

B.4.2 Existing CWP Provider Seeking to Add or Delete CWP Services or Geographic Areas Where Services are Provided in the Provider's Contract

**Responsible Office:** Community Waiver Program

**Reference:** OG B.5.5. New Settings HCBS Compliance; ADMH Administration Code 580-3-23-.08 (1)  
ADMH Policy 550-001

**Effective:** Historical Practice

**Revised:** July 1, 2024

**Statement:** Ensure that Settings that receive Waiver Funding must be and maintain HCBS Compliance while establishing a process for existing, enrolled CWP providers to add or delete CWP services or in the counties in which they will provide those services in the providers contract.

**Purpose/Intent:** The purpose is to establish a process for existing, enrolled CWP providers to add or delete CWP services, or the counties in which they will provide those services, in the providers' contract.

**HCBS Waivers:** CWP

**Definitions:** CWP (Community Waiver Program); HCBS (Home and Community Based Services)

**Procedures:**

The following procedures shall apply when a an existing, enrolled CWP provider requests to add or delete CWP services and/or counties served:

1. The provider will complete an updated CWP Application with the additions or deletions of the services, or counties where the provider will provide those services, clearly noted. If the provider requests to add a service setting, the setting must be HCBS Compliant, see OG B.5.5. New Settings HCBS Settings Compliance.
2. **If the provider is seeking to add a service(s)**, the updated CWP Application must include an attachment for each new service/ service setting the provider is seeking to add, which addresses the following:
  - a. Information demonstrating knowledge and understanding of the service(s) the provider is seeking to add and/or any experience, training or qualifications that the provider agency's staff have relevant to the service(s).
  - b. The county(s) the provider is proposing to serve.
  - c. For the first six (6) months after approval, provide the maximum number of new referrals the provider can accommodate on a monthly basis in each county where the provider is proposing to add the service.
  - d. For each service the provider proposes to provide, please identify the minimum salary the agency plans to pay, and minimum benefits the agency plans to offer, to part-time and full-time direct service workers providing this service, given the reimbursement rate and billing rules for the service. [Benefits refer to the following: health insurance (include worker premiums); dental insurance (include worker premiums); vision coverage (include worker premiums); retirement; paid vacation; paid holidays; paid sick leave; short and/or long-term disability coverage; life insurance.]
  - e. Description of provider's processes for development/maintenance of appropriate/up-to-date staffing schedules for each person receiving this service and, if applicable, small groups of individuals receiving this service.
  - f. Description of service initiation, after referral acceptance, to ensure services are reflective of the person's unique goals/outcomes and support needs.

3. **If the provider is seeking to delete a service(s) in one or more counties where the provider is approved to provide the service(s)**, the updated CWP Application must include an attachment for each service the provider is seeking to delete, which addresses the following:
  - a. Explanation of the reason for deleting the service.
  - b. The specific county(ies) in which the provider is seeking approval to stop providing the service.
  - c. For each county, the specific date which the provider is proposing will be the end date for providing the service.
  - d. Information, by county, on how many current CWP participants receive the service from the provider and how continuity of service provision will be ensured for each of these CWP participants when the provider stops providing the service.
4. The updated CWP Application will be reviewed by the Provider Network Manager.
5. **If the provider is seeking to add a service(s)**, the Provider Network Manager will approve if:
  - a. A complete and sufficient attachment for each service (as described in 2 above) is included with the updated CWP application; and
  - b. The CWP's current and/or anticipated future need for provider capacity for the service(s), in the county(ies) the provider is proposing to serve, supports approval of the provider's application to add service(s) to their existing CWP contract. [Note: The Provider Network Manager will utilize referral acceptance data and related reports from Support Coordinators, service initiation data and related reports from Support Coordinators, and plans for increases in CWP enrollments to determine if approval is appropriate. The Provider Network Manager will document the basis for the approval in the provider's file.]

Note: The provider may be approved to add a service in some but not all of the counties for which the provider is requesting approval to provide the service.

6. **If the provider is seeking to add additional counties for service(s) they are already approved to provide**, the Provider Network Manager will approve if:
  - a. The CWP's current and/or anticipated future need for provider capacity for the service(s), in the county(ies) the provider is proposing to add, supports approval of the provider's application to add these counties to their existing CWP contract. [Note: The Provider Network Manager will utilize referral acceptance data and related reports from Support Coordinators, service initiation data and related reports from Support Coordinators, and plans for increases in CWP enrollments to determine if approval is appropriate. The Provider Network Manager will document the basis for the approval in the provider's file.]

Note: The provider may be approved to add some but not all of the counties for which the provider is requesting approval to provide the service.

7. **If the provider is seeking to delete a service**, the Provider Network Manager will approve if:
  - a. The provider has submitted an adequate plan to ensure all of the CWP participants, receiving the service from the provider, will have another qualified and enrolled provider in place to continue the service when the provider stops providing the service.
  - b. The CWP's current and/or anticipated future need for provider capacity for the service, in each of the county(ies) where the provider is proposing to stop providing the service, can be addressed through other available providers in the CWP network (including use of Stand-By provider if needed). [Note: The Provider Network Manager will utilize

referral acceptance data and related reports from Support Coordinators, service initiation data and related reports from Support Coordinators, and plans for increases in CWP enrollments to determine if approval is appropriate. The Provider Network Manager will document the basis for the approval in the provider's file.]

Note: The provider may be approved for different end dates in different counties based on when any capacity needs created by the approval can be addressed.

8. The Provider Network Manager will communicate the approval (with or without conditions) or the denial decision in writing to the provider within ten (10) business days of receiving the updated Application.
9. If the Application is approved, the approval will be sent to the Office of Certification Administration as an attachment to the Request for Certification form.
10. The Provider Network Manager will make the necessary changes in the Support Coordination spreadsheet and other related documents.