

APPENDIX K

Submission for Children's Long-Term Support Waiver, May 2020

Overview

In response to the COVID-19 pandemic, the Wisconsin Department of Health Services submitted an Appendix K application for the Children's Long-Term Support (CLTS) Waiver, which was approved by the Centers for Medicare & Medicaid Services on May 20, 2020. The Appendix K submission is a standalone application that states may use during emergency situations to request changes to approved applications. It includes actions states may take under the existing Section 1915(c) home and community based waiver authority to respond to an emergency. An Appendix K, sometimes referred to as a "K Waiver," is limited to changes in the state's currently approved Section 1915(c) application.

The CLTS Waiver supports over 10,000 children with developmental disabilities, physical disabilities, and/or significant mental illnesses. Our approved application includes limits and restrictions that necessitated temporary waivers during the COVID-19 pandemic. Key changes in the CLTS Appendix K submission are included below and are effective March 1, 2020, through February 28, 2021. The full [CLTS Appendix K](#) submission is attached.

CLTS Appendix K Flexibilities Granted

- Allows assessments, evaluations, and person-centered service planning meetings to occur remotely
- Allows any service that can be provided with the same functional equivalency of face-to-face services to occur remotely
- Allows updates to participant service plans, using allowable remote contact methods, with additional supports and services to respond to the COVID-19 pandemic
- Allows electronic signatures for person-centered service planning
- Allows spouses and parents of minor children, family caregivers, and legally responsible individuals to be paid caregivers for certain services
- Gives extensions for reassessment and reevaluation for up to one year past the due date
- Allows for continued enrollment past ages 18 and 21
- Suspends all involuntary disenrollments

Additional Information

The CLTS Appendix K approval allows for much-needed flexibilities for the program's stakeholders, and is an important piece of the Department of Health Services' response to the COVID-19 pandemic. In addition to the CLTS Appendix K, the Department of Health Services has identified and requested additional programmatic



flexibilities, including the submission of a Section 1135 Waiver and multiple Medicaid Disaster Relief State Plan Amendments. The key changes listed in this document are not an exhaustive list of the flexibilities available to program stakeholders, and additional flexibilities may be available under state or other federal authorities.

Please note that requests that were included in the original Appendix K submission may have been rejected by the Centers for Medicare & Medicaid Services or resubmitted as 1135 waiver or Medicaid Disaster Relief State Plan Amendments requests under the Centers for Medicare & Medicaid Services' guidance.

Furthermore, there may be requests that were approved by the Centers for Medicare & Medicaid Services but not implemented due to either insufficient current resources to support implementation or a Department of Health Services' determination that they are not necessary at this time.

Questions regarding the CLTS Appendix K submission or other CLTS program flexibilities can be sent to the DHSDMSCOVID19@dhs.wisconsin.gov inbox with the subject line **CLTS Appendix K Flexibilities**.

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergencies to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

- A. **State:** Wisconsin
- B. **Waiver Title(s):** Children's Long-Term Support Waiver Program
- C. **Control Number(s):**
WI.0414.R03.03

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus, or the response to the virus (e.g. closure of day programs, etc.)

F. **Proposed Effective Date: Start Date:** March 1, 2020 **Anticipated End Date:** March 1, 2021

G. **Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. **Geographic Areas Affected:**

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. **Description of State Disaster Plan (if available) Reference to external documents is acceptable:**

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. **Access and Eligibility:**

i. **Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

N/A

ii. **Temporarily modify additional targeting criteria.**

[Explanation of changes]

N/A

b. X **Services**

i. X Temporarily modify service scope or coverage. [Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

N/A

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. ___ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

N/A

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

NA

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

Refer to Appendix K Addendum: COVID-19 Pandemic Response, 4. Provider Qualifications.

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Child Care, Community Integration Services, Daily Living Skills Training, Day Services, Mentoring, Respite, and Supportive Home Care:

- Provider type: Individual - Parent/Guardian Selected Provider
- Changes to provider qualifications:
In order to expand the provider pool, allow minors who live in the participant's home and are appropriately qualified as approved by the participant and county waiver agency and as related to the provision of this service, only for services that are authorized and when no other provider is available.

Support and Service Coordination:

- Provider type: Individual - Other Person appropriately qualified as approved by the State and as related to the unique service being provided
- Changes to provider qualifications:
In order to expand the provider pool and expedite participant access to necessary services, allow county waiver agencies to employ individuals with the following qualifications who will conduct assessments and service planning activities. These individuals must have knowledge of the wide-ranging strengths and needs of children with disabilities and their families. They will also be familiar with the Wisconsin Medicaid Program and local resources for families who have children with disabilities. They must possess any combination of four years of post-secondary education and/or work experience working directly with children and families who have long-term support needs. Being bilingual and/or bicultural can count toward some of an individual's experience, as long as they are also well-qualified with relevant disability experience and/or knowledge.

ii. X Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

Assistive Technology and Communication Aids: Allow general retailers to expand the provider pool.

Transportation: Add "Transportation Network Companies" as an Agency type to expand the provider pool.

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

N/A

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

Extend the certification period of level-of-care screeners for an additional year.

Allow the waiver of enrollment or eligibility changes based on a completed functional screen resulting in a change in level-of-care.

f. ___ Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.

In order to expand the Support and Service Coordination provider pool and expedite participant access to necessary services, allow county waiver agencies to employ individuals with the following qualifications who will conduct assessments and service planning activities. These individuals must have knowledge of the wide-ranging strengths and needs of children with disabilities and their families. They will also be familiar with the Wisconsin Medicaid Program and local resources for families who have children with disabilities. They must possess any combination of four years of post-secondary education and/or work experience working directly with children and families who have long-term support needs. Being bilingual and/or bicultural can count toward some of an individual's experience, as long as they are also well-qualified with relevant disability experience and/or knowledge.

Strategies to ensure that services are received as authorized are as outlined in the approved § 1915(c) waiver, Appendix D, Quality Improvement: Service Plan, d.

Waive requirement to distribute Individual Service Plans to essential providers in lieu of prioritizing resources to ensure participant health and safety.

Allow for payment of allowable waiver services that are not documented in an Individual Service Plan, to ensure immediate access to services needed for participant health and safety. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The ISP will be updated no later than 30 days from the date the service was initiated.

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

N/A

i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

- Adaptive Aids
- Assistive Technology and Communication Aids
- Child Care
- Community Integration Services
- Counseling and Therapeutic Services
- Mentoring
- Respite
- Specialized Medical and Therapeutic Supplies
- Support and Service Coordination
- Supportive Home Care

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

N/A

l. Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

N/A

m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Administrative

1. **Public Notice:** Waive public notice requirements that would otherwise be applicable to waiver changes.
2. **Tribal Consultation:** Modify the tribal consultation timelines, to allow for consultation at the next future Tribal Health Directors meeting.
3. **Signature Requirements:** Add a verbal method of signing off on required documents such as the person-centered service plan.

Enrollment & Eligibility

4. **Suspend Involuntary Disenrollments:** Suspend all disenrollments, outside of voluntary, from the waiver program. When the pandemic ends, re-evaluations and any indicated dis-enrollments will be completed for affected participants.
5. **Transition of Individuals Affected by Maximum Age Limitation:**
Typically, in counties that have implemented the Family Care waiver and the self-directed Include, Respect, I Self-Direct (IRIS) waiver, young adult CLTS Waiver Program participants, 18 through 21 years of age, must be enrolled in those programs without delay. If a participant is not able to enroll in one of those programs, they may maintain enrollment in the CLTS Waiver Program during the pandemic.

Fiscal

6. Allow for draws of federal financing match for payments, such as hardship or supplemental payments to stabilize and retain providers who suffer extreme disruptions to their standard business model or revenue streams as a result of the pandemic. Retainer payments for habilitation services (Community Integration Services, Consumer Education and Training, Counseling and Therapeutic Services, Daily Living Skills Training, Day Services, Mentoring, Supported Employment-Individual, Supported Employment-Small Group) will be provided and will not exceed the total amount that the provider would have received had services been provided as expected. The retainer time limit may not exceed 30 consecutive days.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation
 - iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).

- v. Other *[Describe]*:

Allow all waiver services and administrative requirements that can be provided with the same functional equivalency of face-to-face services to occur remotely.

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology
- 3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**
- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

Other individual or agency provider appropriately qualified as approved by the participant and county waiver agency and as related to the unique service being provided.

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date:

State Medicaid Director or Designee

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Child Care Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Child Care services include:</p> <ul style="list-style-type: none"> The provision of child care staffing necessary to meet the child’s exceptional care needs.above and beyond the cost of basic child care that all families with young children may incur. For direct care workers and medical workers who need access to child care during the pandemic, the full cost of child care staffing necessary to meet the child’s exceptional care needs. <p>This covered child care waiver service may include supplementary supports and supervision services to address exceptional physical, emotional, behavioral or personal care needs of a child. Child care waiver services may include, but are not limited to services offered by the Department of Children and Families (DCF) licensed or certified family day care, group day care, day camps. In addition, child care services may be delivered by providers chosen by the parent/guardian that meet the DHS child care waiver training and work experience qualification requirements.</p> <p>CLTS waiver funding may be used to cover costs for child care services when a child has aged out of his or her traditional child care settings (typically up to age 12), but due to the child’s disability continues to require care or supervision when the parent/guardian is working or training. Examples include school and community-based settings that children of that age typically participate (e.g., after school programs, 4-H clubs, family residence etc.). The entire cost of child care for participants age 12 years and over may be covered under the CLTS Waiver Program.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Excludes any service that falls under the definition of daily living skills training, supportive home care, vocational futures planning, mentoring or respite care.	
<p>This service excludes, with the exception of direct care workers and medical workers who need access to child care during the pandemic, the basic cost of day care unrelated to a child’s disability that may be needed by parents or regular caregivers to allow them to work, or participate in educational or vocational training programs. The “basic cost of day care” means the rate charged by and paid to a child care center for children who do not have special needs. The basic cost of child care does not include the provision of supplementary staffing this cost may be covered by this service.</p> <p>This service may not duplicate any service that is provided under another waiver service category.</p> <p>Federal requirements prohibit the CLTS Waiver Program from funding any service could be furnished under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid, or the Medicaid State</p>	

Service Specification

Service Title: Child Care Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Plan services. The CLTS Waiver Program is also the payer of last resort and coordination of benefits (COB) must occur with private health insurance, special education services funded under the Individuals with Disabilities Education Act (IDEA), or vocational rehabilitation services funded under section 110, as amended in 2014, of the Rehabilitation Act of 1973 (29 U.S.C. 730), and Wisconsin’s income maintenance programs, as appropriate, including Wisconsin Shares Child Care Subsidy Program, Wisconsin Home Energy Assistance Program (WHEAP), and FoodShare Wisconsin. Documentation must be maintained in the file of each CLTS waiver participant demonstrating that the service does not supplant or duplicate supports or services that are otherwise available through one of these other funding sources.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Certified Child Care Provider		Family Child Care Center	
	Individual – Parent/Guardian Selected Provider		Group Child Care Center	

Specify whether the service may be provided by *(check each that applies)*:
 Legally Responsible Person Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Family Child Care Center	DCF 250		<p>Providers are required to have specialized training related to the child’s unique needs in order to effectively address the needs of each child served in a particular program, and to ensure their health, safety and welfare. If these unique needs are generally related to emotional and behavioral needs the providers must have training specific to the child’s needs and specific psychiatric/behavioral treatment plan.</p> <p>Staff in a Child Care setting who work directly with children must have a combination of one year of training in child development or one year experience working in a program serving children.</p>
Group Child Care Center	DCF 251		<p>Providers are required to have specialized training related to the child’s unique needs in order to effectively address the needs of each child served in a particular program, and to ensure their health, safety and welfare. If</p>

Service Specification

Service Title:	Child Care Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
			<p>these unique needs are generally related to emotional and behavioral needs the providers must have training specific to the child's needs and specific psychiatric/behavioral treatment plan.</p> <p>Staff in a Child Care setting for Children who work directly with children must have a combination of one year of training in child development or one year experience working in a program serving children.</p>
Certified Child Care Provider		DCF 202	<p>Providers are required to have specialized training related to the child's unique needs in order to effectively address the needs of each child served in a particular program, and to ensure their health, safety and welfare. If these unique needs are generally related to emotional and behavioral needs the providers must have training specific to the child's needs and specific psychiatric/behavioral treatment plan.</p>
Individual - Parent/Guardian Selected Provider			<p>Providers that are selected by the parent/guardian that are not licensed or certified by DCF must complete appropriate training, as approved by DHS, related to the child's unique needs to effectively address each child being served and to ensure their health, safety and welfare. If the child's unique needs are generally related to emotional and behavioral needs the providers must have training specific to the child's approved behavioral treatment plan.</p> <p>In addition, the provider must have 1 year of experience in working in a program that serves children.</p>

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Family Child Care Center	<p>The county waiver agency is currently responsible for conducting provider screening and credential verification activities.</p> <p>The Department will be transitioning the responsibility from the county waiver agency to a State, centralized provider screening,</p>	<p>The county waiver agency shall conduct a licensure/credential search with the Department of Safety and Professional Services upon, a search of the federal DHHS OIG Exclusion List, and</p>

Service Specification

Service Title:	Child Care Services	
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>		
	<p>credential verification, and enrollment process as part of the implementation of the Wisconsin Provider Management (WPM) system, targeted for January 2018.</p>	<p>complete a caregiver background check upon the person's hire and every four years, thereafter, at a minimum.</p> <p>The Department will transition responsibility from the county waiver agency for the provider screening and credential checks to a State centralized proves via implementation of the WPM system, targeted for January 2018.</p>
Group Child Care Center	<p>The county waiver agency is currently responsible for conducting provider screening and credential verification activities.</p> <p>The Department will be transitioning the responsibility from the county waiver agency to a State, centralized provider screening, credential verification, and enrollment process as part of the implementation of the Wisconsin Provider Management (WPM) system, targeted for January 2018.</p>	<p>The county waiver agency shall conduct a licensure/credential search with the Department of Safety and Professional Services upon, a search of the federal DHHS OIG Exclusion List, and complete a caregiver background check upon the person's hire and every four years, thereafter, at a minimum.</p> <p>The Department will transition responsibility from the county waiver agency for the provider screening and credential checks to a State centralized proves via implementation of the WPM system, targeted for January 2018.</p>
Certified Child Care Provider	<p>The county waiver agency is currently responsible for conducting provider screening and credential verification activities.</p> <p>The Department will be transitioning the responsibility from the county waiver agency to a State, centralized provider screening, credential verification, and enrollment process as part of the implementation of the Wisconsin Provider Management (WPM) system, targeted for January 2018.</p>	<p>The county waiver agency shall conduct a licensure/credential search with the Department of Safety and Professional Services upon, a search of the federal DHHS OIG Exclusion List, and complete a caregiver background check upon the person's hire and every four years, thereafter, at a minimum.</p> <p>The Department will transition responsibility from the county waiver agency for the provider</p>

Service Specification

Service Title: Child Care Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

		screening and credential checks to a State centralized proves via implementation of the WPM system, targeted for January 2018.
Individual - Parent/Guardian Selected Provider	<p>The county waiver agency is currently responsible for conducting provider screening and credential verification activities.</p> <p>The Department will be transitioning the responsibility from the county waiver agency to a State, centralized provider screening, credential verification, and enrollment process as part of the implementation of the Wisconsin Provider Management (WPM) system, targeted for January 2018.</p>	<p>The county waiver agency shall conduct a licensure/credential search with the Department of Safety and Professional Services upon, a search of the federal DHHS OIG Exclusion List, and complete a caregiver background check upon the person's hire and every four years, thereafter, at a minimum.</p> <p>The Department will transition responsibility from the county waiver agency for the provider screening and credential checks to a State centralized proves via implementation of the WPM system, targeted for January 2018.</p>

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed



ⁱ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.

