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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Public Health  F-00054B (07/2016) | | |
| **request for waiver of requirements relating to ORGANIZATIONAL SEPARATION When MCO Care Management is Subcontracted to the Same Agency that is Responsible for an ADRC** | | |
| 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 having a single agency provide both Aging and Disability Resource Center (ADRC) services and care management under contract to a Managed Care Organization (MCO). Waiver requests should be submitted to the Office for Resource Center Development at [dhsrcteam@wisconsin.gov](mailto: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 specific situation for which you are requesting a waiver. | | |
| Describe the management and supervisory structure for both ADRC and care management staff, including the lines of authority and responsibilities for supervision relating to hiring and firing, pay, and other personnel functions, and to work assignments, policies and procedures, and supervision of clinical or professional work. | | |

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| Describe why the requirement for organizational separation cannot be reasonably met in your situation. |

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| Describe the ways in which the independence of the ADRC and subcontracted care management function will be established and maintained. |

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| Attach the following:   1. Organization chart(s) illustrating the supervisory and management structure described above 2. A copy of related conflict of interest policies for the ADRC, MCO and organization employing any subcontracted care management staff |
| Describe how staff of all relevant organizations will be oriented and trained to avoid conflicts of interest between the ADRC and MCO. |

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