers who are individuals or by a company or organization that provides atypical Medicaid Waiver funded services not specifically listed in the Medicaid Waivers Manual (e.g., carpenters and other skilled trades providing home modifications or those doing specialty work such as vehicle modifications).

- c. WISCONSIN MEDICAID PROGRAM PROVIDER AGREEMENT AND ACKNOWLEDGEMENT OF TERMS OF PARTICIPATION FOR WAIVER SERVICE PROVIDER AGENCIES OR INDIVIDUALS – SELF-DIRECTED SUPPORTS (Attachment 3)

This agreement is to be used by providers who are individuals and who are employed by the Medicaid Waiver participant under a self-directed supports plan and will be paid directly by a fiscal agent.

2. PROVIDER REGISTRATON

All service providers must register by way of the State Medicaid Waiver Provider Registry, which can be accessed online at <https://doa.wi.gov/DHSSurveys/TakeSurvey.aspx?SurveyID=74L3368K>. A [preview](#)

only copy of the online registration process is available for providers to use to prepare for actual registration. All provider registrations must be submitted online; paper copies will not be accepted. The purpose of the registration system is to give Medicaid Waiver participants the freedom to choose any willing and qualified service provider. The requirement applies to any service provider, who is currently providing services, interested in providing services or selected by a participant to provide services.

Prospective providers not currently qualified under the standards in Chapter IV of the Medicaid Waivers Manual are permitted to register as potential providers. If a Medicaid Waiver participant chooses a new provider, the provider must meet all standards for licensure, certification, experience, training and/or any other qualification outlined in the applicable SPC in Chapter IV before they may provide services and receive reimbursement with Medicaid Waiver funds.

The registry enables county waiver agencies to provide information to Medicaid Waiver applicants and participants about willing providers. The provider registry will have geographic and service specific lists.

Provider registration may be accomplished either by the provider or the county waiver agency.

Providers will be responsible to register only once.

3. PROVIDER QUALIFICATION AND ACCESS

Registration and placement on the provider registry does not mean that a provider is qualified. All providers must meet the standards established by The Department and Medicaid Waiver regulations for all covered services. All providers must have an executed Provider Agreement and provider registration prior to delivery of services. All providers are required to have background checks completed. (See [Chapter IV](#) , Section 4.05)

BLTS staff appreciate the county waiver agencies' work and collaboration with the Department on this issue to ensure that Wisconsin is in compliance with federal requirements. If you have any questions regarding the online Provider Registry, please contact Lynn Sabin at lynn.sabin@wisconsin.gov or (608) 266-6891. Please contact Irene Anderson at irene.anderson@wisconsin.gov or (608) 266-3884 if you have any questions about the SMA Provider Agreement policy requirements.

Summary of action needed by providers:

1. Please send completed and signed Provider Agreements to:

Bureau of Long Term Support
Attention: Provider Agreement Reviewer
Room 418
PO Box 7851
Madison, WI 53707-7851

2. Complete the online State Medicaid Waiver Provider Registration form. All registrations must be done online; paper copies will not be accepted.

Both steps must be completed in order to satisfy the policy requirements and to ensure providers will be paid for their services on a timely basis as of January 1, 2010. Please make sure that the provider name is identical on both the Provider Agreement and the Provider Registry.

CENTRAL OFFICE CONTACT: Irene Anderson, irene.anderson@wisconsin.gov

MEMO WEB SITE: http://dhs.wisconsin.gov/dsl_info/InfoMemos/InfomeIndex.htm

Attachments: The Medicaid Waiver Program Provider Agreements

Attachment 1: <http://dhs.wisconsin.gov/forms/f0/f00180.doc>

Attachment 2: <http://dhs.wisconsin.gov/forms/f0/f00180A.doc>

Attachment 3: <http://dhs.wisconsin.gov/forms/f0/f00180B.doc>