APPENDIX K
Submission for Family Care 1915(c) Waiver, May 2020

Overview

In response to the COVID-19 pandemic, the Wisconsin Department of Health Services submitted an Appendix K application for the Family Care 1915(c) Waiver, which was approved by the Centers of Medicare & Medicaid Services on May 22, 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 can 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 Family Care 1915(c) Waiver supports over 50,000 adults with developmental disabilities, physical disabilities, and/or frail elders. Our approved application includes limits and restrictions that necessitated temporary waivers during the COVID-19 pandemic. Key changes in the Family Care Appendix K submission are included below and are effective March 1, 2020, through February 28, 2021. The full Family Care Appendix K submission is attached.

Family Care Appendix K Flexibilities Granted

- Allows assessments, evaluations, administrative requirements, 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 the use of verbal or electronic permission to authorize new services in member-centered plans
- Allows an electronic method of signing off on required documents, such as member-centered plans
- Gives extensions for reassessment and reevaluation for up to one year past the due date
- Extends the continuing skills test for certified screeners from 2020 to 2021
- Suspends all involuntary dis-enrollments
- Allows services to be provided in out-of-state and temporary settings
- Allows providers who are certified or licensed in other states or enrolled in Medicare to perform the same or comparable services in Wisconsin

Additional Information

The Family Care Appendix K approval allows for much-needed flexibilities for the program's stakeholders, and is an important piece of the Department of Health Service's response to the COVID-19 pandemic. In addition to the Family Care 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 Amendment 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 Family Care Appendix K submission or other Family Care program flexibilities can be sent to the DHSDMSCOVID19@dhs.wisconsin.gov inbox with the subject line **Family Care Appendix K Flexibilities.**

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

Background:

This standalone appendix may be utilized by the state during emergency situations 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.[i] 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): Family Care Waiver Renewal 2020

C. Control Number(s):
WI.0367.R04.00

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

X	**Pandemic or Epidemic**
O	**Natural Disaster**
O	**National Security Emergency**
O	**Environmental**
O	**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.]

ii.___ Temporarily modify additional targeting criteria.
[Explanation of changes]

b.__X_ Services

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

ii._X__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]

Prevocational Services: Remove requirement to complete a six month progress report to reauthorize service

Home Delivered Meals: Remove limitation that it may not constitute "full nutritional regimen"

Relocation Services: Remove limitation of relocating from institution or family home to an independent living arrangement.

Residential Services (CBRF): Remove limitation that requires a NAT (no active treatment) designation for individuals with IDD to reside in CBRF with greater than 8 beds.

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. _X__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]:

Allow all home and community-based waiver services to be provided in temporary settings.

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

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.

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.]

Please refer to Addendum 4.c.

Assistive technology/communication aids – Remove requirement that these be Medicaid certified providers in order to include general retailers

ii.__X_ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the .provider type for each service].17,

Transportation (specialized transportation) – community transportation - Expand providers to include individual and transportation network companies.

Transportation (specialized transportation) – other transportation – Expand providers to include transportation network companies

Assistive Technology/communication aids – Expand providers to include general retailers.

Skilled Nursing Services RN/LPN – Expand to include nursing students.

Home Delivered Meals – Expand to include non-traditional provider types.

iii._X__ 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.]

Please refer to Addendum 4.c.

Remove requirement that individuals must have a NAT (no active treatment) designation in order to reside in an 8+ bed CBRF.

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

Please refer to Addendum 5.a.-b.

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

f._X_ 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.]

Please refer to Appendix K-2.m.

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.]

Please refer to Addendum 2.a.i., regarding the provision of remote case management services.

h.__X_ 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]

Allow for data entry of incidents into the Incident Reporting System outside of typical timeframes.

Response timeframes to incidents themselves will remain the same.

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.]

Allow payment for any necessary waiver services for purposes of supporting participants who are in an acute care hospital or receiving a short-term institutional stay.

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.]

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]

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. Waive timelines and grant leeway for all reports, required surveys, notifications, and licensing/certification reviews.
2. Allow the SMA to extend the certification period of level-of-care screeners.
3. Allow the SMA to waive requirements related to home and community-based settings in order to ensure the health, safety and welfare of affected beneficiaries under 42 C.F.R. § 441.301(c)(4).
4. Any items approved by CMS for Appendix K will automatically be applicable/deigned CMS approved for the State's concurrent 1915(b) waiver.
5. Allow all administrative requirements that can be provided with the same functional equivalency of face-to-face services to occur remotely.
6. Allow verbal and electronic methods of signing required documents.
7. Waive the managed care network adequacy requirements under 42 CFR 438.68 and 438.207.
8. Waive the requirement to distribute member-centered plans to essential providers.
9. Waive public notice requirements that would otherwise be applicable to waiver changes.
10. Modify the tribal consultation timelines to allow for consultation at the next future tribal health directors meeting.

Enrollment and Eligibility

11. Allow the SMA to waive enrollment or eligibility changes based on a completed functional screen resulting in a change in level-of-care.
12. Allow the SMA to suspend any involuntary disenrollments.

Fiscal

13. Allow the SMA to draw 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 and/or revenue streams as a result of COVID-19.
14. Allow the SMA to pay for waiver services that are not documented in the LTC participant's person-centered plan.
15. Allow the SMA to waive participant liability for room and board when temporarily sheltered at noncertified facilities.

Appeals and Grievances

16. Allow managed care enrollees to proceed almost immediately to a state fair hearing without having a managed care plan resolve the appeal first by permitting the department of health services to modify the timeline for managed care plans to resolve appeals to one day so the impacted appeals satisfy the exhaustion requirements and give enrollees more time to request a fair hearing.

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]:*

All waiver services

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]*

When needed, suspend provider licensing or certification reviews.

Allow the SMA to waive LTC waiver service provider qualifications, as needed on a case-by-case basis.

Waive requirements to complete initial and required periodic credentialing of network providers.

d. ☒ Allow providers certified or licensed in other states or enrolled in the Medicare program to perform the same or comparable services in this state.

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:	Adult Day Care Services				
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:					
Service Definition (Scope)**:**					
Adult day care services are the provision of services for part of a day ~~in a non-residential group setting~~ to adults who need an enriched social or health-supportive experience or who need assistance with activities of daily living, supervision and/or protection. Services may include personal care and supervision, light meals, medical care, and transportation to and from the day care site. Transportation between the member's place of residence and the adult day care center may be provided as a component part of adult day care services. The cost of this transportation is included in the rate paid to providers of adult day care services. Meals provided as part of adult day care may not constitute a "full nutritional regimen" (3 meals per day). The PIHP may only enter a provider agreement with adult day care centers that have been certified by the Department, under Wis. Stat. § 49.45(2)(a)(11), to provide adult day care services.					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan					

Provider Specifications				
Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	X	Agency. List the types of agencies:
				Adult day center services/treatment

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 *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Adult day center services/treatment		Wis. Stat. § 49.45	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Adult day center services/treatment	PIHP	Annually

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

Service Specification	
Service Title:	Home Delivered Meals

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

Service Definition (Scope)**:**

Home delivered meals are meals provided to recipients who are unable to prepare or obtain nourishing meals without assistance, including those who may be unable to manage a special diet recommended by their physician. Home delivered meal costs may include the costs associated with the purchase and planning of food, nutrition services, supplies, equipment, labor and transportation to deliver one or two meals a day.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

~~Home delivered meals may not constitute a "full nutritional regimen" (3 meals per day).~~

This service does not include payment for meals at federally subsidized nutrition sites

Provider Specifications

Provider Category(s) *(check one or both)***:**				
	X	Individual. List types:	X	Agency. List the types of agencies:
	Any Individual		Aging network agencies	
			Restaurants	
			Hospitals or nursing homes	

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 *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Aging network agencies		Wis. Stat. § 46.82(3)	
Restaurants	Wis. Admin. Code Ch. ATCP 75		
Hospitals or nursing homes	Wis. Admin. Code Ch. DHS 124, Ch. DHS 132, and Ch. DHS 134		
Individual			Must have a valid driver's license and liability insurance coverage

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Aging network agencies	PIHP	Annually
Restaurants	PIHP	At time of authorization/purchase
Hospitals or nursing homes	PIHP	Annually
Individual	PIHP	At the time of authorization/purchase

Service Delivery Method

Service Specification					
Service Title:	Home Delivered Meals				
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:					
Service Delivery Method *(check each that applies)*:	X	Participant-directed as specified in Appendix E	X	Provider managed	

Service Specification				
Service Title:	Relocation Services			
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:				
Service Definition (Scope)**:**				
~~Relocation services are services and essential items needed to establish a community living arrangement for members who are relocating from an institution, or a family home, to an independent living arrangement.~~ This service includes person-specific services, supports, or goods that are put in place to prepare for the member's relocation to a safe, accessible~~, affordable community~~ living arrangement. Services or items covered by this service may not be purchased more than 180 days prior to the date that the member relocates to the new ~~community~~ living arrangement. Relocation services may include the purchase of necessary furniture, telephone(s), cooking/serving utensils, basic cleaning equipment, household supplies, bathroom and bedroom furnishings, and kitchen appliances that are not otherwise included in a rental arrangement if applicable. Relocations services may include the payment of a security deposit, utility connection costs, and telephone installation charges. This service includes payment for moving the member's personal belongings to the new ~~community~~ living arrangement, general cleaning, and household organization needed to prepare the selected ~~community~~ living arrangement for occupancy.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan. Relocation services exclude home modifications necessary to address safety and accessibility in the member's living arrangement, which may be provided under the waiver's home modification service. This service excludes housekeeping services provided after occupancy, which are considered the waiver service supportive home care. Excludes the purchase of food, the payment of rent, or the purchase of leisure or recreational devices or services (e.g., television or video equipment, cable or satellite service, etc.)				

Provider Specifications				
Provider Category(s) *(check one or both)***:**	X	Individual. List types:	X	Agency. List the types of agencies:
	Individual movers/individual landlords		Moving companies, public utilities, real estate agencies, vendors of home furnishings	
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 *(specify)*	Certificate *(specify)*	Other Standard *(specify)*	

Service Specification			
Service Title:	Relocation Services		
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:			
Individual movers/individual landlords			Reputable contractors
Moving companies, public utilities, real estate agencies, vendors of home furnishings			Reputable companies

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual movers/individual landlords	PIHP	At time of authorization/purchase
Moving companies, public utilities, real estate agencies, vendors of home furnishings	PIHP	At time of authorization/purchase

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

Service Specification	
Service Title:	Adult Residential Care - Community-Based Residential Facilities (CBRF)
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
A community-based residential facility (CBRF) is a residence where five (5) or more adults, not related to the operator or administrator of the facility, reside and receive care, treatment, support, supervision, and training. ~~An individual with an intellectual disability may only reside in a CBRF that is licensed for eight (8) or fewer residents, unless that person has been determined to require No Active Treatment (NAT) for her or his intellectual disability.~~ Services may include supportive home care, personal care, supervision, behavior and social supports, daily living skills training, transportation, and up to three hours per week of nursing care per resident.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Waiver funds are not used to pay for the cost of room and board.	

Service Specification					
Service Title:	Adult Residential Care - Community-Based Residential Facilities (CBRF)				
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:					
This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan.					
Provider Specifications					
Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	X	Agency. List the types of agencies:	
				Licensed CBRF	
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 *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Licensed CBRF	Wis. Admin. Code Ch. DHS 83		

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed CBRF	PIHP	Annually

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	X	Provider managed

Service Specification	
Service Title:	Assistive technology/communication aids
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Assistive technology is an item, piece of equipment, or product system – whether acquired commercially, modified, or customized – that enables members to (1) increase their ability to perform ADLs and IADLs or control the environment in which they live and (2) access, participate, and function in their community and in competitive integrated employment. Assistive technology service is a service that directly assists a member in the selection, acquisition, or use of an assistive technology device. Assistive technology includes the following: (A) evaluation of the assistive technology needs of a member, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services in the customary environment of the member; (B) services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the member;	

Service Specification	
Service Title:	Assistive technology/communication aids

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

(C) services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(D) coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the member-centered plan;

(E) training or technical assistance for the member or, where appropriate, family members, guardians, advocates, or authorized representatives of the member; and

(F) training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of members. Assistive Technology includes communication aids, which are devices or services needed to assist members with hearing, speech, communication, or vision impairments. These items or services assist the member to effectively communicate with others, decrease reliance on paid staff, increase personal safety, enhance independence, and improve social and emotional well-being

Communication aids include any device that addresses these objectives, such as augmentative and alternative communication systems, hearing or speech amplification devices, aids and assistive devices, interpreters, cognitive retraining aids, and the repair and/or servicing of such systems. Communication aids also include electronic technology, such as tablets, mobile devices, and related software that assists with communication, when the use provides assistance to a member who needs such assistance. Applications for mobile devices or other technology also are covered under this service when the use is primarily medical in nature or provides assistance to a member who needs such assistance. This list is intended to be illustrative and is not exhaustive.

This waiver service is only provided to individuals ages 21 and over. All medically necessary Assistive Technology/Communication Aids for children under age 21 are covered in the state plan benefit pursuant to the EPSDT benefit.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan.
This service excludes interpreter services that are otherwise available, including for communication with the managed care organization, its contractors, or other health care professionals that are required to provide interpreter services as part of their rate.

Provider Specifications				
Provider Category(s) *(check one or both)*:	X	Individual. List types:	X	Agency. List the types of agencies:
	Individual interpreters		Communications aids vendors	
			General retailers	

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 *(specify)*	Certificate *(specify)*	Other Standard *(specify)*

Service Specification			
Service Title:	Assistive technology/communication aids		
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:			
Individual interpreters		State or national registry	
Communications aids vendors		~~Medicaid certified providers~~	UL or FCC standards for electronic devices
General retailers			Reputable retailer

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual interpreters	PIHP	ANNUALLY
Communications aids vendors	PIHP	At time of authorization/purchase
General retailer	PIHP	At time of authorization/purchase

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	x	Participant-directed as specified in Appendix E	x	Provider managed

Service Specification	
Service Title:	Transportation (specialized transportation) – community transportation
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Community transportation is the provision of transportation services or items that enable a member to gain access to waiver and other community services, activities, and resources, as specified in the member-centered plan. This service may consist of items such as tickets, fare cards, or other fare media or services where the common carrier, specialized medical vehicle, or other provider directly conveys a member and her or his attendant, if any, to destinations. Whenever possible, family, neighbors, friends or community agencies who can provide this service without charge will be utilized.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan. Excludes transportation to receive non-emergency medical services which are covered under the Medicaid State plan transportation benefit, or in the case of a self-directing member with budget authority to purchase such services, under the Other Transportation service.	

Service Specification	
Service Title:	Transportation (specialized transportation) – community transportation
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Excludes emergency (ambulance) medical transportation covered under the Medicaid State plan service	

Provider Specifications				
Provider Category(s) *(check one or both)*:	X	Individual. List types:	X	Agency. List the types of agencies:
	Any individual		Public mass transit	
			Taxi or common carrier	
			Transportation network companies	

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

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

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Public mass transit			Wis. Stat. § 85.20
Taxi or common carrier		Wis. Stat. Ch. 194	
Transportation network companies			Any applicable state or federal regulations
Individual			Valid driver's license, liability insurance

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Public mass transit	Wisconsin Department of Transportation	Annually
Taxi or common carrier	Wisconsin Department of Transportation	Annually
Transportation network companies	PIHP	Annually
Individual	PIHP	At time of authorization/purchase

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

Service Specification	
Service Title:	**Transportation (specialized transportation) – other transportation**
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	

Service Specification	
Service Title:	**Transportation (specialized transportation) – other transportation**

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

Other Transportation consists of transportation to receive non-emergency, Medicaid-covered medical services. This service may include items such as tickets, fare cards or other fare media, reimbursement of mileage expenses, or payment for services where the provider directly conveys the member and her or his attendant, if any, by common carrier or specialized medical vehicle (SMV) as appropriate to and from receiving Medicaid–covered medical services.

Members eligible for this service must have decision-making authority over a budget for the purchase of such services. Such members (1) are not limited to providers in the PIHP's network, although the PIHP must verify credentials of specialized medical vehicle providers, (2) are not required to obtain prior authorization to purchase any transportation service from a qualified provider to any Medicaid-covered medical service if the member's budget is sufficient to pay for the service, and (3) are not required to schedule routine trips in advance if the member can obtain transport. Legally responsible persons, relatives, or legal guardians may be paid for providing this service if they meet the conditions under Appendix C-2 d & e of this waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan. This service excludes ambulance transportation, which is available through the Medicaid State Plan.

This service excludes non-emergency medical transportation when authorized by the PIHP as a State Plan service for members without budget authority. It also excludes nonmedical transportation, which is provided under the subservice of Community Transportation; however the same ride may be used to provide transport to medical appointments and community activities so long as there is not duplication of payment

Provider Specifications

Provider Category(s) *(check one or both)*:	X	Individual. List types:	X	Agency. List the types of agencies:
	Individuals (mileage reimbursed)		Specialized Transportation Agency	
			Transportation Network Companies	

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

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

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Specialized Transportation Agency		Wis. Stat. § 85.21 and Wis. Admin. Code § DHS 61.45	
Individuals (mileage reimbursed)			Valid driver's license, liability insurance

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Specification		
Service Title:	**Transportation (specialized transportation) – other transportation**	
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:		
Specialized Transportation Agency	PIHP	Annually
Individuals (mileage reimbursed)	PIHP - may delegate to member or member's representative	At the time of authorization/purchase
Transportation Network Companies	PIHP	Annually

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	X	Participant-directed as specified in Appendix E	☐	Provider managed

Service Specification	
Service Title:	Prevocational Services
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	

Service Definition (Scope)**:**

Prevocational services are designed to create a path to integrated community-based employment for which an individual is compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Prevocational services allow the member to develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings. Services are expected to occur over a defined period of time as determined by the member and his or her care planning team. Services are expected to specifically involve strategies that enhance a member's employability in integrated, community settings.

Prevocational services should enable each member to attain the highest possible wage and work in the most integrated setting that is matched to the member's interests, strengths, priorities, and abilities. Services intend to develop general skills that lead to employment, including the ability to communicate effectively and establish appropriate boundaries with supervisors, co-workers, and customers; express and understand expectations; engage in generally accepted community workplace conduct and adopt appropriate workplace dress; follow directions; attend to tasks; problem-solve; manage conflicts; and adhere to general workplace safety. Services may include mobility training.

Prevocational services may be delivered in a variety of locations in the community and are not limited to fixed-site facilities. Some examples of community sites include the library, job center, banks, or businesses.

Prevocational services, regardless of how and where they are delivered, are expected to help people make reasonable and continued progress toward participation in at least part-time, integrated employment. Prevocational services are not considered outcomes; competitive employment and supported employment are considered successful outcomes of prevocational services. The optimal outcome of the provision of prevocational services is permanent integrated employment at or above the minimum wage in the community.

Service Specification	
Service Title:	Prevocational Services

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

Prevocational services may not duplicate services that are provided as part of an Individualized Plan for Employment (IPE), under the Rehabilitation Act of 1973, as amended, or as part of an Individualized Education Plan (IEP), under the Individuals with Disabilities Education Act (IDEA).

~~The contracted provider of pre-vocational services must complete a six-month progress report and service plan document for the interdisciplinary care management team (IDT). The purpose is to ensure and document that prevocational services are assisting the member in progressing toward a goal of at least part-time, integrated employment. Timely completion of this document is required for the IDT to consider reauthorization of prevocational services.~~

Participation in prevocational services is not a prerequisite for individual or small group supported employment services provided under the waiver. Members who receive prevocational services may also receive educational, supported employment, and/or day services. A member-center plan may include two or more types of nonresidential services. However, different types of non-residential services may not be billed for the same period of time.

Members participating in prevocational services shall be compensated in accordance with applicable Federal and State laws and regulations.

Transportation may be provided between the member's residence and the site of the prevocational services or between prevocational service sites – in cases where the member receives prevocational services in more than one place – as a component part of prevocational services or under specialized (community) transportation but not both. All providers of transportation shall ensure that the provider qualifications for specialized (community) transportation are met. If the transportation is provided by the prevocational services provider, the cost of this transportation is included in the rate paid to the provider.

Personal care provided to a member during the receipt of prevocational services may be included in the reimbursement paid to the prevocational services provider, or it may be covered and reimbursed under another waiver service so long as there is no duplication of payment.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Prevocational services may be provided to supplement, but may not duplicate supported employment or vocational futures planning and support services.

This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	X	Agency. List the types of agencies:
				Prevocational Services

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)*:

Service Specification			
Service Title:	Prevocational Services		
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:			
Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Prevocational Services			The PIHP shall assure the provider has the ability and qualifications to provide this service, demonstrated in at least one of the following ways: • Accreditation by a nationally recognized accreditation agency. • Comparable experience for a qualified entity, including a minimum of two years of experience working with the target population providing employment-related services that have a goal of integrated employment in the community at or above minimum wage. In addition, the provider must comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA), and, if personal care services are provided, the provider shall also meet the Supportive Home Care and In-Home Respite Training and Documentation Standards.

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Prevocational Services	PIHP	Annually

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

Service Specification	
Service Title:	Skilled Nursing Services RN/LPN
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Skilled nursing is "professional nursing" as defined in Wisconsin's Nurse Practice Act, Wis. Stat. Ch. 441. Nursing services are medically necessary, skilled nursing services that may only be provided safely and effectively by an advanced practice nurse, a registered nurse, or a licensed practical nurse who is working under	

Service Specification	
Service Title:	Skilled Nursing Services RN/LPN

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

the supervision of a registered nurse. Nursing students may provide allowable nursing services. The nursing services provided must be within the scope of the Wisconsin Nurse Practice Act, consistent with the member-centered plan, authorized by the PIHP, and not otherwise available to the member under the Medicaid state plan or through Medicare. However, the lack of coverage under the State plan or through Medicare does not preclude the coverage of skilled nursing as a waiver service when services are within the scope of the Wisconsin Nurse Practice Act.

This waiver service is only provided to individuals ages 21 and over. All medically necessary Skilled Nursing Services RN/LPN services for children under age 21 are covered in the state plan benefit pursuant to the EPSDT benefit.

Under the Wisconsin Nurse Practice Act, professional nursing includes any of the following:

Professional skilled nursing means the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, training, or application of nursing principles based on biological, physical, and social sciences. Professional skilled nursing includes any of the following:

(a) The observation and recording of symptoms and reactions; (b) The execution of procedures and techniques in the treatment of the sick under the general or special supervision or direction of a physician, podiatrist licensed under Wis. Stat. Ch. 448, dentist licensed under Wis. Stat. Ch. 447, or optometrist licensed under Wis. Stat. Ch. 449, or under an order of a person who is licensed to practice medicine, podiatry, dentistry, or optometry in another state if the person making the order prepared the order after examining the patient in that other state and directs that the order be carried out in this state. (c) The execution of general nursing procedures and techniques. (d) The supervision of a patient and the supervision and direction of licensed practical nurses and less skilled assistants in accordance with Wis. Stat. Ch. 441.

Nursing services may include periodic assessment of the member's medical condition when the condition requires a skilled nurse to identify and evaluate the need for medical intervention or monitor and/or modify the medical treatment services provided by non-professional care providers. Services may also include regular, ongoing monitoring of a member's fragile or complex medical condition as well as the monitoring of a member who has a history of non-adherence with medication or other medical treatment needs.

Delegation of nursing tasks to less skilled personnel shall be in accordance with Wis. Stat. Ch. 441, Wis. Admin. Code Ch. N 6, and the Wisconsin Nurses Association's Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel.

These services are provided when nursing services identified as needed in a plan of care and furnished under the approved State plan limits are exhausted or when the nursing services are not covered under the Medicaid State Plan. For members enrolled in Medicare, this excludes services that are available through the Medicare program except for payment of Medicare cost share.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan.

Service Specification					
Service Title:	Skilled Nursing Services RN/LPN				
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:					
For members enrolled in Medicare, excludes services available through the Medicare program except for payment of Medicare cost share.					

Provider Specifications				
Provider Category(s) *(check one or both)*:	X	Individual. List types:	X	Agency. List the types of agencies:
	Individual RN or LPN		Agency-directed registered nurse/LPN	
	Nursing Student			

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

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

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Individual RN or LPN	Wis. Stats. Ch. 441		
Agency-directed registered nurse/LPN	Wis. Stats. Ch. 441		
Nursing Student			Current nursing student

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual RN or LPN	PIHP	Annually
Agency-directed registered nurse/LPN	PIHP	Annually
Nursing Student	PIHP	At time of authorization

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	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.