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**DATE:** October 29, 2008

**TO:** Medicaid Waiver Manual Holders

**FROM:** Beth Wroblewski, Director  
Bureau of Long Term Support

**RE:** Summary of October 29, 2008 Medicaid Waiver Manual Release

We are updating a number of chapters and sections of the Medicaid Waivers Manual between now and the end of 2008 in response to two major events:

1. The approval and implementation of the Community Opportunities for Recovery (COR) Waiver for people with mental illness who meet the nursing home level of care; and
2. Major changes to the CIP 1 and BI Waivers made necessary by changes in CMS expectations of states operating these Waivers. Many of these changes apply to other waivers as well, as discussed below.

These changes are quite significant and will be required for the Department to continue to receive approval for the CIP 1 and BI Waiver programs. Many of these changes also will be applied to other waivers by CMS in the future so we are requiring many of them for all waivers now in anticipation of this. There are some exceptions to this relating to the CIP II/COP-W Waiver where existing processes used in these Waivers adequately address the CMS expectations and requirements. Generally, these changes are being released now and will be considered effective on January 1, 2009.

This is the first of what we expect will be several Manual releases between now and the end of this year on these subjects. We anticipate additional changes in the near future to Chapter IV regarding a variety of provider issues that were not completed in time for this release.

The following pages contain a summary of the major changes included in this release.

**New and Updated Material, Medicaid Waivers Manual Chapter IV, VIII and IX, and New Appendices  
November, 2008**

<b>Chapter</b>	<b>Section Number</b>	<b>Summary of Revision</b>
<p><b>Chapter IV</b> <b>Allowable Services and Provider Requirements</b></p> <p>Note chapter name change</p>	N/A	<p>We were unable to complete all of Chapter IV in time for this release but wanted to get some of the revisions out as quickly as possible. We expect a revised version to be out shortly. The discussion below explains what is in this release and mentions the subjects of the future release. We also included some of the forms that will be referenced and required in the revised Chapter IV in Appendix P (for Provider). See details below under Appendix P.</p>
<b>Chapter IV</b>	Section 4.02	<p>Added specificity to the existing requirement that providers used must be qualified. Unless otherwise specified in licensing or waiver standards, providers must be re-qualified not less than once every four years. The process used and results must be documented.</p>
<b>Chapter IV</b>	Section 4.02	<p>Added a requirement that county waiver agencies must execute a Wisconsin Medicaid Provider Agreement and Acknowledgement of Terms of Participation form with all providers using forms that are found in Appendix P. These forms must be submitted to the state waiver contact for each waiver agency and a copy maintained on file by the waiver agency.</p>
<b>Chapter IV</b>	Section 4.03	<p>Clarified an existing federal rule that any provider, whether individual or agency, that is willing and qualified to provide a waiver-covered service to an eligible waiver participant and is chosen by that participant must be permitted to provide the service if the provider is found to meet the standards for the service and is willing to accept the rate for the service or for that individual established by the waiver agency.</p> <p>This section also discusses a web site that the DHS is developing where these providers can register. The details and scope of this web site are still being developed as are the details of how to address providers currently being used for waiver services.</p>
<b>Chapter IV</b>	Section 4.04	<p>Added an additional conflict of interest covering situations where a guardian is employed by a county or provider that serves that guardian's ward.</p>

Chapter	Section Number	Summary of Revision
Chapter IV	Section 4.05	Implements provisions of 2007 Wisconsin Act 172 which were effective April 10, 2008, requiring certain covered entities to disclose in writing to participants and/or their guardians all information obtained regarding background check results revealing certain convictions. (See s. 50.065 (1) (c) and s. 50.65 (2m) (a).)
Chapter IV	Services	Added provisions to a number of services to reflect differences in the COR Waiver. Also detail which services are covered by COR.
<p><b>Chapter VIII</b>  <b>Participant Rights and Appeal and Grievance Processes</b></p> <p>Note chapter title change.</p>	Section 8.03	Consolidates notification requirements in this section.
Chapter VIII	Section 8.04	Adds a number of county waiver agency actions or decisions that are subject to appeal and fair hearing. All of the additions have been required by federal or state statutes all along so this merely corrects an oversight. These apply to all waivers covered by the Manual and to the IRIS Waiver.
Chapter VIII	Section 8.05	Places the requirement to obtain DHS approval for the use of restrictive measures prior to their use in the Manual. Such approval is already required by HFS 94.10 so this does not change existing requirements- it merely makes the application of the rule more visible and the processes used more accessible by including the guidelines used for the various target groups (e.g. adults with developmental disabilities, children with developmental disabilities or severe emotional disturbance, elders who are protectively placed, etc) in Appendix R. See below.
Chapter IX	General Note:	This entire chapter was revised/ rewritten. The revision addresses CMS' emphasis on the state obligation to assure participant health and safety. Most of the revisions cover subjects previously discussed in earlier versions but now ask counties to be more explicit and to document processes.

Chapter	Section Number	Summary of Revision
Chapter IX	Section 9.02	Adds CLTS and COR as waivers that are covered by this chapter. Chapter IX does not apply to CIP II /COP-W.
Chapter IX	Section 9.03	<p>Adds a great deal of specificity to the expectations for counties related to assuring health and safety. County systems must:</p> <ul style="list-style-type: none"> <li>• Seek to prevent or identify abuse, neglect, mistreatment of waiver participants and the misuse/ misappropriation of their money and property by using planned strategies supported by data collection and analysis of incidents.</li> <li>• Have an organized strategy to keep people healthy and prevent illness, injury or medical and dental problems.</li> <li>• Have the means to make legally-required, both reports of abuse, neglect, etc., and a response to reports received by waiver agencies.</li> <li>• Have policies in place that protect individuals who report possible or actual incidents.</li> <li>• Have systems in place to review and approve or deny the use of restrictive measures.</li> <li>• Have response systems that protect waiver participants from <u>unanticipated</u> occurrences that may require an urgent or emergency response.</li> <li>• Have back up systems that respond to no-shows and other situations where support persons become unavailable to perform.</li> <li>• Have a written description of county safety response system.</li> </ul>
Chapter IX	Section 9.04	Revises and specifies the expectations relating to incident investigations/inquiries.
Chapter IX	Section 9.05	Provides guidance about waiver agency response options. Gives counties three months to develop person- and site-specific,, written back up plans for incidents that may occur.
Chapter IX	Section 9.06	This section covers incident prevention, management and reporting. Waiver agencies are required to have both systemic and individualized strategies to prevent incidents. The chapter then discusses identification and reporting of incidents referencing the revised form that is now in the Manual- Appendix S.

Chapter	Section	Summary of Revision
Chapter IX	Section 9.06, continued	<p>The chapter goes on to discuss the role of family members and guardian in reporting and receiving reports of incidents, how incidents should be managed, and finally gives direction concerning reporting incidents.</p> <p>The narrative is intended to explain how the entire process should fit together and how the form fits in.</p> <p>Features meriting special note are:</p> <ul style="list-style-type: none"> <li>• The chapter requires written description of how incidents are handled.</li> <li>• The Incident Report form has been revised; we have dropped the word “critical” from the title reserving this designation for only active, ongoing incidents where risk is high.</li> <li>• Participants or guardians can now report incidents and waiver agencies must support this. We intend to develop a brochure to give to parents and guardians to explain this.</li> <li>• The chapter requires each report be closed by county waiver agency.</li> </ul>
Waiver Manual Appendices	Title	Summary of Addition/Revision
	<p><b>Appendix M</b></p> <p>Participant Rights And Responsibilities Form</p>	<p>Revised to add new provisions discussed under Chapter VIII. Other technical revisions.</p>
	<p><b>Appendix P</b></p> <p>Provider Issues</p>	<p><b>P-1: WISCONSIN MEDICAID PROGRAM PROVIDER AGREEMENT AND ACKNOWLEDGEMENT OF TERMS OF PARTICIPATION:</b> Agreement for agency providers.</p> <p><b>P-2: WISCONSIN MEDICAID SELF-DIRECTED SUPPORTS PROVIDER AGREEMENT<sup>1</sup> AND ACKNOWLEDGEMENT OF TERMS OF PARTICIPATION:</b> Agreement for agency providers involved in self-directed services.</p>

<sup>1</sup> Note: This agreement is intended to be used for providers who are individuals employed by the waiver participant under a self-directed supports plan and paid by a fiscal agent and who are not employees of an agency that otherwise provides services to waiver clients.

Waiver Manual Appendices	Title	Summary of Addition/Revision
	<p><b>Appendix P, continued</b></p>	<p><b>P-3: WISCONSIN MEDICAID SELF-DIRECTED SUPPORTS PROVIDER AGREEMENT AND ACKNOWLEDGEMENT OF TERMS OF PARTICIPATION:</b> Agreement for individuals or other non-traditional providers who provide services in self-directed services model. <sup>2</sup></p> <p><b>P-4: MEDICAID WAIVER PROVIDER WEB SITE REGISTRATION SPECIFICATIONS:</b> This document contains the instructions, description and data that will be collected about providers who register on the Department’s web site as willing providers of waiver services.</p>
	<p><b>Appendix Q</b></p> <p>DHS Quality Management</p>	<p>Appendix Q contains forms and descriptions of systems used in the Quality Management program of each waiver. While all waivers use similar processes, each has its own unique systems. This appendix lists these by Waiver.</p> <p><b><u>1. BIW/CIP 1:</u></b></p> <p>1.1. Corrective Action Form and System  1.2 Application Checklist  1.3 Reserved  1.4 CIS Record Review: Forms and Instructions  1.5 Person-centered Field Review Report (PROACT)  1.6 CIP/BIW/CLTS Single State Audit Guide</p> <p><b>2. CLTS:</b> To be released on a later date</p> <p><b>3. CIP II/COP-W:</b> To be released on a later date</p> <p><b>4. COR:</b> To be released on a later date</p>

<sup>2</sup> Note: This agreement is intended to be used for providers who are independent, or by a company that provides services that are not typically provided to waiver clients.

Waiver Manual Appendices	Title	Summary of Addition/Revision
	Appendix R Restrictive Measure Application Processes	1. BIW/CIP 1: <b>REVISED GUIDELINES AND REQUIREMENTS FOR SUPPORTING PEOPLE WITH CHALLENGING/ DANGEROUS BEHAVIOR</b> 2. CLTS: To be released on a later date 3. CIP II- COP-W: To be released on a later date 4. COR: To be released on a later date
	Appendix S Safety	Incident Reporting Form and Instructions (Applies to BIW, CIP 1A/B, CLTS, COR and IRIS Waivers)