



DEPARTMENT OF CHILDREN
AND FAMILIES
Secretary Eloise Anderson
201 East Washington Avenue, Room G200
P.O. Box 8916
Madison, WI 53708-8916
Telephone: 608-266-8684
Fax: 608-261-6972
www.dcf.wisconsin.gov

DEPARTMENT OF HEALTH SERVICES
Secretary Kitty Rhoades
1 West Wilson Street
P.O. Box 7850
Madison, WI 53707-7850
Telephone: (608) 266-9622
FAX: (608) 266-7882
www.dhfs.wisconsin.gov

**State of Wisconsin
Governor Scott Walker**

**TO: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators**

**FROM: Katherine McGurk, Director
Bureau of Early Learning and Policy
Division of Early Care and Education
Department of Children and Families**

DECE/BELP OPERATIONS MEMO					
No: 15-37 2nd Amendment					
DATE: 10/09/2015					
FS	<input type="checkbox"/>	MA	<input type="checkbox"/>	BC+	<input type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>
BC+ Basic	<input type="checkbox"/>	BC+ CORE	<input type="checkbox"/>		
CC	<input checked="" type="checkbox"/>	W-2	<input type="checkbox"/>	EA	<input type="checkbox"/>
CF	<input type="checkbox"/>	JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>
RAP	<input type="checkbox"/>	WIA	<input type="checkbox"/>	Other	<input type="checkbox"/> *
				EP	

SUBJECT: Wisconsin Shares Special Needs Higher Rate Request Form

REFERENCE: Wisconsin Shares Child Care Subsidy Policy Manual Sections 2.2.14, 2.4.5.1, and DCF 201.06(3)(a)

EFFECTIVE DATE: October 9, 2015

PURPOSE

This Operations Memo introduces the requirement for local county and tribal agencies to use form [DCF-F-2976](#), *Wisconsin Shares Special Needs Higher Rate Request*, to document requests for a higher reimbursement rate for a child with special needs.

BACKGROUND

Prior to the development of this form, local agencies have determined higher reimbursement rates for children with special needs based on instructions in the previous version of the Wisconsin Shares Child Care Subsidy Policy Manual section 3.4.6; however, there has not been a standardized method for documenting the costs associated with the additional costs for the child's care. With the introduction of the *Wisconsin Shares Special Needs Higher Rate Request* form ([DCF-F-2976](#)), all agencies will follow the same procedure for collecting documentation from parents and child care providers to process requests for higher reimbursement rates.

CURRENT POLICY:

Providers who care for children with special needs do not automatically qualify for a higher reimbursement rate. Local agency workers consider higher reimbursement rates for providers caring for special needs children on a case-by-case basis. The provider may be eligible for a higher reimbursement rate to reflect the increased costs the child care provider incurs in providing care to the child with special needs.

The parent must provide the agency with documentation from a physician, special educator, or other licensed professional. This documentation must be saved in the Electronic Case File (ECF).

The child care provider must provide the agency with a rationale for the higher reimbursement rate along with documentation of the extra costs associated with providing care for the child. The reason for the higher rate must be documented in CWW case comments.

If a child age 13 or older is verified to have special needs, but the provider does not incur extra costs to provide care, the local agency should use the provider's rate for 12 year olds or county maximum rate for 12 year old children, whichever is less. For certified providers, the certified maximum county rate for 12 year olds applies.

NEW POLICY:

All new higher rate authorizations to licensed child care providers must be enrollment based and use a weekly rate. Authorizations to certified providers will continue to be attendance based.

NEW REQUIREMENT TO USE FORM DCF-F-2976

Parents are required to submit the *Wisconsin Shares Special Needs Higher Rate Request* form, ([DCF-F-2976](#)) to request a higher reimbursement rate for a special needs child. If a higher rate is approved, the increased rate is valid for one year. A new form must be completed every 12 months to evaluate the needs of the child and determine any adjustments to the cost of child care. A new form must also be completed if there is a change in child care providers to determine the cost of care at the new child care program.

In addition to providing the agency with a statement that the child has a special need by a physician or medical provider, the parent may also submit any of the following supporting documentation of the need from a physician, special educator, or other licensed professional:

- An Individualized Family Service Plan (IFSP) from Birth to 3;
- An Individualized Education Program (IEP) from a school district;
- A 504 plan (child has an alternative plan in place to provide some assistance to participate fully in school);

The child care provider is responsible to complete the section of the form titled "*Provider Rationale*" and to list the weekly rate requested. This rationale may include the child's additional needs for care that are not accounted for in the regular Wisconsin Shares reimbursement rate, and should identify the specific additional care that is needed for physical, behavioral, or educational needs.

Providers may also use this form to request training and technical assistance from the local Child Care Resource and Referral Agency or YoungStar Technical Consultant regarding child care for special needs children.

After the child care provider has completed the “*Provider Rational*” section, the parent is responsible for submitting the form to the Wisconsin Shares child care coordinator or Wisconsin Shares child care authorization worker at the local agency.

Form DCF-F-2976 is also available in Spanish and Hmong through the DCF Forms Repository at the following links:

Spanish - [DCF-F-2976-S](#)

Hmong - [DCF-F-2976-H](#)

CONFIDENTIAL DOCUMENTS

The [DCF-F-2976](#) form and all supporting documentation must be scanned into the Electronic Case File. Medical information is highly confidential and subject to additional safeguarding. Please refer to the ECF Handbook sections [1.7.1](#) and [1.7.2](#) for additional information on scanning Restricted Documents.

When obtaining highly confidential information such as medical diagnosis, the agency worker must obtain a signed release of confidentiality [form DCF-F-369-E Confidential Information Release Authorization](#).

CONTACTS:

For Wisconsin Shares Child Care policy questions outside of Milwaukee County contact your Bureau of Regional Operations (BRO), Child Care Coordinators at http://dcf.wisconsin.gov/regional_operations/pdf/contact_list.pdf

For Child Care CARES/CWW, CSAW and CCPI Processing Questions statewide and policy questions in Milwaukee County contact the Child Care Help desk at: childcare@wisconsin.gov or (608) 264-1657.

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, BC+ Core – BadgerCare Plus Core, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DCF/DECE/BELP/PZ