

Children's Long-Term Support (CLTS) Waivers Qualified Provider Standards Verification Provider Service: Respite Care

The information collected via this form is required to ensure the qualifications of unregulated providers and should be updated annually. While the completion of this form is voluntary, county waiver agencies must verify and document all of the information regarding provider standards that is collected on this form. In lieu of this form, agencies may use locally designed forms with prior approval from the Children's Services Section.

A. PROVIDER / EMPLOYEE INFORMATION

Provider/Employee Name	Last	First	Middle Initial
Street Address	City	State	Zip Code

B. SERVICE DESCRIPTION

Respite care services are those services provided on a short term basis, to relieve the participant's primary caregiver(s) from care demands. Institutional and residential respite services may involve over night or partial day stays by the participant. Costs for room and board in institutional and residential settings may be included in the charge to the CLTS Waiver. Costs for room and board in home based or other settings may not be included in the charge to the CLTS Waiver.

C. QUALIFIED PROVIDER STANDARDS

Providers of respite care services must meet the following minimum training and qualified provider standards in order to be authorized to receive CLTS Waiver funding. By checking off each box below and signing at the bottom, employing entities (i.e., agencies or families) acknowledge the requirements of this service and have verified that the employee named above has met these standards.

- ☐ The provider meets the standards required of a certified Medicaid hospital, nursing home or ICF-MR
(**NOTE:** STOP HERE and keep as part of child's record as this is a regulated setting)

OR

Meets the following CLTS waiver qualified provider service standards and training requirements of home-based respite, as described in the Wisconsin Medicaid Home and Community Based Services Waiver Manual:

- ☐ a. Is not listed on the Wisconsin Caregiver Misconduct Registry; does not have a substantiated finding of abuse, neglect or misappropriation, and has not committed a crime that is substantially related to the provision of care or supervision of this service.
- ☐ b. Is trained to safely deliver services, so as not to endanger the participant.
- ☐ c. Is trained to recognize and appropriately respond in the event of an emergency, including a protocol for contacting local emergency response systems and the prompt notification of the county waiver agency.
- ☐ d. Is trained on participant-specific information, including individual needs, functional capacities, strengths, abilities and preferences. Understanding and respecting participant preferences in the provision of assistance with activities of daily living including such services as bathing, feeding, grooming, dressing, transfer, ambulation and the use of adaptive aids and equipment (Include these training details in Section E below).
- ☐ e. Is trained on general information about the target population(s) which are applicable to the individuals the provider intends to serve (☐ DD ☐ PD ☐ SED/MH).
- ☐ f. Is trained in: working effectively with participants; developing professional ethics and interpersonal skills; understanding and respecting participant direction, individuality, independence, and rights; understanding procedures for handling conflict and complaints; respecting personal property, cultural differences and family relationships.
- ☐ g. Is trained in: providing quality homemaking and household services, including understanding good nutrition, special diets and meal planning and preparation; understanding and maintaining a clean, safe and healthy home environment; respecting participant preferences in housekeeping, -shopping and homemaking tasks.
- ☐ h. Is trained on the county waiver agency and contract agency policies, procedures and expectations for providers including confidentiality of participant information according to federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules. Training must address billing and payment processes, record keeping, incident reporting and other reporting requirements, arranging of back up services and must include the name and telephone number of both the waiver agency care manager/support and service coordinator and the primary contact person at the agency.



D. EXEMPTION FROM TRAINING REQUIREMENTS

Prior to employment, the county waiver agency or contract agency may exempt a prospective service provider from the personal services training requirements (Section C, e, f, and g listed above) when it is determined that the provider already has sufficient comparable knowledge or experience. However, the following applies:

- ☐ a. The rationale for exempting a prospective provider from the personal services training requirements (Section C, e, f, and g above) must be described in writing. A copy of the exemption and the written rationale shall be maintained in the participant record or in another central location, as determined by the county waiver agency.
- ☐ b. When the participant/guardian functions as the employer s/he may exercise the authority to exempt providers from training requirements for reasons described above. However, the county waiver agency must document and maintain the written rationale for the exemption.

E. PROVIDER / EMPLOYEE TRAINING AND EXPERIENCE

List below the participant-specific training and/or experience and date completed by employee named above (*additional training and experience may be included on a separate document*):

Training	Date	Experience	Date

F. COMPARABILITY TRAINING STANDARDS

A provider who is a Medicaid certified personal care worker, a home health aide, a certified nursing assistant, a licensed practical nurse, or a registered nurse automatically meets the training comparability standards. Providers who have met the training comparability standard do not need a written rationale for the exemption from training requirements. However, the county waiver agency shall ensure that copies of credentials, certification or other documentation establishing that the provider meets the comparability of training standards must be available for review. This individual is a:

- ☐ personal care worker ☐ home health aide ☐ certified nursing assistant
- ☐ licensed practical nurse ☐ registered nurse

G. SIGNATURES

By signing below I attest my qualifications for this service meet all CLTS Waivers standards at this time.

Signature of Employee

Date

CG

By signing below, I attest the above named person meets all necessary provider standards for this service at this time.

Signature of Employing Entity Representative

Title

Date

M

Managing Party

