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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**Division of Public HealthF-00054A (07/2016) |
| **request for waiver of requirements relating to co-locationof an adrc and ICA/mco or adRC and staff subcontracted to an ICA/mco** |
| Completion of this form is voluntary; however, the information requested is required as part of the waiver approval process to avoid conflicts of interest inherent in co-location of Aging and Disability Resource Center (ADRC) and Managed Care Organization (MCO) and IRIS consultant agency (ICA), OR an ADRC and staff subcontracted to an ICA or MCO. Waiver requests should be submitted to the Office for Resource Center Development at DHSRCTeam@wisconsin.gov for review and approval. |
| Name – Aging and Disability Resource Center      | Date of Request      |
| **REQUEST SUBMITTED BY:** |
| Name – Requestor      | Title      |
| Email Address      | Telephone Number(     )       |
| Identify the situation for which you are requesting a waiver.      |
| Provide a detailed description of the physical space for the ADRC, ICA and MCO or unit providing services for the ICA or MCO, including building location, location of offices within the building, proximity of space, and any shared features, such as entryways, waiting areas, reception desks and/or phones, conference or consultation rooms, staff offices, or break rooms. |

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| Describe why the requirements cannot be reasonably met in your situation. |

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| Describe the ways in which the separate identities of the ADRC, ICA and MCO or subcontracted function are/will be established and maintained. |

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| Attach the following:1. A floor plan illustrating the spaces describe above
2. A copy of related conflict of interest policies for the ADRC, ICA, MCO, and organization employing any subcontracted staff
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| Describe how staff of all relevant organizations will be oriented and trained to avoid conflicts of interest between the ADRC and ICA or MCO. |

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| For DHS Use only |
| **SIGNATURE** – Approved by | Date Signed |