

Division of Medicaid Services

Children's Long-Term Support Waiver (CLTS) Statewide Uniform Rate Schedule

Background

The CLTS Rate-Setting Initiative is a multiyear effort to develop a statewide rate-setting methodology for the CLTS Program. The initiative is the result of a corrective action plan issued by the federal Centers for Medicare & Medicaid Services (CMS), requiring the Wisconsin Department of Health Services (DHS) to comply with federal Home and Community-Based Services Waiver regulations.

Rate Methodology

The statewide rate methodology primarily sets rates for CLTS services with a direct care provider component. Services exempt from the rate methodology will continue to be paid at market rates.

Benefit Categories Included in Rate Schedule*

- Adult family home
- Child care
- Community/competitive integrated employment
- Community integration services
- Counseling and therapeutic services
- Daily living skills training
- Day services
- Discovery and career planning
- Financial management services
- Grief and bereavement counseling
- Health and wellness
- Mentoring
- Participant and family directed broker services
- Personal supports
- Respite
- Safety planning and prevention
- Support and service coordination**
- Transportation

*Some benefit categories include subcategories that are not included in the rate schedule because they are paid at market rates (e.g. respite camps, bus passes, parking, etc.). Please refer to the CLTS Service Descriptions and CLTS Benefit Code Crosswalk, P-02283, for more information.

Most rates represent a ratio of one direct caregiver to one CLTS participant. The rate schedule identifies services which may be additionally provided in a group setting.

The rates in the CLTS rate schedule represent the maximum amounts that can be paid for each service unit without an outlier rate. County waiver agencies are prohibited from negotiating rates with providers for services included in the statewide uniform rate schedule. Services may be paid at lower rates when the service provider's usual and customary cost, the amount the provider charges to the general public, is lower than the amount in the CLTS rate schedule.

**Support and service coordination rates are not specified in this rate schedule. These rates are set using the existing method that develops a unique rate for each CWA.

Rate Schedule Key Terms Defined

Standard Program Category (SPC)

A Wisconsin state-level numerical code that refers to one of the service types above.

Federal Procedure Code (FPC)

A set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT) and the Center for Medicare and Medicaid Services (CMS) Health Information Portability and Accountability Act (HIPAA) coding procedures.

Benefit Category

A service listed above that corresponds to a SPC and Healthcare Common Procedure Coding System (HCPCS) code description.

Code Description

A technical description of the benefit category. May also specify provider type, the unit type, or whether the service code may be provided to individuals or in groups.

Unit Type

The timespan that the specific service rate may be billed. Unit types include 15 minutes, Hour, Day, Month, Session, Mile, and Trip.

Tier

Rates for some services are separated into specified levels, which may include provider education level, timespan, or service level.

Provider Type

Specifies whether a service rate is paid to an individual caregiver, or an agency provider that employs direct caregivers.

Care Level

Specifies whether a service rate is paid based on a participant's care level need of low, medium, or high. Please see the Care Level Classification Guidelines, P-02273, document for more information about how a participant's care level is determined.

Reference Materials

- CLTS Service Descriptions
- CLTS Benefit Code Crosswalk
- Care Level Classification Guidelines
- Care Level Classification Form
- Outlier Rate Guidelines
- Outlier Rate Review Form

CLTS Service Rate Schedule

The rates in the CLTS rate schedule represent the maximum amounts that can be paid for each service unit without an outlier rate. County waiver agencies are prohibited from negotiating rates with providers for in-scope services. Services may be paid at rates lower than the CLTS rate schedule in circumstances where a service provider's usual and customary service rate is lower than the CLTS rate schedule for a particular service. A service provider's usual and customary service rate is determined by the provider and is publicly available.

Services with Tiered Rates

| SPC | FPC | Benefit Category | Code Description | Unit Type | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Notes |
|--|-----------|---|---|-----------|---|---|---|--|---|
| Community integration services | | | | | | | | | |
| 514.00 | H2021HN | Community integration services - tiers | Community-based wraparound services, per 15 minutes | 15-min. | 13.13 | N/A | N/A | N/A | Please refer to CLTS Service Descriptions for information about services included in Tier 1 and Tier 2. |
| 514.00 | H2021HO | Community integration services - tiers | Community-based wraparound services, per 15 minutes | 15-min. | N/A | 22.31 | N/A | N/A | |
| Community / competitive integrated employment | | | | | | | | | |
| 615.01 | T2018U7 | Community / competitive integrated employment — individual | Habilitation, supported employment, waiver; each | Month | \$210/month, less than 10 hours worked per week | \$420/month, 10 to less than 15 hours worked per week | \$630/month, 15 to less than 20 hours worked per week | \$840/month, 20+ hours worked per week | This service may only be authorized and billed at one unit per participant per month. CWAs are responsible for authorizing the monthly unit rate based on the number of hours the participant works per week under this benefit. |
| 615.02 | T2019U7 | Community / competitive integrated employment — small group | Habilitation, supported employment, waiver; per 15 minutes | Month | \$157.50 /month, less than 10 hours worked per week | \$315/month, 10 to less than 15 hours worked per week | \$472.50 /month, 15 to less than 20 hours worked per week | \$630/month, 20+ hours worked per week | |
| Financial management services | | | | | | | | | |
| 619.00 | T2040U7 | Financial management services -basic | Financial management, self-directed, waiver; per 15 minutes | Month | 36.75 | N/A | N/A | N/A | This service may only be billed at one unit per participant per month. Financial Management Services rates only include the costs of administering these services, and exclude the cost of caregiver wages, tax withholding and benefits. Caregiver wages, tax withholdings and benefits are incorporated into the direct care service rates (e.g. respite, supportive home care, counseling and therapeutic services, etc.). |
| 619.00 | T2040U722 | Financial management services - enhanced | Financial management, self-directed, waiver; per 15 minutes | Month | N/A | 75.30 | N/A | N/A | |
| 619.00 | T2041U7 | Financial management services; rep payee - basic | Supports brokerage, self-directed, waiver; per 15 minutes | Month | 36.75 | N/A | N/A | N/A | |

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|---|-----------|---|---|-----------|--------|--------|--------|--------|--|
| 619.00 | T2041U722 | Financial management services; rep payee - enhanced | Supports brokerage, self-directed, waiver; per 15 minutes | Month | N/A | 75.30 | N/A | N/A | Please refer to CLTS service definitions for additional service requirements and descriptions of services included in Tier 1 and Tier 2. |
| Grief and bereavement counseling | | | | | | | | | |
| 507.02 | H0046 | Grief and bereavement counseling | Mental health services, not otherwise specified | Each | 540.00 | 660.00 | 780.00 | N/A | Grief and Bereavement Counseling services are prior authorized and providers can submit a one-time fee for usage after the child's death. The service may be billed by the provider after the family has shown interest in receiving the service and prior to the child's death. |

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Services with Single Unit Rates

| SPC | FPC | Benefit Category | Code Description | Unit Type | Unit Rate | Notes |
|--|---------|---------------------------------------|---|-----------|--|---|
| Transportation | | | | | | |
| 107.40 | S0215 | Transportation & Escort | Non-emergency transportation; mileage, per mile | Miles | 0.62 | Please refer to CLTS Service Descriptions for guidance on the usage of mileage rates. |
| Adult family home | | | | | | |
| 202.01 | S5140U6 | Adult family home placement, 1-2 beds | Adult Family Home Placement. (S5140=Foster care, adult; per diem) | Day | 312.94 | |
| 202.02 | S5140U7 | Adult family home placement, 3-4 beds | Adult Family Home Placement. (S5140=Foster care, adult; per diem) | Day | 186.78 | |
| Counseling and therapeutic services | | | | | | |
| 507.03 | G0176 | Counseling & therapeutic services | Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) | Session | 85% of provider's usual and customary rate, up to \$178.50 per visit | |
| Day Services | | | | | | |
| 706.20 | S5105U7 | Day services, children | Day care services, center-based; services not included in program fee, per 15 minutes | 15-min. | 2.63 | |

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Rates by Provider Type

| SPC | FPC | Benefit Category | Code Description | Unit Type | Provider Type | |
|---|-------|------------------------------|---|-----------------------------|---|-------------------------|
| | | | | | Group Home | Residential Care Center |
| Institutional respite | | | | | | |
| 103.24 | S5151 | Respite care, institutional | Respite care, not in the home, per diem | Day | Each Group Home and Residential Care Center will be paid at the rate approved by the Department of Children and Families (DCF), based on DCF published maximum daily rates. Approved rates by provider can be found at the following link: https://dcf.wisconsin.gov/ratereg | |
| Daily living skills training | | | | | Provider Type | |
| | | | | | Individual | Agency |
| 110.00 | T2013 | Daily living skills training | Habilitation, educational, waiver; per hour | Hour | 23.10 | 39.90 |
| 110.00 | T2017 | Daily living skills training | Habilitation, residential, waiver; 15 minutes | 15-min. | 5.78 | 9.98 |
| | | | | Per child, Group of 2, Hour | 14.44 | 24.94 |
| Note: Maximum Hourly and 15-minute Group Rates for Daily living skills training (FPCs T2013 and T2017) apply for groups of 2-3 participants. The maximum group size for one caretaker is three participants. | | | | Per child, Group of 3, Hour | 9.63 | 16.62 |

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Rates by Provider Type

| SPC | FPC | Benefit Category | Code Description | Unit Type | Provider Type | |
|---|-------|----------------------------------|---|--------------------------------------|---------------|-------|
| | | | | Per child, Group of 2, 15-min. | 3.61 | 6.24 |
| | | | | Per child, Group of 3, 15-min. | 2.40 | 4.16 |
| Discovery and career planning | | | | | | |
| 108.10 | T2015 | Discovery and career planning | Habilitation, prevocational, waiver; per hour | Hour | 42.00 | 58.00 |
| Note: Maximum Hourly Group Rates for Discovery and career planning (FPC T2015) apply for groups of 2-3 participants. The maximum group size for one caretaker is three participants. | | | | Per child, Group of 2, Hour | 26.25 | 36.25 |
| | | | | Per child, Group of 3, Hour | 17.50 | 24.17 |
| Health and wellness | | | | | | |
| 609.30 | S5190 | Health and wellness | Wellness assessment, performed by non-physician | 15-min. | 8.00 | 11.00 |
| Note: Maximum 15-minute Group Rates for Health and wellness (FPC S5190) apply for groups of 2-3 | | | | Per child, Group of 2, 15-min. | 5.00 | 6.88 |

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Rates by Provider Type

| SPC | FPC | Benefit Category | Code Description | Unit Type | Provider Type | |
|---|-------|---|---|--------------------------------------|---------------|-------|
| | | | participants. The maximum group size for one caretaker is three participants. | Per child, Group of 3, 15-min. | 3.33 | 4.58 |
| Mentoring | | | | | | |
| 513.00 | H0038 | Mentoring | Self-help/peer services, per 15 minutes | 15-min. | 4.33 | 6.30 |
| Note: Maximum 15-minute Group Rates for Mentoring (FPC H0038) apply for groups of 2-3 participants. The maximum group size for one caretaker is three participants. | | | | Per child, Group of 2, 15-min. | 2.71 | 3.94 |
| | | | | Per child, Group of 3, 15-min. | 1.81 | 2.63 |
| Participant and family directed broker services | | | | | | |
| 619.00 | T2041 | Participant and family directed broker services | Supports brokerage, self-directed, waiver; per 15 minutes | 15-min. | 8.00 | 12.00 |
| Safety planning and prevention | | | | | | |
| 609.40 | E0700 | Safety planning and prevention | Safety equipment, device or accessory, any type | 15-min. | 11.00 | 15.00 |

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Based on Medicaid Fee-for-Service Rates

| SPC | FPC | Benefit Category | Code Description | Unit Type | Unit Rate | Notes |
|--|-------|--|---|-----------|-----------|--|
| Transportation | | | | | | |
| 107.30 | T2003 | Transportation & escort | Non-emergency transportation; encounter/trip | 1 trip | 28.14 | |
| 107.30 | T2004 | Transportation - multi-passenger vehicle | Non-emergency transport; commercial carrier, multi-pass | 1 trip | 28.14 | Please refer to the CLTS Service Descriptions for guidance on the funding of wheelchair-accessible transportation. |
| Counseling and therapeutic services | | | | | | |
| 507.03 | 97166 | Counseling & therapeutic services - occupational therapy | Occupational therapy evaluation | Session | 65.79 | |
| 507.03 | 97168 | Counseling & therapeutic services - occupational therapy | Reevaluation of occupational therapy | Session | 65.79 | |
| 507.03 | 97535 | Counseling & therapeutic services - occupational therapy | Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes | 15-min. | 20.83 | |
| 507.03 | 97162 | Counseling & therapeutic services - physical therapy | Physical therapy evaluation | Session | 65.79 | |
| 507.03 | 97164 | Counseling & therapeutic services - physical therapy | Physical therapy reevaluation | Session | 65.79 | |
| | | | | | | |

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Based on Medicaid Fee-for-Service Rates

| SPC | FPC | Benefit Category | Code Description | Unit Type | Unit Rate | Notes |
|--------|-------|--|---|-----------|-----------|-------|
| 507.03 | 97110 | Counseling & therapeutic services - occupational therapy or physical therapy | Therapeutic procedure(s)(2 or more individuals) | 15-min. | 17.29 | |
| 507.03 | 97150 | Counseling & therapeutic services - occupational therapy or physical therapy | Therapeutic procedure, one or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, gait training | Session | 4.20 | |
| 507.03 | 92523 | Counseling & therapeutic services - speech and language therapy | Evaluation of language comprehension and expression (e.g., receptive and expressive language) | Session | 51.06 | |
| 507.03 | 92507 | Counseling & therapeutic services - speech and language therapy | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Session | 47.91 | |
| 507.03 | 92508 | Counseling & therapeutic services - speech and language therapy | Treatment of speech, language, voice, communication, and/or auditory processing disorder; Group 2 or more | Session | 28.3 | |

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Child Care Provider Type

Child Care Rates

| SPC | FPC | Benefit Category | Code Description | Unit Type | Individual - Family Child Care Provider | | | Agency - Group Center Child Care Provider | | | Notes |
|--------|-------|------------------------|--|-----------|---|---------------------------------------|---|---|---------------------------------------|---|---|
| | | | | | 0 to 5 years old (supplemental) (U1) | 6 to 11 years old (supplemental) (U2) | 12 years old and over (market rate + supplemental) (U3) | 0 to 5 years old (supplemental) (U1) | 6 to 11 years old (supplemental) (U2) | 12 years old and over (market rate + supplemental) (U3) | |
| 101.00 | T2026 | Specialized Child Care | Specialized child care, waiver; per diem | Day | 18.00 | 14.00 | 57.75 | 22.00 | 15.00 | 60.90 | The CLTS Waiver pays expenses above and beyond the market rate for services in typical community child care settings, for participants up to 12 years old. These supplemental rates are based on child care market data, which is separated into participants 0-6 years old and 6-11 years old. The CLTS Waiver pays the full market rate and supplemental rate for children age 12 years old and older. |
| 101.00 | T2027 | Specialized Child Care | Specialized child care, waiver; per 15 minutes | 15-min. | 0.65 | 0.50 | 2.10 | 0.80 | 0.55 | 2.21 | |

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| Care Level and Provider Type Based Rates | | | | Provider Type | | | | | | |
|--|---------|---------------------------|--|--------------------------------|----------|-------------|-----------|----------|-------------|-----------|
| | | | | Individual | | | Agency | | | |
| | | | | Care Level | | | | | | |
| SPC | FPC | Benefit Category | Code Description | Unit Type | Low (U1) | Medium (U2) | High (U3) | Low (U1) | Medium (U2) | High (U3) |
| Respite | | | | | | | | | | |
| 103.26 | T1005 | Respite care, home based | Respite care services, up to 15 minutes | 15-min. | 3.15 | 4.20 | 5.25 | 7.35 | 8.40 | 9.45 |
| 103.22 | S5150 | Respite care, residential | Unskilled respite care, not hospice, per 15 minutes | 15-min. | | | | | | |
| 103.99 | S5150 | Respite care, other | Unskilled respite care; not hospice; per 15 minutes | 15-min. | | | | | | |
| Note: Maximum 15-minute Group Rates for Respite (FPCs S5150 and T1005) apply for groups of 2-3 participants at all care levels. The maximum group size for one caretaker is three participants. | | | | Per child, Group of 2, 15-min. | 2.63 | | | 5.25 | | |
| | | | | Per child, Group of 3, 15-min. | 1.75 | | | 3.50 | | |
| Note: A day unit may be authorized when the total consecutive time of direct care service is greater than 8 and up to 24 hours. | | | | | | | | | | |
| 103.26 | S9125 | Respite care, home based | Respite care, in the home, per diem | Day | 183.75 | 246.75 | 304.50 | 425.25 | 488.25 | 551.25 |
| 103.22 | S5151 | Respite care, residential | Unskilled respite care, not hospice, per diem | Day | | | | | | |
| 103.99 | S5151 | Respite care, other | Unskilled respite care, not hospice, per diem | Day | | | | | | |
| Note: Maximum Day Group Rates for Respite (FPCs S5151 and S9125) apply for groups of 2-3 participants at all care levels. The maximum group size for one caretaker is three participants. | | | | Per child, Group of 2, Day | 154.22 | | | 305.16 | | |
| | | | | Per child, Group of 3, Day | 102.82 | | | 203.44 | | |
| 103.99 | G0176EY | Respite care, other | Activity therapy, such as music, hippotherapy, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling health problems, per session (45 minutes or more) | Session | 12.60 | 16.80 | 21.00 | 29.40 | 33.60 | 37.80 |
| Note: Maximum Session Group Rates for Respite (FPC G0176EY) apply for groups of 2-3 participants at all care levels. The | | | | Per child, Group of 2, Session | 10.50 | | | 21.00 | | |

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| Care Level and Provider Type Based Rates | | | | | Provider Type | | | | | |
|---|-------|------------------------------------|--|--------------------------------|---------------|-------------|-----------|----------|-------------|-----------|
| | | | | | Individual | | | Agency | | |
| | | | | | Care Level | | | | | |
| SPC | FPC | Benefit Category | Code Description | Unit Type | Low (U1) | Medium (U2) | High (U3) | Low (U1) | Medium (U2) | High (U3) |
| maximum group size for one caretaker is three participants. | | | | Per child, Group of 3, Session | 7.00 | | | 14.00 | | |
| Personal supports | | | | | | | | | | |
| 104.20 | 99600 | Personal supports - hourly | Unlisted home visit service or procedure | Hour | 12.60 | 16.80 | 21.00 | 29.40 | 33.60 | 37.80 |
| 104.20 | 99509 | Personal supports - per 15 minutes | Attendant care services; per 15 minutes | 15-min. | 3.15 | 4.20 | 5.25 | 7.35 | 8.40 | 9.45 |
| Note: Maximum Hourly and 15-minute Group Rates for Personal supports (FPCs 99600 and 99509, respectively) apply for groups of 2-3 participants at all care levels. The maximum group size for one caretaker is three participants. | | | | Per child, Group of 2, Hour | 10.50 | | | 21.00 | | |
| | | | | Per child, Group of 3, Hour | 7.00 | | | 14.00 | | |
| | | | | Per child, Group of 2, 15-min. | 2.63 | | | 5.25 | | |
| | | | | Per child, Group of 3, 15-min. | 1.75 | | | 3.50 | | |