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| **DEPARTMENT OF HEALTH SERVICES**  **STATE OF WISCONSIN**Division of Medicaid ServicesF-20445A (05/2022) |
| **INDIVIDUAL SERVICE PLAN — OUTCOMES — CHILDREN’S LONG-TERM SUPPORT PROGRAMS** |
| 1. Program(s)[ ]  CLTS Waiver [ ]  CCOP  | 2. Name — Support and Service Coordinator, Agency      |
| 3. Name – Participant      |
| 4. OutcomeNumber | 5. Desired Outcome(s) Addressed in Service Plan | 6. Outcome Status or Progress Update | 7. Date  |

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**8. PARTICIPANT-INFORMED INFORMATION SHARING**

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| Check all of the applicable **CLTS waiver-funded** essential services included on the current plan: |
| [ ]  Adult family home[ ]  Child care[ ]  Child foster care[ ]  Communication assistance for community inclusion\*[ ]  Community/competitive integrated employment[ ]  Community integration services[ ]  Counseling and therapeutic services[ ]  Daily living skills training[ ]  Day services  | [ ]  Discovery and career planning\*[ ]  Grief and bereavement counseling[ ]  Health and wellness\*[ ]  Mentoring[ ]  Participant and family-direction broker services[ ]  Personal supports (excluding routine home care/chore services/pest control)[ ]  Respite[ ]  Safety planning and prevention\* |

Providers of the services indicated above that meet the definition of an essential service provider will receive a copy of this document (F-20445A), and they will be asked to sign and return a copy to the waiver agency.

\*Components of this service may have providers that meet the definition of an essential service provider.

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| **9. PROVIDER SIGNATURE** Waiver agencies must indicate **one** of the following:[ ]  This information is being shared with service providers who have been newly added to the participant’s ISP. [ ]  This information is being shared with service providers at the participant’s annual review.  |
| By signing below, providers of CLTS Program supports and services acknowledge receiving a copy of this document. |
| Provider Name (agency) | Service Category (from field 8) |
| Name of Individual Signing (please print) | **SIGNATURE**  | Date Signed |