

Medicaid Home and Community-Based Services (HCBS) Waiver Manual for the CLTS Waiver Program



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

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Chapter 1—Overview and Administration

1.1 Wisconsin Children’s Long-Term Support (CLTS) Waiver Program

The CLTS Waiver Program provides a structure within which Medicaid funding is available to support children and youth who live at home or in the community and have substantial limitations in multiple daily activities as a result of one or more of the following:

- Intellectual and/or developmental disabilities
- Physical disabilities
- Mental health disabilities

This program is one of Wisconsin’s Home and Community-Based Services (HCBS) Medicaid Waiver programs, federally authorized under § 1915(c) of the Social Security Act. These HCBS waiver programs were authorized by Congress in 1981 and implemented in Wisconsin in 1983. HCBS waivers are called “waivers” because they permit certain federal Medicaid regulations to be waived, and Medicaid funding to be used, in a home and community setting rather than an institutional setting.

Primary values of this program support individual choice; enhancing relationships; building accessible, flexible service systems; achieving optimum physical and mental health for the participant; and promoting presence, participation, optimal social functioning, and inclusion in the community. The program seeks to ensure children and youth and their parent(s) and/or legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) who apply to and/or participate in the CLTS Waiver Program (hereafter referred to as “participants”) are treated with respect and assure service systems empower the individual, build on their strengths, enhance individual self-worth, and supply the tools necessary to achieve maximum independence and community participation through a working partnership between the participant and their support and service coordinator (SSC).

Policies described in this manual are grounded in Title 42 of the Code of Federal Regulations, Wisconsin Statutes, the Wisconsin Department of Health Services (DHS) administrative rules, memos and policy instruction, and provisions in the [CLTS Waiver Program applications](#), submitted to and approved by the federal Centers for Medicare & Medicaid Services (CMS).

1.2 State Medicaid Agency Authority

CMS requires statewide policies and procedures related to Medicaid waivers. In compliance with federal direction, the state Medicaid agency, DHS, has sole state-wide authority in all Medicaid waiver policy and program administration. County waiver agencies (CWAs) may not change or disapprove any administrative decision of the DHS or otherwise substitute their judgment with respect to the application of policies, procedures, rules, and regulations issued by DHS.

1.3 Waiver Mandate

The waiver mandate is intended to increase the total resources available to serve participants while maximizing the use of federal funds to support the provision of community-based services.

Waiver funds must be used when:

- The participant is enrolled or can be enrolled (i.e., is enrollable) in the CLTS Waiver Program. For more information about enrollable status, refer to Chapter 6.
- CLTS Waiver Program resources are available.
- The services to be provided are covered by the CLTS Waiver Program.

Refer to the [Children's Community Options Program \(CCOP\) Procedures Guide \(P-01780\)](#) for information about applying the waiver mandate to coordinate use of the CLTS Waiver Program and CCOP.

1.4 Program Intake and First-Come, First-Served Policy

Consistent statewide access in the CLTS Program is facilitated through the DHS-administered online Program Participation System ([PPS](#)). Program intake starts with a referral, after which CWAs are responsible for completing eligibility and enrollment in accordance with policy and processes outlined in Chapters 2, 3, and 6.

CWAs must immediately begin enrollment and service planning processes for participants that DHS has determined are enrollable and who wish to enroll. DHS places participants in enrollable status according to the first-come, first-served policy for the CLTS Waiver Program. All participants in enrollable status are fully funded. When a participant is placed in enrollable status they no longer have a statewide enrollment position, and funding the participant according to first-come, first-served policy has been satisfied.

During program intake CWAs are responsible for implementing guiding principles and requirements in the [Intake Call and After Inquiry Guidance Sheet \(P-03106\)](#), providing families similar experiences with intake across counties.

After an intake call, the CWA must send one of two standardized letters with fields for customization to the family: [Screen Visit Scheduled \(F-02874\)](#) or [Screen Visit Not Scheduled](#)

[\(F-02876\)](#). When the family decides to move forward with a screen visit, they will receive a letter confirming the time of their visit, along with helpful resources to prepare. When the family decides not to move forward with a screen visit, they will receive a letter outlining other resources that may be helpful and instructions for how to come back should they want to seek access to the CLTS Waiver Program in the future.

1.5 Program Quality Measures

DHS maintains administrative authority for the CLTS Program and is responsible for ensuring program quality and compliance with federal and state laws. CWAs must maintain complete and accurate participant records to support the program quality improvement strategy and required federal reporting on performance measures. For details and information about the CLTS Waiver Program Quality Improvement Strategy (QIS), including roles and responsibilities; performance measurement; data collection methods; remediation and program improvement activities; and reporting on program performance; refer to the [CLTS Waiver Program Quality Guide \(P-03535\)](#).

1.6 Resources

- [Approved § 1915\(b\)\(4\) Application for Selective Contracting: Support and Service Coordination Requirements Eligibility and Enrollment \(P-02049\)](#)
- [Children's Community Options Program Procedures Guide \(P-01780\)](#)
- [CLTS Waiver Program Quality Guide \(P-03535\)](#)
- [Helpful Resources for Families in Children's Services Programs \(P-03036\)](#)
- [Intake Call and After Inquiry Guidance Sheet \(P-03106\)](#)
- [Medicaid § 1915\(b\)\(4\) Waiver Fee-for-Service Selective Contracting Program Application](#)
- [Medicaid § 1915\(c\) Home and Community-Based Services Children's Long-Term Support Waiver Application](#)
- [Screen Visit Not Scheduled \(F-02876\)](#)
- [Screen Visit Scheduled \(F-02874\)](#)

Chapter 2—Eligibility

2.1 Eligibility Criteria

To be eligible for the CLTS Waiver Program, an individual must meet all the following:

- Be under 22 years old.
- Meet an institutional level of care (LOC), as determined by the [Functional Eligibility Screen for Children's Long-Term Support Programs \(F-00367\)](#) (CLTS FS).
- Meet nonfinancial and financial eligibility criteria for a full-benefit category of Medicaid (MA). (Refer to the [Wisconsin Department of Health Services \(DHS\) Medicaid Eligibility Handbook \(P-10030\) \(MEH\)](#).)
- Reside in a setting allowed by CLTS Waiver Program policy.

2.2 Level of Care

In order to be determined functionally eligible, applicants must meet an institutional LOC as determined by the CLTS FS ([F-00367](#)). An institutional LOC means a child or youth has a level of need for care and/or services that would qualify for comprehensive, inpatient care in an intermediate care facility for individuals with intellectual disabilities (ICF/IID), psychiatric hospital, nursing home, or hospital, that is reimbursable by MA.

2.3 Target Groups

In order to be served by the CLTS Waiver Program, applicants must meet the eligibility criteria as determined by the CLTS FS ([F-00367](#)) for at least one of three target groups. Target groups covered by the CLTS Waiver Program:

- Developmental disability
- Physical disability
- Mental Health disability

Additional information regarding target groups and levels of care can be found in the [Clinical Instructions for the CLTS Functional Screen \(P-00936\)](#).

2.3.1 Developmental Disability

Children and youth with intellectual/developmental disabilities may be served by the CLTS Waiver Program if they meet an ICF/IID LOC. A child or youth with an ICF/IID LOC has a permanent cognitive disability or a related condition, resulting in substantial functional limitations and a need for active treatment. The LOC criteria are based on the child or youth having needs similar to people who reside in an ICF/IID. The intensity and frequency of required interventions to meet the child's or youth's functional limitations must be to an extent that without the intervention the child or youth is at risk for institutionalization within an ICF/IID.

2.3.2 Physical Disability

Children and youth with physical disabilities may be served by the CLTS Waiver Program if they meet a nursing home or hospital LOC. A child or youth with a nursing home or hospital LOC has a long-term medical or physical condition that significantly diminishes their functional capacity and interferes with their ability to perform age-appropriate activities of daily living at home and in the community. Children and youth who meet this LOC require a heightened degree of daily assistance from others to meet everyday routines and special medical needs which are supported by skilled nursing interventions that require specialized training and monitoring significantly beyond what is routinely provided to children and youth. The LOC criteria are based on the child or youth having care needs similar to people in a nursing home or hospital. The intensity and frequency of required skilled nursing interventions must be to an extent that without direct, daily intervention the child or youth is at risk for institutionalization within a nursing home or hospital.

2.3.3 Mental Health Disability

Children and youth with mental health disabilities may be served by the CLTS Waiver Program if they meet a psychiatric hospital LOC. A child or youth with a psychiatric hospital LOC has a long-term, severe mental health disability diagnosed by a psychiatrist, psychologist, physician, licensed clinical social worker, or licensed professional counselor; demonstrates persistent behaviors that create a danger to self or others; and requires ongoing therapeutic support in order to live at home. The intensity and frequency of required ongoing therapeutic support must be to an extent that without the intervention the child or youth is at risk of inpatient psychiatric hospitalization.

2.4 Functional Eligibility

A child or youth is functionally eligible when a CLTS FS ([F-00367](#)) shows they have a qualifying LOC and are eligible for at least one of three target groups covered by the CLTS Waiver Program. CWAs may complete a CLTS FS ([F-00367](#)) with the participant either in-person or by remote services. Refer to § 4.3.2 Remote Services.

A child's functional eligibility determination is completed once every 12 months. The CWA must notify the child of the results of the determination within 15 calendar days of the determination.

When a child or youth meets functional eligibility criteria and financial eligibility criteria (refer to Chapter 3, Financial Eligibility), their CLTS Waiver Program services are fully funded. CWAs must complete enrollment for all children and youth who are determined eligible and indicate they want to enroll. Refer to Chapter 6, Enrollment and Recertification, for enrollment requirements and timelines.

As part of the eligibility determination process, CWAs must distribute the following information and materials to the participant, thoroughly discussing the content and answering any participant questions:

- [Children's Programs Eligibility and Functional Screen \(P-03061\)](#)
 - CWAs must include this document as an enclosure in the letter to the participant when a home visit is scheduled to complete a CLTS FS [\(F-00367\)](#).
 - This document explains the CLTS FS [\(F-00367\)](#) and helps the participant prepare for completing the CLTS FS [\(F-00367\)](#) with the CWA.
- [Children's Services Programs: Cross Comparison \(P-02991\)](#)
 - CWAs must give this document to the participant during the eligibility determination process.
 - This document outlines programs that use the CLTS FS [\(F-00367\)](#).
- [Medicaid and Children's Services Program Benefits Overview \(P-02996\)](#)
 - CWAs must give this document to the participant during the eligibility determination process.
 - This document outlines benefits available in the CLTS Waiver Program and other children's long-term care programs.

2.4.1 Initial Eligibility Determination

Within 45 days from the child's or youth's (hereafter referred to as "participants") referral date to the CLTS Waiver Program, the county waiver agency (CWA) must ensure a CLTS FS [\(F-00367\)](#) has been completed for the participant's initial eligibility determination. A CLTS FS completed by any program within the previous 12 months meets this requirement; when a CLTS FS has been completed within the previous 12 months, the CWA must not complete another CLTS FS. When a CLTS FS has not been completed within 12 months, the CWA must complete a CLTS FS.

Referral Date

The date the initial inquiry or contact was made by a parent, legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), or another person acting in the interest of the child or youth indicating he or she has a child with a disability or exceptional need, which the family is seeking assistance from the CWA in meeting.

When the CLTS FS [\(F-00367\)](#) completed for an initial eligibility determination shows a qualifying LOC, CWAs must document the participant's eligibility in the DHS Program Participation System [\(PPS\)](#) online system within five calendar days of the CLTS FS calculation date. This process occurs one time only for each participant and establishes their eligibility in the CLTS Program portal in [PPS](#). When a CLTS FS [\(F-00367\)](#) determines a participant is functionally eligible for the CLTS Program, DHS considers the participant enrollable.

For [PPS](#) operational guidance refer to the [Program Participation System \(PPS\): Step-by-Step Training Guide for Children's Long-Term Support \(CLTS\) Program \(P-00697\)](#).

After completing an initial functional eligibility determination for a participant, the support and service coordinator (SSC) talks with them about pursuing home and community-based services and explains the options available to them through the CLTS Waiver Program. Additionally, the SSC provides a copy of the Participant Rights and Responsibilities Notification ([F-20985](#)) to the participant, discusses the content of the document, and addresses any questions they have. The document is completed by gaining signatures from the parent(s) or legal representative(s) and the participant (if 14 years old or older). The legal representative must have court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order. Refer to Chapter 8 – Participant Rights and Appeal and Grievance Processes for additional information about notifying program applicants and participants of their rights.

2.4.2 Eligibility Determination for Recertification

After a participant's initial eligibility determination, functional eligibility is completed annually using the CLTS FS ([F-00367](#)), generally at recertification.

2.4.3 Not Functionally Eligible

When a CLTS FS indicates a participant is not functionally eligible (NFE), it is the CWA's responsibility to ensure the determination is accurate prior to taking action that will result in denial of enrollment or disenrollment, through the following activities:

- The CWA will not transfer the CLTS FS results to the [EES](#) online enrollment system.
- When a CLTS FS results in an NFE determination, the CWA will have a second screener review the screen within 10 calendar days.
- CWAs must work with DHS and follow DHS' guidance to resolve any functional screen issues or errors.
- The CWA will delay disenrolling the participant until the NFE determination is confirmed by both the second screener and DHS.
- When NFE is confirmed, the CWA will notify the participant of denial within 15 calendar days of the determination, along with a description of the participant's state appeal and county grievance rights.

DHS will review all NFE screen results for the CLTS Waiver Program and may contact a CWA with questions or further instructions. After 31 days, an NFE result for an enrolled participant will automatically be transferred to the [EES](#) online enrollment system, and the CWA must enter an end date into [EES](#).

2.4.4 Coordinating Eligibility With Other Programs

CWAs will rely on reports from the [EES](#) online enrollment system to identify when another program (e.g., Comprehensive Community Services, Children's Community Options Program) conducts a functional screen that finds a participant to be NFE for the CLTS Waiver Program. In these instances, the CWA is responsible to ensure the determination is accurate prior to taking

action that will result in denial of enrollment or disenrollment, through completing the appropriate activities listed above. (Refer to the Not Functionally Eligible Section.)

If the CWA determines the NFE calculation is the result of a change made in error to a CLTS screen, they are instructed to correct the screen and case note the reason. If a screener for the waiver program conducts a screen that finds a participant NFE for another program in which they are enrolled, the CWA is instructed to immediately inform the other program's lead.

2.5 Medicaid Non-Financial Eligibility Requirements

Enrollment in a full-benefit Wisconsin MA subprogram (refer to the MEH, [Section 21.2, Full-Benefit Medicaid](#)) is a prerequisite for participation in the CLTS Waiver Program. Enrollment in an MA subprogram requires certain non-financial criteria, including Wisconsin residency, citizenship or qualifying immigrant status, a Social Security number, and compliance with third party liability requirements.

CWAs are responsible for checking if the participant is enrolled in MA. If the participant is not enrolled in MA, the CWA must pursue helping them enroll. Verifying non-financial eligibility for MA is handled outside of the CLTS Waiver Program.

When a CLTS participant does not have or is losing a source of MA, the CWA must work with the family to help them apply for Home and Community-Based Waiver Medicaid (also known as "HCBW" or "Waiver MA") through the local Income Maintenance Consortia (IM).

2.5.1 HCBW Medicaid for Initial Applications

CWA staff working with a family whose child is functionally eligible and applying for HCBW Medicaid will submit the following information to the IM agency, in compliance with federal and state requirements to protect privacy and confidentiality. IM will process the information CWAs provide to determine HCBW Medicaid eligibility.

- [Home and Community-Based Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program \(F-02319\)](#)
- [Medicaid Waiver Eligibility and Cost Sharing Worksheet \(F-20919\)](#)
- Verification of the child's income, if any
- If the CLTS applicant is not currently enrolled in HCBW Medicaid, a valid application for health care (refer to the MEH, [Section 2.4, Valid Application](#)), including the [Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application \(F-10129\)](#)

If a participant is already enrolled in HCBW Medicaid, the CWA does not send IM a Medicaid application form along with the other documents. Instead, IM sends the participant a packet in the mail 45 days before the Medicaid renewal is due. The participant must follow the instructions on the Pre-Printed Renewal Form (PPRF) to complete the HCBW Medicaid renewal.

2.5.2 HCBW Medicaid Annual Renewals

The participant must submit a completed health care renewal, and CWA staff will submit the following information to the IM agency, in compliance with federal and state requirements to protect privacy and confidentiality. IM will process the information CWAs provide to determine HCBW Medicaid eligibility.

- Home and Community-Based Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program ([F-02319](#))
- Medicaid Waiver Eligibility and Cost Sharing Worksheet ([F-20919](#))
- Verification of the child's income, if any

CWAs should be aware that CLTS recertification and HCBW Medicaid renewal dates may not align.

2.5.3 HCBW Medicaid for Youth Reaching 18 Years Old

Individuals can be eligible for HCBW Medicaid for the CLTS Waiver Program through age 21. When a CLTS Waiver Program participant reaches 18 years old and their source of Medicaid is HCBW, they must apply for HCBW Medicaid as the primary person. Federal and state privacy and confidentiality protections prevent the parents of adults from automatically having access to protected information; therefore, these young adults must apply as the head of their own IM case.

When individuals ages 18-21 require HCBW Medicaid, CWA staff submits the following to IM:

- Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application ([F-10129](#))
- Home and Community-Based Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program Form ([F-02319](#))
- Medicaid Waiver Eligibility and Cost Sharing Worksheet ([F-20919](#))
- Verification of the young adult's income, if any

For CLTS participants who are ages 18-21, who do not have a court-appointed guardian, and who require HCBW as their primary source of Medicaid, CWAs are responsible to assist them to do one of the following:

- Apply for HCBW Medicaid as the head of their case by signing the application on their own behalf
- Authorize a representative (such as a parent) to complete the application on their behalf by signing the [Authorization of Representative for Medicaid/BadgerCare Plus/FoodShare \(F-10126\)](#)

For seamless continuity of coverage, participants who are currently enrolled in the CLTS Waiver Program and have HCBW Medicaid must complete and have this paperwork submitted to IM no later than the month in which they turn 18.

2.5.4 Residency and Citizenship

The CLTS Waiver Program follows the federal MA residency and citizenship requirements. (Refer to the [MEH](#), Chapter 6, Residency.)

2.6 Eligible Living Situations

As a federal Home and Community-Based Services MA Waiver program, the CLTS Waiver Program supports participants at home and in the community. As a result, to participate in the program, the participant must reside in an eligible living arrangement. As used in this section, references to a participant's living arrangement, where the participant may "reside" or to their "residence" refers to the participant's permanent residence or living arrangement. This does not include places where the participant may stay on a temporary basis or a place where they may receive services, such as respite care. For example, a participant's permanent living arrangement does not change while they are staying with a relative during the time when their parent has a temporary hospital stay for a surgery.

The following list indicates which permanent living arrangements are prohibited for the CLTS Waiver Program.

2.6.1 Prohibited Living Arrangements:

- Hospital
- Licensed group home for children
- Licensed nursing facility (skilled nursing facility or intermediate care facility)
- ICF-IID, including any of the Wisconsin Centers for the Developmentally Disabled
- Mental health institute or state psychiatric institution
- Licensed or certified residential care center for children and youth
- Juvenile detention facility, refer to Wis. Stat. § 48.02(10r)
- Community-Based Residential Facility

If a participant's living situation temporarily changes from an eligible setting to an ineligible setting, a 90-day suspension of CLTS Waiver Program eligibility may be appropriate to maintain stability in the participant's circumstances. A temporary suspension must be considered when the family and the professionals who know the participant best have indicated that placement in an ineligible setting is anticipated to be less than 90 days and is done to provide the care needed for the participant to move back to the community.

The start and end dates of a suspended enrollment are the first and last full days that a participant resides in an ineligible setting. CWAs must send notice to the participant that services have been suspended. Program requirements (such as CLTS FS rescreens, recertifications) are also suspended while an enrollment is in suspend status.

When an enrollment is suspended:

- A participant remains in active status on the days they leave and enter an eligible setting.
- Some limited services can be provided during the suspension, including:
 - Personal emergency response systems (PERS)
 - Financial management services
 - Waiver-allowable foster care expenses
- Current policy continues to apply for providing supports that assist in the transition back to an eligible setting, including transitional support and service coordination. (Refer to Chapter 4, Support and Service Coordination service description, Service Requirements.)

As the participant transitions back to an eligible setting:

- The SSC will review the ISP with the participant to ensure the correct levels of supports and services.
- The SSC will update the ISP, as needed.
- The SSC will record an updated ISP Completion Date in the online enrollment system.
- An automated notice confirming enrollment will be generated and sent to the participant.
- The SSC will adjust the Recertification Due Date in the [EES](#) online enrollment system to be the last day of the month, 12 months from the enrollment or last recertification date, in order to ensure an annual review of the participant's waiver eligibility.

If a participant's recertification comes due while their enrollment is suspended, the CWA must manually update the participant's LOC end date in [EES](#). If the CWA receives an error message from [EES](#), the CWA must contact the [SOS Help Desk](#) for assistance to update the participant's LOC end date. The CWA will complete the recertification when the suspension ends. Under these circumstances, the next recertification due date will be the last day of the month, 12 months from the date the recertification was completed.

In the event that the placement in an ineligible setting ends up being significantly longer than 90 days, with a low likelihood that the participant will return to an eligible setting in the foreseeable future, the CWA may need to disenroll them from the CLTS Waiver Program because they reside in an ineligible setting.

2.7 Participant County Moves

A CLTS Waiver Program participant has a right to continuity of services and freedom of movement while residing in Wisconsin. This means that the participant's CLTS Waiver Program eligibility and services may not be reduced or terminated solely because they have moved to a different county. CLTS Waiver Program policy for participant moves does not extend to other funding sources which are governed by other statutes, policies, and rules (e.g., the Children's Community Options Program (CCOP), Community Aids, etc.).

All participants enrolled in the CLTS Waiver Program maintain enrollment when moving from one county to another. All enrolled participants are fully funded at the state level and remain fully funded when moving from one county to another.

For a participant enrolled in a Wisconsin MA subprogram (refer to the MEH, [Section 21.2, Full-Benefit Medicaid](#)) managed by an IM, any discussion of potential moves from one county to another must, at a timely point, involve the IM. It is the responsibility of the CWA to ensure that IM workers (IMWs) are informed so that necessary transfers can occur, and MA eligibility is not interrupted.

2.7.1 CWA Responsibilities for Participant County Moves

This section outlines CWA responsibilities when a participant voluntarily moves and establishes legal residence (physical presence and intent to remain) in a different county. In this section, the “sending county” is the original county from which the participant moved, and the “receiving county” is the county to which the participant moved.

2.7.1.1 Sending County Responsibilities

When a CLTS Waiver Program participant voluntarily moves to a different county, the sending county must maintain primary program responsibility until all transition activities are complete. To ensure continuity of services, the sending county is responsible for the following transition activities:

- **Notify the receiving county.**
The sending county or the participant must notify the receiving county with as much advance notice as possible, of their plans to move.
- **Notify the local Income Maintenance Consortia (IM).**
For a participant enrolled in a Wisconsin MA subprogram (refer to the MEH, [Section 21.2, Full-Benefit Medicaid](#)) managed by an IM, the sending county must ensure that IM workers (IMWs) are informed so that necessary transfers can occur and MA eligibility is not interrupted.
- **Maintain primary program responsibility until all transition activities are complete.**
Services in the participant’s ISP may not be reduced or terminated due to the participant’s move. When the participant has an approved Tier 2 exceptional expense ISP, the sending county must communicate this to the receiving county and share any associated documentation.

Additionally, if the participant’s move is of significant distance (either more than a two-hour drive or further than 100 miles from the location of the support and service coordinator (SSC)), the sending county must update the ISP with information that addresses how the participant’s health and safety will be monitored and assured during the transition of CWA responsibility. All SSC contact requirements continue to apply during the transition of CWA responsibility and cannot be waived because of travel time, distance, or cost. The sending county may arrange for the transfer of SSC responsibilities to the receiving county until all transition activities are complete.

- **Update information in the [PPS](#) online system, as applicable.**

If the participant has been determined eligible for the CLTS Program but has not yet been enrolled at the time of their move, the sending county must maintain their information in the [PPS](#) online system until the receiving county completes all required transition activities.

2.7.1.2 Receiving County Responsibilities

To ensure continuity of services, the receiving county must complete all of the following transition activities and assume primary program responsibility for the participant within 30 calendar days of receiving notice of their move, or within 30 calendar days of their move, whichever is later.

- **Verify functional eligibility.**
The receiving county must verify that the participant's functional eligibility has been determined within the last 12 months, and does not complete a CLTS FS based solely on the participant's move; functional eligibility determinations are only completed once every 12 months.
- **Verify enrollment in a Wisconsin MA subprogram.**
When the participant is enrolled in a Wisconsin MA subprogram (refer to the MEH, [Section 21.2, Full-Benefit Medicaid](#)) managed by an IM, the receiving county must ensure that IM workers (IMWs) are informed so that necessary transfers can occur and MA eligibility is not interrupted.
- **Update the ISP with the participant and their family.**
The receiving county must continue CLTS Waiver Program services with no unnecessary interruptions; services may not be reduced or terminated due to a participant's move. If a participant has an approved Tier 2 exceptional expense ISP (refer to Ch. 4, Authorization for Exceptional Expense, and Ch. 7, Requirements and Procedures for Developing Outcomes and an ISP), the receiving county is not required to submit an additional exceptional expense notification.
- **Update information in the [PPS](#) online system, as applicable.**
If the participant has been determined eligible for the CLTS Program but has not yet been enrolled at the time of their move, the receiving county re-enters the participant's information in the [PPS](#) online system only after completing all other required transition activities.

When all required transition activities have been completed, the receiving county assumes primary program responsibility for the participant by maintaining their ongoing services and addressing any new or increased needs.

2.7.2 Primary Program Responsibility for Participants in Foster Care

For a participant in foster care, CWA primary program responsibility transitions only when the county of residence of their custodial parent(s) or their court appointed guardian changes, or when the court order ends. The county in which the participant's custodial parent(s) or court appointed guardian reside is the participant's residential county (Wis. Stat. 48.185(2) and

48.64(4)(c)), and the CWA for the participant's residential county assumes primary program responsibility. If the participant in foster care temporarily resides in another county, the county of residence may request courtesy supervision from the county in which the participant is temporarily residing, and primary program responsibility does not transition.

2.8 Denial of Participation or Termination of Program Participation

2.8.1 Denial and Termination

Conditions under which a participant may be denied participation in the CLTS Waiver Program and/or have their participation terminated include:

- The participant fails to meet MA non-financial or financial eligibility criteria.
- The participant fails to meet functional eligibility criteria at initial application, annual recertification, or at any time while participating in the CLTS Waiver Program.
- The participant fails to meet responsibilities outlined in the Participant Rights and Responsibilities Notification ([F-20985](#)) section G., including maintaining contact with the CWA and participating in service planning and activities to verify program eligibility.
 - Failure to maintain contact is defined as the participant not maintaining contact with the CWA, despite the CWA's documented efforts.
 - Direct contact between the CWA/Support and Service Coordinator and the participant is required every three months at a minimum. The participant may not be involuntarily disenrolled until 30 calendar days have passed since the last missed required program contact, during which the CWA makes a minimum of three attempts to reach the participant, by all means available, using at least two different modes of communications, such as phone call and email or phone call and text. The CWA must document their contact attempts in case notes, along with any attempts made by the participant to contact the CWA (including voice mail).
- The participant or their parent or other legal representative requests to end their enrollment. The legal representative must have court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.

Refer to Chapter 10, Transition, for additional information about CWA responsibilities relating to participant transitions.

2.8.2 Eligibility Notification and Rights

If a determination is made to deny or terminate CLTS Waiver Program participation or if waiver services are reduced or terminated, the CWA must issue the participant appropriate written notice of the decision.

Appropriate notice must clearly state:

- The action the CWA intends to take.
- The effective date of the CWA action.
- The specific regulation supporting the action.
- The participant's appeal rights.
- The county grievance rights.

If on completion of the functional and MA financial and nonfinancial eligibility assessment the application for waiver participation is denied, the CWA must notify the participant within 30 calendar days of the decision. The notice must contain information describing why the application was denied, the participant's local county grievance and state appeal rights, a clear statement of the timelines that apply for requesting a state hearing, instructions for filing an appeal, and whom to contact for assistance.

The CWA must promptly notify the county IMW of any change in the participant's waiver program eligibility status. The SSC and IMW must then work together to ensure proper notification requirements are met.

Refer to Chapter 8, Participant Rights and Appeal and Grievance Processes, for additional information.

2.8.2.1 Considerations for Medicaid Continuous Coverage

When a participant who is also enrolled in HCBW MA requests to end their enrollment in the CLTS Waiver Program (i.e., voluntarily disenrolls), before sending notice of participant rights and adverse action, CWAs must inform the participant that voluntarily ending their enrollment in the CLTS Waiver Program will be treated as a voluntary disenrollment from HCBW MA and the participant's continuous coverage under HCBW MA will end. ([MEH §§ 1.2.7 and 37.1.2](#)) In addition, the CWA will document in the participant's case notes this notice to the participant.

CLTS Waiver Program Enrollment and Continuous Coverage Under HCBW MA

Participants who are also enrolled in HCBW MA will maintain continuous HCBW MA coverage when they lose functional eligibility for the CLTS Waiver Program but not when they voluntarily disenroll from the CLTS Waiver Program, because enrollment in a home and community-based long-term care MA waiver program, such as the CLTS Waiver Program, is required for enrollment in HCBW MA. A participant's voluntary disenrollment from the CLTS Waiver Program impacts their eligibility for continuous MA healthcare program coverage only when they're also enrolled in HCBW MA because of the unique relationship between enrollment in the CLTS Waiver Program and enrollment in HCBW MA; enrollment in the CLTS Waiver Program is not required for enrollment in other MA healthcare programs. A participant's voluntary disenrollment from the CLTS Waiver Program will not impact their continuous MA healthcare program coverage when they are enrolled in a MA healthcare program other than HCBW MA. Refer to the [MEH § 1.2](#) for more information about continuous MA healthcare program coverage.

2.9 Resources

- [Authorization of Representative for Medicaid/BadgerCare Plus/FoodShare \(F-10126\)](#)
- [Children's Programs Eligibility and Functional Screen \(P-03061\)](#)
- [Children's Services Programs: Cross Comparison \(P-02991\)](#)
- [Clinical Instructions for the CLTS Functional Screen \(P-00936\)](#)
- [Functional Eligibility Screen for Children's Long-Term Support Programs \(F-00367\)](#)
- [Home and Community-Based Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program \(F-02319\)](#)
- [Medicaid and Children's Services Program Benefits Overview \(P-02996\)](#)
- [Medicaid Waiver Eligibility and Cost Sharing Worksheet \(F-20919\)](#)
- [Program Participation System \(PPS\): Step-by-Step Training Guide for Children's Long-Term Support \(CLTS\) Program \(P-00697\)](#)
- [Wisconsin Department of Health Services \(DHS\) Medicaid Eligibility Handbook \(P-10030\)](#)
- [Wisconsin Department of Health Services Program Participation System \(PPS\)](#)
- [Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application \(F-10129\)](#)

Chapter 3—Financial Eligibility

3.1 Financial Eligibility for the CLTS Waiver Program

Only the child's or youth's income is used to determine financial eligibility for the CLTS Waiver Program. The total of their gross earned income and unearned income must be equal to or less than 300% of the federal Supplemental Security Income (SSI) benefit. (Refer to the Community Waivers Special Income Limit in the Wisconsin Department of Health Services (DHS) [Medicaid Eligibility Handbook](#) (MEH), Section 39.4.1.)

There is no asset test for the CLTS Waiver Program.

County waiver agencies (CWAs) are responsible for completing the [Medicaid Waiver Eligibility and Cost Sharing Worksheet \(F-20919\)](#) for every applicant during enrollment and for every participant during annual recertification of eligibility. Sections I, II, and V of this worksheet are used to determine and document an applicant's or participant's financial eligibility for the waiver program.

3.2 Enrollment in Wisconsin Medicaid

Enrollment in a full-benefit category of Wisconsin Medicaid is required for participation in the CLTS Waiver Program. (Refer to the [MEH](#), Section 21.2, Full-Benefit Medicaid.) CWAs must verify that the participant maintains ongoing enrollment in Medicaid while they are a waiver participant.

For questions or assistance with a waiver applicant's or participant's enrollment in Medicaid, the CWA contacts the administering agency associated with the applicable subprogram:

- Adoption assistance Medicaid: Wisconsin Department of Children and Families
- Foster care Medicaid: the local child welfare agency (child protective services)
- SSI Medicaid: Social Security Administration
- Katie Beckett Medicaid: DHS
- Home and Community-Based Waiver (HCBW) Medicaid, SSI-related Medicaid (also known as Elderly Blind and Disabled or "EBD Medicaid"), or BadgerCare Plus: Income Maintenance (IM)

If the participant is not enrolled in Medicaid, or if their Medicaid enrollment is ending, the CWA must work with the participant to complete the process to refer them to IM for completing enrollment. For more information about HCBW Medicaid applications and renewals, refer to Chapter 2—Eligibility.

3.3 Medicaid Cost Sharing

There may be a premium and/or out of pocket spending (“cost share”) requirement for a participant enrolled in Wisconsin Medicaid, based on their eligibility group. They will be in one of three eligibility groups: Group A, Group B, or Group B Plus. This section provides general information about premiums or cost sharing that may apply to participants who are either applying to or enrolled in the CLTS Waiver Program. Refer to the [MEH](#), Section 28.6, for detailed information about Medicaid eligibility groups and cost sharing.

3.3.1 Group A

A participant enrolled in a full-benefit Medicaid subprogram other than HCBW is in Group A and has no cost share obligation. BadgerCare Plus and Medicaid Purchase Plan (MAPP) participants may pay a premium, based on income, for these programs.

3.3.2 Group B and Group B Plus

Only participants enrolled in HCBW Medicaid are in Group B or Group B Plus and are subject to a cost share requirement. CWAs complete the Medicaid Waiver Eligibility and Cost Sharing Worksheet ([F-20919](#)) based on the participant’s financial resources. The cost share amount is calculated in the Client Assistance for Re-employment and Economic Support (CARES) system by IM, following the process outlined in the [MEH](#), Section 28.6.4 Cost Share Amount.

A participant’s cost share may not be waived.

3.4 Parental Payment Limits

Parents of a participant under age 18 enrolled in the CLTS Waiver Program may be liable for a certain portion of the cost of CLTS services. After the participant’s individual service plan (ISP) is finalized with their support and service coordinator (SSC), the county waiver agency (CWA) uses the [Worksheet for Determination of Parental Payment Limit \(F-01337\)](#) to estimate the amount of parental payment limit (PPL) that may apply.

The formula used in the Worksheet is based on [Wis. Admin. Code ch. DHS 1](#) and considers the size of the family, parental income, applicable federal poverty guidelines, and applicable ISP costs for calculating PPL. CWAs may bill PPL based on the cost of actual claimed services or use planned costs if reconciled with actual claimed costs. CWAs are prohibited from requesting tax documents, pay stubs, or W-2 documents to verify income or expenses. An income declaration form must be used to verify parental income.

[Table DHS 1.065](#), in Wis. Admin. Code ch. DHS 1, shows the maximum percentage of the costs of the participant’s ISP (also known as the “payment limit”) for which they may be liable. Parents whose income is below 330% of the federal poverty level are not liable for any portion of the costs of the participant’s CLTS Waiver Program services.

The participant's support and service coordination and administrative costs are exempt from PPL.

CWAs may waive PPL if a family has a financial hardship.

CWAs must provide parents verbal and written explanations of their PPL. CWAs must provide the [Parental Payments for CLTS and CCOP \(P-03342\)](#) to parents subject to PPL annually.

The CWA must recalculate the PPL annually during recertification of eligibility and should recalculate more often if parental income decreases or the family size increases. If the CWA is using planned costs with actual cost reconciliation, the PPL should be recalculated if the ISP cost changes significantly.

Per [DHS ch. 1.06\(6\)](#), a person aggrieved by an order to compel the parental payment may appeal the order as a contested case. CWAs must have a written grievance procedure for actions relating to liability determination, billing, and collections in accordance with [DHS ch. 1.05\(6\)\(c\)](#). Refer to chapter 8 – Participant Rights and Appeal and Grievance Processes for additional information.

The CWA may not disenroll the participant from the CLTS Waiver Program if their parent cannot or will not pay the PPL.

Refer to the [PPL FAQ](#) for more information about PPL.

3.5 Resources

- [Medicaid Eligibility Handbook](#)
- [Medicaid Waiver Eligibility and Cost Sharing Worksheet \(F-20919\)](#)
- [Parental Payments for CLTS and CCOP \(P-03342\)](#)
- [Wisconsin Admin. Code ch. DHS 1](#)
- [Wisconsin Full-Benefit Medicaid Subprograms](#)
- [Worksheet for Determination of Parental Payment Limit \(F-01337\)](#)

Chapter 4—Provider Requirements and Allowable Services

4.1 Open Provider Enrollment—Enrollment Requirements

DHS administers the Children’s Long-Term Support (CLTS) Waiver Program Provider Registry for the continuous, open enrollment of providers as required by [42 CFR § 431.51](#).

All program providers must enroll through the online [CLTS Provider Registry](#). Providers are required to submit the following information and documents during enrollment:

- Basic information including provider name, contact information, address, tax identification number (TIN), services, and provider service areas.
- A signed copy of the completed [CLTS Waiver Program Medicaid Waiver Provider Agreement and Acknowledgement of Terms of Participation \(F-03344\)](#).
- Provider certification, license, or other required qualifying documents as defined by the applicable service description(s) in section 4.6.

Once enrollment information is submitted, the provider will receive a confirmation notification acknowledging DHS has received their information.

When approved, the CLTS Medicaid Waiver Provider Agreement remains in full force and effect for a maximum of four years. All providers must keep their information up-to-date by updating their enrollment in the [CLTS Provider Registry](#) when there is a change to the provider’s address, service location(s), or primary or third party administrator (TPA) contact(s). When there is a change to the provider’s business name, TIN, Social Security number (SSN), and/or national provider identifier (NPI), provider certification, license, or other required documents as defined by the applicable service description(s) in section 4.6, the provider must use the submit changes process in the [CLTS Provider Registry](#) to change the information. DHS will review provider information changes submitted through the submit changes process and email a confirmation notification to the provider to acknowledge receipt of the changes.

All providers must re-enroll every four years and submit a new completed CLTS Medicaid Waiver Provider Agreement. DHS will notify enrolled providers every four years to re-enroll via the online enrollment system.

4.1.1 Enrollment Requirements for County Waiver Agencies

County waiver agencies (CWAs) provide Support and Service Coordination and other limited CLTS Program services (refer to § 4.3.3). As such, CWAs must enroll as CLTS Waiver Program providers

by accessing and enrolling as a provider in the [CLTS Provider Registry](#) which requires a completed [CLTS Medicaid Waiver Provider Agreement for County Waiver Agencies \(F-02349\)](#). CWAs must also keep their information up-to-date by updating their enrollment when there is a change to their address, or primary and third party administrator (TPA) contact(s).

CWAs must re-enroll every four years and submit a new completed [CLTS Medicaid Waiver Provider Agreement for County Waiver Agencies \(F-02349\)](#). DHS will notify CWAs every four years to re-enroll via the [CLTS Provider Registry](#).

4.2 Provider Qualification Process and Requirements

DHS is responsible for deeming providers willing and qualified to deliver CLTS Waiver Program services. Providers are qualified on a service-by-service basis, only for the services the provider indicates in the information they submit to the online enrollment system.

DHS maintains the online provider enrollment system, deems providers qualified, and places them on the public [CLTS Provider Directory](#).

CWAs review qualified providers by accessing provider information and qualification documentation within the [CLTS Provider Registry](#) and confirming the provider's information is current. CWAs must recognize providers on the public [CLTS Provider Directory](#) as qualified and are prohibited from requiring providers to resubmit information or documentation that was collected by DHS via the online enrollment system.

4.2.1 DHS Role and Responsibilities—Qualifying Providers

DHS qualifies providers for the services the provider indicates in the information they submit via the online enrollment system, and not for any other services. DHS completes the following activities to qualify a provider:

- Review and verify basic information providers submit via the online enrollment system.
- Ensure the CLTS Medicaid Waiver Provider Agreement is completed, signed, and uploaded.
- Confirm and verify the required certification, license, education, or experience documentation is valid, current, and meets applicable service description requirements per section 4.6 at the point of enrollment. Waiver funds may not pay for services provided by persons who have been denied a professional license, certification, or enrollment by the Department of Health Services, Department of Safety and Professional Services, Department of Children and Families, or Department of Workforce Development. In addition, services may not be provided by persons whose credentials have been suspended or revoked, or who have been denied the renewal of their professional license, enrollment, or certification.
 - For agency providers, DHS collects certification, license, education, or experience that is required at the agency level.
- [Complete caregiver background checks, when required for the service\(s\) the provider indicates in the information they submit to the online enrollment system.](#)

- Confirm the provider is not listed on the [U.S. DHHS Office of Inspector General List of Excluded Individuals and Entities \(LEIE\)](#) at the point of enrollment.

Following the review of enrollment and qualification documentation, DHS notifies the provider of their enrollment status and if approved, will place the provider on the CLTS Provider Directory. Being listed on the public CLTS Provider Directory substantiates for CWAs and children and youth and their parent(s) and/or legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) who apply to and/or participate in the CLTS Waiver Program (hereafter referred to as “participants”) that a provider is qualified to deliver the CLTS services specified on the directory. DHS is solely responsible for placing providers onto and removing providers from the CLTS Provider Directory.

4.2.2 CWA Role and Responsibilities—Review Provider Qualifications and Authorize Service Delivery

CWAs are prohibited from requiring signed agreements or contracts with providers for CLTS Waiver Program services or as a pre-condition for CLTS Waiver Program service authorization.

CWAs access a provider’s information, enrollment status, and qualification documentation via the [CLTS Provider Registry](#).

CWAs may authorize service delivery for a provider only for the service(s) that DHS has qualified them for and not for any other services.

- Check the provider’s enrollment status.
- If the provider’s enrollment is approved, review the provider’s information and qualification documentation to confirm it remains current.
 - If the provider’s qualification documentation is expired or no longer valid, CWAs must notify DHS within 10 calendar days by emailing DHSCLTSPProvider@dhs.wisconsin.gov. DHS will conduct outreach to that provider to update their enrollment. The CWA may not authorize services until the enrollment and qualification documentation has been updated via the online enrollment system.
 - If the provider chooses not to or is unable to update their enrollment and qualification documentation, DHS will remove the provider from the Provider Directory.
- If the provider is qualified, authorize the provider to deliver services. Refer to Section 4.5, Service Authorization.

4.2.3 Background Checks

DHS must ensure a Wisconsin caregiver background check is completed for all persons meeting the definition of a caregiver. This requirement applies to all service providers, paid or unpaid, who deliver services listed on the ISP and meet the definition of a caregiver.

Caregivers are those persons who have regular, direct contact with a CLTS Waiver Program participant. “Regular” means contact that is scheduled, planned, expected, or otherwise periodic. “Direct” means face-to-face physical proximity to a participant that allows the opportunity to commit abuse or neglect or to misappropriate their property.

For caregivers who are employed by provider agencies, the agency is responsible for completing and maintaining documentation of the caregivers’ background check results on site. DHS may request submission of the caregiver background check results for provider agency employees for quality assurance or auditing purposes.

DHS is responsible for completing background checks for sole proprietor providers who are caregivers.

Caregiver background checks are an important part of assuring the health and safety of CLTS Waiver Program participants. Children with disabilities are more likely than children without disabilities to be socially isolated and experience abuse and/or neglect. Additionally, the nature of a child’s disability may decrease their ability to defend themselves from abuse or neglect, escape an abusive situation, and/or report abuse or neglect. Caregiver background checks help mitigate risk to health and safety for CLTS Waiver Program participants.

For information about how DHS completes a Wisconsin caregiver background check, refer to 4.7.3 Completing a Wisconsin Caregiver Background Check, at the end of this chapter.

4.2.3.1 Background Check Results

CLTS Waiver Program service providers may not employ, subcontract with, or accept volunteer services from individuals convicted of child abuse, neglect, or maltreatment; a violation of the Vulnerable Adult Law (Wis. Stat. §§ [940.285](#) and [940.295](#)); a felony involving physical harm to any participant enrolled in this program or a participant of any other health or human service program; an offense described as a serious crime in [Wis. Stat. § 50.065\(1\)\(e\)\(1\)](#), [Wis. Stat. § 50.065\(1\)\(e\)\(2\)](#), or [Wis. Admin. Code DCF § 12.02\(24\)](#); or an offense that is deemed substantially related to the care or service to be provided. (Refer to [Wis. Admin. Code § DHS 12.06](#) for guidance to determine if an offense is substantially related to the care or service to be provided.) Providers must ensure that applicants for employment by the provider or persons currently employed by the provider do not have histories indicating violations of these laws. Refer to section 4.7.4 for a complete list of serious crimes that are barring offenses for providers.

When the caregiver is under 17 years old, the criminal background check result will only reveal an offense for which the minor has been sent to adult court. Therefore, caregivers under 17 years old are responsible for making available their juvenile record (which they can obtain from the Department of Justice) so that a review of the minor's background can be satisfactorily completed. In addition, a new caregiver background check must be completed upon the caregiver’s 17th birthday.

4.2.3.2 Caregivers Employed by the Participant

Caregivers employed by a participant through a fiscal agent system or under a self-directed services plan must have caregiver background checks completed. CWAs are not responsible for completing background checks for these caregivers. Fiscal management agencies (refer to 4.6.11, Financial Management Services, enhanced tier) complete the caregiver background check to meet this requirement.

Participants may not employ individuals whose background check results reveal conviction of a barring offense, serious crime, or substantially related crime as outlined in Chapter 4.2.3.1 Background Check Results to deliver CLTS Waiver Program services.

If the prospective caregiver's background check reveals no record of conviction or substantiated finding by a governmental agency of a barring offense, serious crime, or substantially related crime but does contain a negative finding, the background check results must be thoroughly reviewed with the participant. If the participant is fully informed of any negative finding and continues to express a preference to employ the caregiver, the CWA must respect the choice of the participant unless there is compelling justification not to do so.

4.3 Ensuring Access

4.3.1 Participant Choice of Providers

All CLTS Waiver Program participants must be given a choice of qualified service providers as required by 42 CFR §431.51. County waiver agencies (CWAs) are responsible to inform a participant of their right to choose willing and qualified providers. This takes place at each review of the participant's individual service plan (ISP), including but not limited to initial plan development, six-month plan review, and review during annual recertification. The information given to a participant must include:

- The full range of services available through the CLTS Waiver Program. CWAs may refer participants to the Children's Long-Term Support Waiver Program Supports and Services at a Glance ([P-02570](#)).
- A description of all qualified providers available for the services the participant is authorized to receive, as listed in the statewide public [CLTS Provider Directory](#).
- Information about options and processes for the participant to dispute whether other entities or providers could deliver the services authorized for them.

A willing provider is an individual or entity that signs and submits a CLTS Waiver Program Medicaid provider agreement to DHS and accepts as payment in full, amounts paid in accordance with the [CLTS Waiver Program Rate Schedule \(P-02184\)](#) established by DHS for in-scope services. A qualified provider meets the standards outlined in the service description and is verified through the qualification process completed by DHS.

A qualified provider is an individual or entity that has been qualified by DHS as outlined in Section 4.2. These providers are listed in the statewide public [CLTS Provider Directory](#). This directory is the sole directory of registered and qualified CLTS Waiver Program providers and may be accessed by participants. CWAs may not maintain or disseminate separate, county-specific provider directory information.

4.3.1.1 Support and Service Coordination

The Centers for Medicare & Medicaid Services has approved a [§ 1915\(b\)\(4\) waiver application](#) submitted by DHS to limit a participant's choice of provider for this service to CWAs or their subcontracted entities. This limitation ensures support and service coordination is delivered by qualified individuals, since CWAs have the expertise and knowledge to successfully coordinate the multiple complex systems required to meet the needs of participants.

4.3.2 Remote Services

Remote services are a resource for participants to access CLTS Waiver Program services, in combination with all other available resources, to build a complete individual service plan (ISP). In-person service delivery is ideal in many circumstances. However, remote services must also be considered when participants develop their ISP with their support and service coordinator. Remote services should be used in combination with other supports and services in the amounts and frequencies that best address the participant's identified outcomes.

4.3.2.1 Remote Services Definition and Requirements

Remote services are services delivered using one of the following methods:

- Delivery using multimedia that includes both video and audio communication technology that permits two-way, real-time, interactive communication between a provider and a participant and/or their parents, legal representatives (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), and unpaid caregivers.
- Delivery using only audio communication technology that permits two-way, real-time, interactive communication between a provider and a participant and/or their parents, legal representatives (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), and unpaid caregivers.

Remote services do not include communications delivered solely by electronic mail or facsimile (fax) machine.

Services can be provided remotely when all the following criteria are met:

- Service can be provided with functional equivalency. That is, the service is amenable to virtual delivery (the provider of the service attests that quality and effectiveness is not

significantly compromised, and transmission of voices is clear and audible), and of sufficient audio and visual fidelity and clarity as to be functionally equivalent to an in-person visit.

- Participant gives informed consent to the service provider. Providers must develop and implement their own methods of informed consent to verify that a participant agrees to receive services remotely. These methods must comply with all federal and state regulations and guidelines. Providers must maintain documentation of the informed consent.
- Participant has the equipment and access to technology needed to participate in services remotely.

Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements apply to remote services. When a CLTS provider uses remote services that involve protected health information (PHI), the provider must conduct an accurate and thorough assessment of the potential risks and vulnerabilities to PHI confidentiality, integrity, and availability. Each provider must assess and implement the reasonable and appropriate security measures for their situation. Refer to the [U.S. HHS Office for Civil Rights](#) for information about HIPAA requirements.

When possible, remote services delivery should use both an audio and visual component. In circumstances where remote services delivery using both audio and video components is not the participant's preference or is not possible due to technology limitations, remote services delivery may be done using two-way, real-time, interactive audio-only communication technology when audio-only delivery is an allowed delivery option and the participant and provider agree audio-only delivery is functionally equivalent to in-person delivery.

4.3.2.2 Allowable Remote Services

CLTS Waiver Program services that may be delivered remotely are outlined in the table below. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) and Chapter 4.6 for additional information about remote service allowances for individual services.

Rates for CLTS Program remote services are the same as services delivered in-person. Refer to the [CLTS Waiver Program Rate Schedule, P-02184](#).

Allowable Remote Waiver Services	Allowable Remote Delivery Methods
Assistive Technology	<ul style="list-style-type: none">• Video and audio• Audio-only
Communication Assistance for Community Inclusion	<ul style="list-style-type: none">• Video and audio• Audio-only
Community/Competitive Integrated Employment - Individual	<ul style="list-style-type: none">• Video and audio• Audio-only
Community/Competitive Integrated Employment - Small Group	<ul style="list-style-type: none">• Video and audio• Audio-only

Allowable Remote Waiver Services	Allowable Remote Delivery Methods
Community Integration Services	Video and audio
Counseling and Therapeutic Services	<ul style="list-style-type: none"> • Video and audio • Audio-only
Daily Living Skills Training	<ul style="list-style-type: none"> • Video and audio • Audio-only
Day Services	Video and audio
Discovery and Career Planning	Video and audio
Empowerment and Self-Determination Supports	<ul style="list-style-type: none"> • Video and audio • Audio-only
Family/Unpaid Caregiver Supports and Services	<ul style="list-style-type: none"> • Video and audio • Audio-only
Financial Management Services	Video and audio
Grief and Bereavement Counseling	Video and audio
Health and Wellness	Video and audio
Home Modifications	Video and audio
Housing Support Services	Video and audio
Mentoring	Video and audio
Participant and Family Directed Goods and Services	Video and audio
Participant and Family-Direction Broker Services	Video and audio
Personal Emergency Response System (PERS)	Video and audio

Allowable Remote Waiver Services	Allowable Remote Delivery Methods
Personal Supports	Video and audio
Respite Care	Video and audio
Safety Planning and Prevention	Video and audio
Specialized Medical and Therapeutic Supplies	Video and audio
Support and Service Coordination	Video and audio
Vehicle Modifications	Video and audio
Virtual Equipment and Supports	Video and audio

4.3.2.3 Allowable Remote Services for Groups

CLTS Waiver Program services that may be delivered remotely to groups of participants are outlined in the table below. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) and Chapter 4.6 for additional information about delivering a particular service remotely.

Rates for CLTS Waiver Program remote services for groups are the same as services delivered in-person. Refer to the [CLTS Waiver Program Rate Schedule \(P-02184\)](#).

CWAs must remind providers that additional privacy considerations apply to remote service provision for a group of participants. Remote service provision to groups can potentially allow other household members to see other group members, which violates the privacy of those other members. Video-based formats may also allow participants to record or obtain screenshots, which violates the privacy of other participants.

Allowable Remote Services for Groups of Participants	
Community/Competitive Integrated Employment — Small Group	Empowerment and Self-Determination Supports
Community Integration Services	Family/Unpaid Caregiver Supports and Services

Counseling and Therapeutic Services	Housing Support Services
Daily Living Skills Training	Mentoring
Day Services	Personal Supports

4.3.3 Conflict of Interest

A conflict of interest is present whenever a person or entity involved in operating any part of the CLTS Waiver Program has an interest in or the potential to benefit from a particular decision, outcome, or expenditure. A single individual, agency, or entity occupying several roles often signals conflict of interest may be present.

The only services the CWA may deliver to a CLTS Waiver Program participant, in addition to support and service coordination, are:

- Allowable services provided through foster care.
- Purchased products and supplies from third-party entities and vendors (typically web-based vendors) for which the CWA receives no benefit from the vendor.
- Prepayment for waiver allowable services from subcontractors where the CWA makes the payment to the vendor.

To mitigate conflicts of interest when providing these services, the CWA must administratively separate the function and individual responsible for developing the ISP from the direct service functions for allowable services provided through foster care or products and supplies purchased from third-party entities and vendors.

The CWA must have a written policy or plan to address conflicts of interest. If resolving the conflict is not feasible, the CWA must take action to minimize the effect(s) of the conflict. These efforts are subject to DHS review.

These requirements apply to CWAs and their subcontracted case management agencies.

4.3.4 Provision of Limited English Proficiency (LEP) Assistance

The CWA will design and implement an effective limited English proficiency plan to ensure meaningful access to persons with LEP at no cost to the persons with LEP, in compliance with [Title VI of the Civil Rights Act of 1964](#), and [Section 1557 of the Patient Protection and Affordable Care Act of 2010](#), [42 U.S.C. § 18116](#), and rules established to implement Section 1557 ([81 Fed. Reg. 31376 et seq. \[May 18, 2016\]](#)), amending 45 CFR Part 92 to implement Section 1557).

The LEP plan must identify individuals who need LEP language assistance, describe language assistance measures that may be provided, require training for staff to implement the plan, provide a mechanism for notice to persons with LEP who need the services, provide accurate

and timely language assistance to persons with LEP at no cost to themselves, and provide for monitoring and updating the LEP Plan.

4.3.5 Provision of Alternative Communication Services

The CWA must design and implement a plan to ensure effective communication with people who have vision, hearing, or speech disabilities, in compliance with [Title II of the Americans with Disabilities Act](#) and [Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116](#), and rules established to implement Section 1557 ([81 Fed. Reg. 31376 et seq. \[May 18, 2016\]](#), amending 45 CFR Part 92 to implement Section 1557). The plan must include the provision of alternative aid and services when needed to communicate effectively with people who have communication disabilities to ensure that a person with a vision, hearing, or speech disability can communicate with, receive information from, and convey information to the CWA at no cost to the person with a disability.

If such assistance is needed, the CWA may provide service through communication assistance for community inclusion. (Refer to service descriptions.)

4.4 Medicaid Waivers: General Limitations

4.4.1 Payments to Parents, Relatives, and/or Legal Guardians of Minor Children

Payment to a parent or a primary caregiver in the participant's household is not allowed, except in certain circumstances for the transportation service.

Relatives and/or legal guardians may deliver specified waiver services if they are appropriately qualified (refer to provider standards and qualifications in the service descriptions) and meet the following criteria:

- The participant's assessed needs warrant the proposed service to meet a specific outcome.
- The rate paid does not exceed the rate that would otherwise be paid to a provider of a similar service. (Refer to [Children's Long-Term Support: Service Rates](#).)
- The relatives and/or legal guardians must maintain time sheets for hours to be paid and submit them to the fiscal support entity once every two weeks or more frequently.

When the criteria above are met, a participant's relative and/or legal guardian may provide any services except support and service coordination, financial management services, and participant and family-direction broker services.

For more information about payments to parents, relatives, and legal guardians, refer to the Resources Section at the end of this chapter.

4.4.2 Coordination of Benefits

The following programs must be considered prior to using CLTS Waiver Program funding and, where applicable, be incorporated into a comprehensive service plan for participants:

- Medicaid (e.g., HealthCheck and HealthCheck “Other services,” Comprehensive Community Services [CCS], and other Medicaid-funded programs)
- Other county programs (e.g., developmental disabilities programs; social services; child welfare services; poverty related public benefits, juvenile court, legal, and corrections-related services)
 - School-based and educational service
 - Prevocational or vocational programs through the Department of Workforce Development, Division of Vocational Rehabilitation

Refer to the [Children's Community Options Program \(CCOP\) Procedures Guide \(P-01780\)](#) for information about coordinating the use of the CLTS Waiver Program and CCOP.

4.4.3 Requirement to Use Medicaid

All Medicaid benefits, including HealthCheck and HealthCheck Other Services, available to a participant must be accessed before waiver funding may be used for acute and primary services available through Medicaid. CWAs must educate participants about the importance of an annual well child visit with their primary care provider, to assist the participant to access their MA benefits.

HealthCheck is the Wisconsin Medicaid term for a comprehensive, preventative health checkup for children under the age of 21 through the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. HealthCheck “Other Services” is the Wisconsin Medicaid term for the federal requirement for states to cover all medically necessary services a child may need to correct, improve, or maintain their physical and mental health coverable under the federal Medicaid program, whether or not the needed service is routinely covered by Wisconsin Medicaid. Qualified providers can access HealthCheck “Other Services” by submitting a prior authorization request.

4.4.4 Payments to Participants

Payments made directly to a CLTS Waiver Program participant or to another person on behalf of that participant are not allowed. All payments for delivered services must be made to the provider.

4.4.5 HCBS Settings Requirements

The CLTS Waiver Program may only reimburse CLTS Waiver Program service settings that meet all federal home and community-based services (HCBS) settings requirements outlined in [42 CFR § 441.301\(c\)\(4\)](#) (“HCBS Settings Rule”). The HCBS Settings Rule defines qualities a setting must have in order for the setting to be eligible for reimbursement from a HCBS Medicaid waiver

program, such as the CLTS Waiver Program. It includes protections for participants and ensures participants have full access to the benefits of community living and are able to receive services in the most integrated setting.

To be eligible for reimbursement from the CLTS Waiver Program, a service setting must:

- Be integrated in and support full access of participants to the greater community;
- Be selected by the participant from options including non-disability specific settings and options for a private unit in a residential setting;
- Ensure a participant's rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimize but not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact; and
- Facilitate participant choice regarding their services and supports, and who provides them.

4.4.6 Services During an Institutional Stay

If a participant enters a Medicaid-certified institution, hospital, nursing home, intermediate care facility for individuals with intellectual disabilities, or State Center, the CLTS Waiver Program may not cover services provided to the participant on the day they are admitted to the institution or during the time they are in the institution. The CLTS Waiver Program may cover services on the day the participant is discharged from the institution.

There are a few exceptions when waiver services may continue to be authorized during an institutional stay:

- Services billed on a monthly basis that are impractical and more costly to discontinue rather than to maintain:
 - Personal emergency response system
 - Waiver-allowable foster care expenses
 - Financial management services
- Discharge-related support and service coordination.

Transitional support and service coordination may be provided for a participant relocating to the community from an institution beginning up to 90 days prior to discharge and completed on the date of relocation. (Up to 180 days prior to discharge may be allowed with DHS approval.) Transitional services may include associated tasks such as locating appropriate housing, completing lease or housing subsidy applications, assistance in processing changes in Social Security or Medicaid benefits, and meetings with families and potential formal and informal caregivers. Transitional support and service coordination is covered as an aggregate total on the date of discharge.

- Institutional respite that has been approved by DHS prior to service delivery.

4.4.7 Billing Support and Service Coordination

Support and service coordination services must be billed to the CLTS Waiver Program and may not be billed to the participant's Medicaid benefit.

4.4.8 Billing Non-Residential Habilitation Services

A participant's Individual Service Plan may include two or more types of non-residential habilitation services. However, different types of non-residential habilitation services may not be billed during the same period of the day for the same participant. Habilitation services are services that are provided in order to assist an individual to acquire a variety of skills, including self-help, socialization, and adaptive skills. Habilitation aims to raise the level of physical, mental, and social functioning of an individual. Habilitation does not involve restoring function a person has lost (rehabilitation).

4.5 Service Authorization

A service authorization is required before a provider may render services, submit claims, and receive payment for delivered services. The CWA (the support and service coordinator) and the participant work collaboratively to determine which supports, services, and environmental modifications will benefit the participant, build on the participant's strengths, and maximize the participant's independence and community participation.

When agreement is reached on the supports and services for the participant that can be provided in agreement with the requirements outlined in the service descriptions, those services are documented on the participant's ISP. At that time, the CWA completes authorization in compliance with the [CLTS Waiver Program Rate Schedule \(P-02184\)](#) and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for the services on the ISP.

Refer to the Children's Long-Term Support Waiver Program: [Third Party Administration \(TPA\) Claims Processing](#) webpage for additional information.

4.5.1 Tax Exempt Status of Wisconsin Government Units and Agencies

Taxes must be excluded from the cost of authorized CLTS Waiver Program services. State of Wisconsin tax law ([Wis. Stat. § 77.54\(9a\)\(e\)](#)) exempts any unit of government or any agency of government in this state from taxes imposed by [Wis. Stat. Chapter 77, Subchapter III](#).

4.5.2 Authorization for Exceptional Expense

CWAs must complete a [CLTS Exceptional Expense Notification \(F-02749\)](#) when the CLTS Waiver Program services on a participant's ISP, excluding high-cost supports and services, are expected to meet or exceed \$162.45 per day (excluding start-up or one-time costs). CWAs are responsible for completing and submitting CLTS Exceptional Expense Notifications ([F-02749](#)) according to the

[CLTS Exceptional Expense Notification Instructions \(F-02749i\)](#) and tiered threshold review process outlined below. If a participant resides in or is being placed in a level 5 foster home, refer to Chapter 5 for additional information about the exceptional expense process.

4.5.2.1 Low Threshold (Tier 1) for Exceptional Expense ISPs

- The low threshold is met when the waiver services cost on the participant's ISP is greater than or equal to \$162.45 per day (excluding start-up or one-time costs).
- The CLTS cost is calculated, using the [CLTS Waiver Program Rate Schedule \(P-02184\)](#) when applicable, for items being authorized and totaled in Box 14 (Total Cost/Day) of the participant's ISP. The cost excludes any high-cost items submitted to DHS via Children's Long-Term Support Waiver High-Cost Request ([F-21353](#)).
- CWAs complete only the Tier 1 portions of Children's Long-Term Support (CLTS) Exceptional Expense Notification ([F-02749](#)) and submit to DHS via dhscltshighcost@dhs.wisconsin.gov, with the subject "Attention: Tier 1 EE ISP."
- Tier 1 notifications are for DHS budget monitoring purposes only.
- CWAs will not receive a response from DHS and should move forward with service authorizations for Tier 1 exceptional expense ISPs.
- Exceptional expense ISPs are submitted upon initially meeting the Tier 1 threshold only. Exceptional expense ISPs that continue to meet the Tier 1 threshold upon ongoing ISP review and updates should not be submitted to DHS.
- If during an ISP review and update, the CLTS costs increase and result in an exceptional expense ISP moving from the Tier 1 threshold to the Tier 2 threshold, CWAs must resubmit [F-02749](#) and await DHS review prior to authorization.
- If during an ISP review and update, the CLTS costs drop below the Tier 1 threshold, no further notification to DHS is required.

4.5.2.2 High Threshold (Tier 2) for Exceptional Expense ISPs

- The high threshold is met when the CLTS cost on the participant's ISP is greater than or equal to \$287.67 per day (excluding start-up or one-time costs).
- The CLTS cost is calculated, using the [CLTS Waiver Program Rate Schedule \(P-02184\)](#) when applicable, for items being authorized and totaled in Box 14 (Total Cost/Day) of the participant's ISP. The cost excludes any high-cost items submitted to DHS via Children's Long-Term Support Waiver High-Cost Request ([F-21353](#)).
- CWAs complete Children's Long-Term Support (CLTS) Exceptional Expense Notification ([F-02749](#)) in its entirety, attach the child's exceptional expense ISP, and submit to DHS at dhscltshighcost@dhs.wisconsin.gov, with the subject identifying: Exceptional Expense, tier level, and the CWA name.
- Tier 2 notifications require DHS review prior to service authorization. The CWA may not move forward with service authorization until a response has been received from DHS.
- The DHS Exceptional Expense Panel will review [F-02749](#) and the exceptional expense ISP for:
 - The ISP services and supports meet the identified outcomes.
 - Services are allowed through the CLTS Waiver Program.

- The deciding together process (Deciding Together Guide ([P-02246](#)) and instructions ([P-02246i](#))) was used to ensure family partnership and appropriateness of ISP development.
- Coordination of benefits for all funding sources.
- DHS will review and provide a response to the CWA within 14 calendar days of submission of a complete [F-02749](#).
- Exceptional expense ISPs are submitted only upon initially meeting the Tier 2 threshold. CWAs do not submit Exceptional expense ISPs that continue to meet the Tier 2 threshold during ongoing ISP review and updates to DHS.
- If during an ISP review and update the CLTS costs drop below the Tier 2 threshold, no further notification to DHS is required.

If a participant has an approved Tier 2 exceptional expense ISP and moves to another county, no additional submission of CLTS Exceptional Expense Notification ([F-02749](#)) is required by the receiving county. The sending county must communicate to the receiving county that the participant has an approved Tier 2 exceptional expense ISP and provide documentation of it to the receiving county.

4.5.3 Authorization for High-Cost Items

CWAs must complete a [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#) for the following supports and services that are anticipated to have a CLTS Waiver Program cost equal to or greater than \$2,000:

- Home modifications or adaptations authorized through any of the following CLTS Waiver Program services:
 - Home modifications
 - Safety planning and prevention
- Specialized supplies authorized through any of the following CLTS Waiver Program services:
 - Assistive technology
 - Communication assistance for community inclusion
 - Discovery and career planning
 - Health and wellness
 - Participant and family-directed goods and services
 - Safety planning and prevention
 - Specialized medical and therapeutic supplies
 - Virtual equipment and supports
- Items or services authorized through the vehicle modification service
- Adaptive driving training through daily living skills training
- Service animals authorized through the assistive technology service

CWAs must complete and submit a high cost notification ([F-21353](#)) in accordance with the tiered threshold review process outlined below and [CLTS One Time High Cost Notification Instructions and Typical Ranges \(F-21353i\)](#).

Additional high-cost item requirements:

- All item and services authorized through the high-cost process must meet restrictive measures requirements outlined in Chapter 9.
- Items for which a Medicaid (MA) rate is established must be authorized at the rate listed on the [ForwardHealth](#) Durable Medical Equipment (DME) and Disposable Medical Supplies (DMS) Indices. CWAs may also consult with the DME or DMS provider to obtain the MA rate.
- For high-cost items authorized through the home modifications service:
 - Submitting two bids is best practice; however, when the participant-chosen provider's bid falls within the Tier 1 Max Rate listed on [CLTS One Time High Cost Notification Instructions and Typical Ranges \(F-21353i\)](#), only one bid is required.
 - Project bids must identify the cost of the home modification that may be authorized through the CLTS Waiver Program when the bid includes other items that may not be authorized through the CLTS Waiver Program.

4.5.3.1 Low Threshold (Tier 1) for a High-Cost Item

- The low threshold is met when the high-cost item is equal to or greater than \$2,000 and is within the established typical range as indicated on Children's Long-Term Support Waiver High-Cost Request Instructions and Typical Ranges ([F-21353i](#)).
- CWAs complete only the Tier 1 portions of Children's Long-Term Support Waiver High-Cost Request ([F-21353](#)) and submit to DHS via the CLTS High-Cost Request Processing Application in the ForwardHealth Portal.
- Tier 1 notifications are for DHS budget monitoring purposes only.
- CWAs will not receive a response from DHS and should move forward with service authorizations for Tier 1 high-cost items.
- If the cost of the high-cost item increases, requiring a new authorization, and the cost increase results in a high-cost item moving from the Tier 1 threshold to the Tier 2 threshold, CWAs must resubmit [F-21353](#) and await DHS review prior to authorization.

4.5.3.2 High Threshold (Tier 2) for a High-Cost Item

- The high threshold is met when the high-cost item is equal to or greater than \$2,000 and is over the typical range as indicated on Children's Long-Term Support Waiver High-Cost Request Instructions and Typical Ranges ([F-21353i](#)) or does not have an established typical range.
- CWAs complete Children's Long-Term Support Waiver High-Cost Request ([F-21353](#)) in its entirety and submit to DHS via the CLTS High-Cost Request Processing Application in the ForwardHealth Portal.
- Tier 2 notifications require DHS review and approval prior to service authorization. The CWA may not move forward with service authorization until a response has been received from DHS.
- The High-Cost Panel will review [F-21353](#) and the bids and diagrams to ensure:
 - The item meets the identified outcomes.
 - The item is allowed through the CLTS Waiver Program.

- The deciding together process (Deciding Together Guide ([P-02246](#)) and instructions ([P-02246i](#))) was used to ensure family partnership and appropriateness of the item.
- Coordination of benefits for all funding sources.
- DHS will review and provide a response to the CWA within 14 calendar days of submission of a complete [F-21353](#).
- Notification to DHS is not required if, upon or near completion, the high-cost item cost drops below the Tier 2 threshold.

4.5.4 Authorization for Outlier Rates

Outlier rates are exceptions to the [CLTS Waiver Program Rate Schedule \(P-02184\)](#) based on the participant's unique circumstances regarding one of the following:

- The complexity or intensity of the participant's care needs.
- Provider access issues.

Refer to the [CLTS Outlier Rate Guidelines \(P-02274\)](#) for more information about when it may be appropriate to submit an outlier rate request and the process for requesting an outlier rate.

When, in accordance with the [CLTS Outlier Rate Guidelines \(P-02274\)](#) a CWA identifies that a CLTS participant may need an outlier rate for one or more services, the CWA must submit a Children's Rate Setting Outlier Request (CRSOR) Application in the ForwardHealth Portal. The request must include the [Cost-Based Outlier form \(F-02538A\)](#), completed by the individual provider or provider agency. All outlier rate requests are subject to review and require approval by DHS.

CWAs can access the CLTS Rate Setting Outlier Request Processing Application User Guide after logging in to the ForwardHealth Portal, under the Waiver Agency tab, under the heading of CLTS User Guides.

4.6 Allowable Services

4.6.1 Adult Family Home

4.6.1.1 Definition

The adult family home service provides individualized treatment, supports, and services above the level of room and board for one to four people living together in a residence.

This service applies to participants living in a home certified or licensed as an adult family home, which is also the primary residence of the provider.

A key consideration of the adult family home service is maximizing the participant's integration within the community. The service is required to permit the participant to access supportive services, community activities, and employment opportunities that reflect the participant's

individual preferences and goals, and contribute to the assurance of the participant's health and safety.

Adult family home services typically apply to participant's who are ages 18 or older and who are not under court order for physical placement elsewhere (Wis. Stat. §§ [48.355](#), [48.357](#), [48.365](#), [938.355](#), [938.357](#) and [938.365](#)), with the exception of circumstances outlined in Wis. Stat. § 50.06. Specific requirements regarding the age of individuals permitted to reside at an adult family home are contained in [Wis. Admin. Code ch. DHS 88](#).

One- and two-bed adult family homes must be certified pursuant to the standards established by the Wisconsin Department of Health Services (DHS) and described in [Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes \(P-00638\)](#). Three- or four-person adult family homes must be licensed by DHS, Division of Quality Assurance, under [Wis. Admin. Code ch. DHS 88](#).

Adult family home operators have a primary responsibility to ensure the health and safety of the participant residing in the home, identifying risks to the youth's health and safety, and taking immediate action to mitigate the risk. Additionally, home operators must complete the reporting requirements outlined in adult family home certification and licensing standards ([Wis. Admin. Code ch. DHS 88](#)), as well as incident reporting requirements as defined and outlined in Chapter 9.

Payment for the provision of adult family home services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.1.2 Service Requirements

- All providers of adult family home services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.
- Adult family home settings are required to comply with the [Medicaid Home and Community-Based Services \(HCBS\) Settings Final Rule](#) as directed by DHS. The HCBS Settings Final Rule is a federal regulation that outlines the characteristics required to be present in the settings where HCBS supports and services are provided. Home and community-based services are required to allow the participant receiving services full access to the benefits of community living, receive services in the most integrated setting, and receive services that reflect the participant's individual preferences and goals and contribute to the assurance of their health and safety.

4.6.1.3 Service Limitations

- Only the costs directly associated with participant care, support, and supervision in the adult family home may be billed under this service.
- This service may not duplicate any service that is provided under another waiver service category.
- The cost for transporting a participant during the provision of adult family home services may be funded through transportation services or adult family home services, but not both. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction (P or Individuals with Disabilities Education Improvement Act of 2004 ([IDEA](#))).
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.1.4 Service Exclusions

- Costs associated with the participant's room and board are excluded and may not be billed to the CLTS Waiver Program.
- Environmental modifications to the home, adaptive equipment, and communication aids are not covered under the adult family home service. Any needed environmental modification, adaptive equipment, or communication aids may be funded by the waiver but must be claimed under home modifications, specialized medical and therapeutic supplies or communication assistance for community inclusion services respectively.

4.6.1.5 Provider Standards and Documentation

General Provider Standards

- The operator of the home, all adult household members, and all care providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license,

education, experience, or other documentation during the provider enrollment process to qualify providers.

- The adult family home provider must be informed and responsive to the participant's specific exceptional care needs and the individual psychiatric care plan, behavioral care plan, and/or individual medical care plan that the provider will implement. Specific training the provider receives related to the participant's needs and their care plan must also be documented.
- The provider is required to maintain a training record that documents the completion of training requirements.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Adult family home (agency provider and individual provider)

DHS, Division of Quality Assurance, must license adult family homes for three or four persons. Regulations and standards governing this service are outlined in [Wis. Admin. Code ch. DHS 88](#).

All one- to two-bed adult family homes must be certified under standards established by DHS. (Refer to [Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes \(P-00638\)](#).) Regulations and standards governing this service are outlined in [Wis. Admin. Code ch. DHS 82](#).

4.6.1.6 Service Documentation

- The provider is required to develop a written service agreement for each participant in the home.
- The provider is required to maintain and regularly update an adult family home service plan for each participant living in the home.
- The county waiver agency (CWA) is required to maintain documentation that clearly describes the individual room and board, and care and supervision costs in the facility.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.2 Assistive Technology

4.6.2.1 Definition

Assistive technology are items, pieces of equipment, software or application, service animals, product systems, or services that increase, maintain, or improve functional capabilities of participants at home, work, and in the community.

The assistive technology service directly assists the participant in the selection, acquisition, or use of an assistive technology device. Allowable devices increase, maintain, or improve the child's functional capabilities. Allowable devices and services help the participant to decrease

reliance on staff; increase personal safety; enhance independence; and improve social and emotional well-being.

Allowable services related to the selection of an assistive technology device:

- Evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of providing appropriate assistive technology and services to the participant in the customary environment of the participant.
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- Allowable services related to the acquisition of an assistive technology device are purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants.

Allowable services related to the use of an assistive technology device:

- Coordination and use of necessary therapies, interventions, or services that incorporate the use of assistive technology devices.
- Training or technical assistance for the participant or, where appropriate, family members, legal representatives (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), advocates, or authorized representatives of the child.
- Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the participant.

This service may also cover the initial purchase, training, and routine veterinary costs for a service animal. As per the Americans with Disabilities Act (ADA), service animals are dogs trained to perform major life tasks. Wisconsin Stat. § 106.52(1)(f) states: "Service animal" means a guide dog, signal dog, or other animal that is individually trained or is being trained to do work or perform tasks for the benefit of a person with a disability, including the work or task of guiding a participant with impaired vision, alerting a participant with impaired hearing to intruders or sound, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. The tasks a service animal is trained to perform support the participant's disability-related functional impairment(s).

Routine veterinary care and equipment necessary for a service animal to perform its function are included in the assistive technology service. Routine veterinary care consists of both preventive veterinary services and care, and treatment necessary to maintain or restore the health and functionality of the service animal.

This service includes assistive technology that is acquired commercially, modified, or customized. Costs to install (including the hardware required for installation), maintain, and repair allowable assistive technology equipment are also included.

Assistive technology services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the participant. Refer to the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for the specific authorization components of the assistive technology service that may be delivered remotely.

4.6.2.2 Service Requirements

- Electronic devices are required to meet Underwriters Laboratories® or Federal Communications Commission standards.
- To qualify as an allowable service animal, the animal is required to be trained to take a specific action when needed to assist the participant who has a disability. The service animal is required to be trained specific to the major life task needed to support the participant and is not otherwise required to have any specific accreditation. All breeds and sizes of dogs can be trained as service animals.
- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)

4.6.2.3 Service Limitations

- The purchase of computers as assistive technology is limited to items and services that increase, maintain, or improve a participant's functional capabilities at home, work, and in the community; the purchase of computers service for strictly recreational purposes is prohibited.
- Payment of recurring costs for the same assistive technology device is not allowed through this service unless it is determined the item or device has exhausted its useful life or has been rendered unsafe or unusable due to damage or defect. This limitation does not apply to ongoing service charges for a device covered under this service or to assistive technology-related subscriptions.
- Assistive technology services used to purchase service dogs may be billed along a continuum if they are for rendered services. Rendered services are authorized services a provider has delivered to an enrolled participant.
- The authorization components of the assistive technology services that may be delivered by remote waiver services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.

- Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.2.4 Service Exclusions

- This service excludes payment for software and applications used only for recreation.
- This service excludes payment for internet service.
- This service excludes food, grooming, and non-routine veterinary care for service animals.

4.6.2.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Pharmacy (agency provider)

The providers of electronic devices must ensure that such items meet all applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Durable Medical Equipment Provider (agency provider)

Providers must be appropriately qualified to distribute durable medical equipment.

Other agency appropriately qualified as approved by DHS and as related to the unique service being provided (agency provider)

The providers of electronic devices must ensure that such items meet all applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Other individual appropriately qualified as approved by DHS and as related to the unique service being provided (individual provider)

The providers of electronic devices must ensure that such items meet all applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

4.6.2.6 Service Documentation

The county waiver agency (CWA) is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.3 Child Care

4.6.3.1 Definition

Child care services ensure the participant's exceptional physical, emotional, behavioral, or personal care needs are met during times when their family members are working, pursuing education and employment goals, or participating in training to strengthen the family's capacity to care for the participant.

Qualifying education activities for the participant's family members include education related to the family members' employment, as well as education activities related to the participant's disability, which equip the family to build on the participant's strengths, support the participant's unique needs, and increase the family's knowledge and resources.

During the process of determining the appropriate child care service, county waiver agencies (CWAs) and families are encouraged to explore options for community child care settings, as children can benefit from the opportunity to socialize and build friendships through group in-home child care and care provided by a child care agency.

Children Under 12 Years of Age

For a participant under age 12, this service includes the supplemental cost of child care to meet the participant's exceptional care needs. This includes staffing necessary to meet the participant's care needs above and beyond the cost of basic child care that all families with young children may incur.

The basic cost of child care is the rate charged by and paid to a child care provider. The basic cost of child care does not include the provision of supplementary staffing, which may be covered by this service.

Children 12 Years of Age and Older

For a participant age 12 or older, the total cost of child care may be included. The total cost of child care is available when the participant has aged out of their traditional child care settings (typically available up to age 12), but due to a disability the participant continues to require care

or supervision. Examples include school and community-based settings in which children of that age typically participate (for example, after school programs, 4-H clubs, or family residence).

Payment for the provision of child care services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.3.2 Service Requirements

- Parents or legal representatives (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) are responsible for the basic cost of child care services for participants under 12 years of age.
- A rate for the basic cost of child care must be established and applied consistently. The basic cost of child care is the rate charged by and paid to a child care provider.
 - When child care is not being provided in a community child care setting and if a provider does not have a basic cost of child care, the CWA should use the Wisconsin Department of Children and Families' [2022 Child Care Market Rate Survey Results](#) to identify the Wisconsin Child Care Subsidy Program Subsidy Rate Zone the participant resides in (Figure 1). Then, use the table below to determine the basic cost of care per hour by zone and age of the participant.

Basic Cost of Care per Hour by Zone and Age of Participant		
Zone	Under Six Years of Age	6-11 Years of Age
Zone A	\$7.65	\$7.31
Zone B	\$8.00	\$7.51
Zone C	\$8.48	\$8.02
Zone D	\$9.51	\$8.52

- All providers of child care services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 – Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.3.3 Service Limitations

- Child care may be used only during times when the parent(s), legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), or primary caregiver(s) are working, participating in education activities, participating in activities intended to lead to employment, or training to strengthen the family's capacity to care for the participant.

- The cost for transporting a participant during the provision of child care services may be funded through transportation services in addition to the child care service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services available through Comprehensive Community Services and Wraparound.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.3.4 Service Exclusions

- Excludes any service that falls under the definition of daily living skills training, personal supports, mentoring, or respite.
- The basic cost of child care for children under age 12 is excluded. The basic cost of child care is the rate charged by and paid to a child care provider. The basic cost of child care does not include the provision of supplementary staffing. The cost of supplementary staffing may be covered by this service.

4.6.3.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Family child care centers (agency provider and individual provider)

Family child care centers must be licensed under Wis. Admin. Code ch. DCF 250. Staff are required to receive training that is tailored to the participant. Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Documentation of the provider's license is required.

Group child care centers (agency provider)

Group child care centers must be licensed under Wis. Stat. ch. 48 and Wis. Admin. Code ch. DCF 251. Staff are required to receive training that is tailored to the participant. Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Documentation of the provider's license is required.

Day camps (agency provider)

Day camp providers must be licensed under Wis. Admin. Code ch. DCF 252 and must also be accredited by a nationally recognized entity. Additionally, staff must receive training that is tailored to the participant. Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Documentation of the provider's certification is required.

Certified child care providers (individual provider)

Certified child care providers must be certified under Wis. Admin. Code ch. DCF 202. Additionally, staff must receive training that is tailored to the participant. Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Documentation of the provider's certification is required.

Parent- or legal representative-selected individual provider (individual provider)

Individual providers who are selected by the parent or legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) and are not licensed or certified by the Department

of Children and Families (DCF) are required to complete child-specific training to the extent that the parent and provider agree that the provider is equipped to serve the participant.

Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture. Training must also include information about using positive behavioral supports to manage the participant's behavior, CLTS Waiver Program guidelines for isolation and restraint (refer to Chapter 8, Participant Rights and Appeal and Grievance Processes), mandated reporting requirements (Wis. Stat. § 48.981), and first aid.

4.6.3.6 Service Documentation

- Documentation must be maintained by the CWA to detail the basic cost of child care that is not covered by the CLTS Waiver Program, including information about how the basic cost of child care is determined.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.4 Children's Foster Care

4.6.4.1 Definition

Children's foster care services are allowable for a participant who is placed in a residence operated as a foster home by a person licensed under [Wis. Stat. § 48.62](#) and [Wis. Admin. Code ch. DCF 56](#).

This service includes supplementary intensive supports and supervision services beyond the maintenance payment made to foster parents to address a participant's exceptional emotional or behavioral needs, or physical or personal care needs, in a family environment.

Additional information for level 5 foster homes is located in the [Level 5 Exceptional Treatment Foster Home Guide to Certification and Placement \(DCF-P-5251\)](#).

This service must be operationalized in accordance with [Memo 2024-01 "Children's Long-Term Support Program Funding Guidance for Children's Foster Care Services."](#)

4.6.4.2 Service Requirements

- Approval from the DCF Exceptions Panel is required for the placement of any Children's Long-Term Support (CLTS) Waiver Program participant in a level 5 foster home.
- All providers of children's foster care services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality

laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

- Children’s foster care settings are required to comply with the [Medicaid Home and Community-Based Services \(HCBS\) Settings Final Rule](#) as directed by the Department of Health Services. The HCBS Settings Final Rule is a federal regulation that defines qualities a setting must have in order for the setting to be reimbursed by a HCBS Medicaid waiver program, such as the CLTS Waiver Program. It includes protections for participants and ensures participants have full access to the benefits of community living and are able to receive services in the most integrated setting.
 - A level 5 exceptional treatment foster home for which an agency provider employs and pays staff working in the home may not be authorized to provide and claim children’s foster care services until DHS assesses the level 5 exceptional treatment foster home and issues a written notice of compliance with the HCBS Settings Rule. A DHS assessment of compliance with the HCBS Settings Rule must be completed every four years. Refer to the [Level 5 Exceptional Treatment Foster Home Benchmarks Summary](#) for information about benchmarks that are assessed.
 - CWAs must notify DHS when there is a new level 5 exceptional treatment foster home that needs assessment, by emailing dhsbcstac@dhs.wisconsin.gov with “New Level 5 Foster Home” in the subject line. CWAs must include all the following information in the email:
 - Participant name.
 - Anticipated date the participant will be placed in the level 5 exceptional treatment foster home.
 - Level 5 exceptional treatment foster home provider (the entity that employs and pays staff working in the level 5 exceptional treatment foster home) information:
 - Corporate name.
 - Contact first and last name, telephone number, email, and mailing address including city, state, and zip code.
 - Level 5 exceptional treatment foster home address, including city, state, and zip code.
 - Level 5 exceptional treatment foster home licensee first and last name and telephone number.
 - CWAs must document any needed participant-specific HCBS Settings Rule modifications in the participant’s individual service plan by completing the HCBS Settings Rule Modification Questionnaire form ([F-20445B](#)) prior to the DHS compliance assessment.
 - Payment of costs for this service for participants in a level 5 foster home may not exceed the maximum amount of the highest Residential Care Center (RCC) facility on the Wisconsin Department of Children and Families’ [RCC daily rate schedule](#) without prior DHS approval. CWAs may request above the RCC maximum amount if the level 5 foster home budget is included as part of the CLTS Exceptional Expense Notification submission and is subject to DHS review and prior approval. Refer to Chapter 5 for more information on determining allowable costs.

4.6.4.3 Service Limitations

- This service may not duplicate any service provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.4.4 Service Exclusions

- This service excludes the cost of room and board.
- CLTS Waiver Program funding cannot supplant child welfare Title IV-E funding.
- The basic maintenance rate is excluded and may not be billed to the CLTS Waiver Program.
- This service excludes the cost of basic care and supervision for participants who reside in or are being placed in a level 5 foster home. Refer to Chapter 5 for more information on determining allowable costs.
- This service excludes environmental modifications to the home, adaptive equipment, communication aids, and relocation services. (Refer to service descriptions for home modifications, specialized medical and therapeutic supplies, communication assistance for community inclusion, and relocation services.)

4.6.4.5 Provider Standards and Documentation

General Provider Standards

- All providers of children's foster care are required to maintain documentation of valid licensure.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.

- The provider is required to maintain documentation of the foster parent’s training related to the participant’s specific and individual needs, and any treatment or medical care plan to be implemented.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Level 5 exceptional treatment foster home (agency provider)

Providers may be a level 5 exceptional treatment foster home provider licensed in accordance with [Wis. Stat. § 48.62](#) and [Wis. Admin. Code ch. DCF 56](#), a child placing agency licensed in accordance with [Wis. Stat. § 48.60](#) and [Wis. Admin. Code ch. DCF 54](#) that employs and pays staff working in the home that’s licensed in accordance with [Wis. Stat. § 48.62](#) and [Wis. Admin. Code ch. DCF 56](#), or a tribal nation that employs and pays staff working in the home that’s licensed in accordance with [Wis. Stat. § 48.62](#) and [Wis. Admin. Code ch. DCF 56](#). Level 5 exceptional treatment foster home provider agencies must have a written compliance determination issued by DHS within the last four years to evidence the foster home meets all requirements of the [Medicaid Home and Community-Based Services \(HCBS\) Settings Final Rule](#).

Provider agency staff who are the participant’s direct support professionals must have specialized training related to the participant’s unique needs, including training specific to any treatment or medical care plan to be implemented, in order to effectively promote the participant’s health, safety, and welfare.

Individual family foster provider (individual provider)

Providers must be licensed in accordance with [Wis. Stat. § 48.62](#) and [Wis. Admin. Code ch. DCF 56](#) and have specialized training related to the participant’s unique needs, including training specific to any treatment or medical care plan to be implemented, in order to effectively promote the participant’s health, safety, and welfare.

4.6.4.6 Service Documentation

- The CWA is required to maintain documentation that clearly describes the individual room and board, care, and supervision costs in the facility and shows that CLTS Waiver Program funds do not reimburse room and board costs.
- The CWA is required to maintain documentation of the participant’s specific exceptional needs and, when applicable, their individual treatment or medical care plan to be implemented by the foster care provider.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.5 Communication Assistance for Community Inclusion

4.6.5.1 Definition

Communication assistance for community inclusion are items and services that facilitate and assist participants with hearing, speech, communication, or vision impairment, including participants with Limited English Proficiency, to maximize the integration within the community.

This service assists the participant to effectively communicate with service providers, family, friends, and the general public; decrease reliance on paid staff; increase personal safety; enhance independence; increase community inclusion; and improve social and emotional well-being.

Allowable services related to the selection of a communication aid (an item or service that facilitates and assists participants with hearing, speech, communication, or vision impairment):

- Evaluation of the needs of a participant, including a functional evaluation of the impact of providing appropriate and services to the participant in the customary environment of the participant.
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing devices.

Allowable services related to the acquisition of a communication aid include purchasing, leasing, or otherwise providing for the acquisition of a communication aid for participants.

Allowable services related to the use of a communication aid:

- Coordination and use of necessary therapies, interventions, or services that incorporate the use of devices.
- Training or technical assistance for the participant or, where appropriate, family members, guardians, advocates, or legal representatives (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) of the child.
- Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the participant.
- Interpreter services for individuals with hearing impairments and who require sign language interpretation to effectively communicate.
- Translation and interpretation services for individuals with Limited English Proficiency (LEP) skills for community inclusion and integration.

The following list of examples of communication aids is intended to be illustrative and is not exhaustive:

- Augmentative and alternative communication systems
- Hearing or speech amplification devices

- Cognitive retraining aids
- Electronic technology, such as tablets or mobile devices, and related software that assist with communication, when the use provides assistance to a person who needs such assistance due to the participant's disabilities or LEP skills
- Applications for mobile devices or other technology also are covered under this service, when the use provides assistance related to the participant's disabilities or LEP skills

This service includes communication aids that are acquired commercially, modified, or customized. Costs to install (including the hardware required for installation), maintain, and repair allowable communication aids equipment are also included.

Communication assistance for community inclusion services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of the communication assistance for community inclusion service that may be delivered remotely.

4.6.5.2 Service Requirements

- Per the Americans with Disabilities Act appropriate communication auxiliary aids and services must be furnished where necessary to afford qualified individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity of a public entity.
- All providers of communication assistance for community inclusion services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.
- Electronic devices are required to meet Underwriters Laboratories® or Federal Communications Commission standards.
- This service does not supplant the responsibility of service providers to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency (LEP) [68 Fed. Reg. 153 at 47322]. Providers must provide language assistance services in accordance with Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.
- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)

4.6.5.3 Service Limitations

- The purchase of computers as a communication aid is limited to items and services that increase, maintain, or improve a participant's functional capabilities at home, work, and in

the community; the purchase of computers that are of general utility and not of benefit to them and in some way related to their disability or LEP skills is prohibited.

- Payment of recurring costs for the same communication aid is not allowed through this service unless it is determined the item or device has exhausted its useful life or has been rendered unsafe or unusable due to damage or defect.
- Children's Long-Term Support (CLTS) Waiver Program funds may only be used for translation and interpretation services when it is not the responsibility of a provider or another party to provide this service.
- This service excludes interpreter services that are otherwise available, including for communication with the CWA, its contractors, or other health care professionals, which are required to provide interpreter services under Wisconsin's civil rights compliance requirements, as part of their rate. More information can be found on the [DHS Civil Rights Compliance Information webpage](#).
- The components of communication assistance for community inclusion that may be delivered by remote waiver services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.5.4 Service Exclusions

- This service excludes payment for internet service.
- This service excludes equipment and supports that allow a participant to access other CLTS Waiver Program services that are delivered remotely. (Refer to the virtual equipment and supports service description.)

- Excludes payment for items, activities, and services for which the primary function is recreation.

4.6.5.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Providers of communication aids (agency provider)

Communication aids providers must be Medicaid certified, as applicable. Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Pharmacy (agency provider)

Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Medical supply company (agency provider)

Medical supply companies must be certified under Wis. Admin. Code ch. DHS 105. Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Other providers appropriately qualified as approved by DHS and as related to unique service being delivered to the child (agency provider)

Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Sign language interpreters (individual provider)

Individual sign language interpreters must be licensed under Wis. Stat. § 440.032(3) and be on the state or national interpreter registry.

Foreign language interpreters (individual provider)

Providers must be proficient in the translation of the applicable language, and must be knowledgeable about privacy and confidentiality standards for participant-related communication.

Authorized dealers (individual provider)

Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Durable Medical Equipment Provider (individual provider)

Providers must be appropriately qualified to distribute durable medical equipment.

Other providers appropriately qualified as approved by DHS and as related to unique service being delivered to the child (individual provider)

Providers are required to have demonstrated skills related to the specific area of content for the identified outcome of the participant. Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

4.6.5.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.6 Community/Competitive Integrated Employment — Individual

4.6.6.1 Definition

Community/competitive integrated employment assists a participant to attain sustained employment paid at or above minimum wage in an integrated setting in the general workforce, in a job that meets the participant's personal and career goals.

These services assist a participant who, because of their disabilities, needs intensive ongoing support to obtain and maintain a job in a competitive, customized, or self-employment work setting. Community/competitive integrated employment may include competitive jobs in the public or private sector, or business ownership. Community/competitive integrated employment services are structured to enable the participant to benefit from one-on-one support and a regular work schedule that allows a high level of practical application of the skills that will develop the participant's work performance.

Community/competitive integrated employment services are customized for the participant and may include any combination of the following activities:

- Vocational assessment
- Person-centered employment planning
- Job development
- Job placement
- Meeting with prospective employers
- Job analysis
- Training and systematic instruction
- Job coaching
- Job supports
- Work incentive benefits analysis and counseling
- Training and work planning
- Career advancement services
- Other workplace support services not specifically related to job skill training that enable the participant to successfully integrate into the job setting

Community/competitive integrated employment may include support to achieve or maintain self-employment, including home-based self-employment. Assistance for self-employment may include the following (examples are illustrative and do not comprise an exhaustive list):

- Aid to the participant in identifying potential business opportunities.
- Assistance in the development of a business plan, including identifying potential sources of business financing and other assistance in developing and launching a business.
- Identification of the supports that are necessary in order for the participant to operate the business.
- Ongoing assistance, counseling, and guidance once the business has been launched.

Payment for community/competitive integrated employment services may be based on different methods including, but not limited to, co-worker support models, payments for work milestones, such as length of time on the job, or number of hours the participant works.

Community/competitive integrated employment services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of community/competitive integrated employment services that may be delivered remotely.

Payment for the provision of community/competitive integrated employment services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.6.2 Service Requirements

- A participant receiving this service must be compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.
- All local, state, and federal laws governing any aspect of employment must be followed.

- The provider agency must deliver service in accordance with the Wisconsin Department of Workforce Development (DWD) [Division of Vocational Rehabilitation \(DVR\) Technical Specifications: Supported Employment](#).
- All providers of community/competitive integrated employment services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children’s Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.6.3 Service Limitations

- The CLTS Waiver Program may not fund community/competitive integrated employment services until funding through the Department of Public Instruction and the Department of Workforce Development, Division of Vocational Rehabilitation, is exhausted, unnecessary, or unavailable.
- The cost for transporting a participant during the provision of community/competitive integrated employment services may be funded through transportation services in addition to the community/competitive integrated employment services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of community/competitive integrated employment services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services available through Comprehensive Community Services and Wraparound.
 - Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.

- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.6.4 Service Exclusions

- CLTS Program funds may not be used to defray expenses associated with starting up or operating a self-employment business.
- This service does not include payment for supervision, training, support and adaptations typically available to other non-disabled workers filling similar positions in the business.
- This service may not be used for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer to encourage or subsidize the employer's participation in community/competitive integrated employment or payments that are passed through to users of community/competitive integrated employment services.
- Community/competitive integrated employment does not include facility-based, or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.

4.6.6.5 Provider Standards and Documentation

General Provider Standards

- Personnel who provide community/competitive integrated employment services are required to have skills and abilities in the areas of assessment, job development, job placement, job retention, and evaluation, including the following:
 - Assessment of individuals who have developmental disabilities.
 - Work site analysis.
 - Assessment of needs for assistive technology, disability accommodation, and individualized ergonomics.
 - Job development.
 - Sales and marketing.
 - Job coaching.
 - Outcome development and program evaluation.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Supported employment agency (agency provider)

The provider must have the ability and qualifications to deliver this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.

- Existence of a current contract with the DVR for provision of supported employment services.
- Submission of written documentation to demonstrate the agency meets all DVR technical specifications related to supported employment.
- Comparable experience for a qualified entity, including a minimum two years of experience working with individuals with disabilities, providing integrated employment services in the community.

In addition, the provider is required to comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

On-the-job support person (individual provider)

The provider must have the ability and qualifications to deliver this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.
- Existence of a current contract with the Division of Vocational Rehabilitation (DVR) for provision of supported employment services.
- Submission of written documentation to demonstrate the agency meets all DVR technical specifications related to supported employment.
- Comparable experience for a qualified entity, including a minimum two years of experience working with individuals with disabilities, providing integrated employment services in the community.

In addition, the individual provider must comply with all applicable occupational health and safety standards of OSHA.

4.6.6.6 Service Documentation

- The provider is required to send a written report to the support and service coordinator not less than once every six months. A copy of this report must also be sent to the participant.
- The provider is required to maintain an individual file for each participant served. This file record must include the assessment, job development plan, training or coaching plan, and plan for long-term support.
- The CWA is required to maintain the community/competitive integrated employment assessment, job development plan, and all six-month progress reports from the provider, which contain documentation of the participant's need for employment supports and services.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.7 Community/Competitive Integrated Employment — Small Group

4.6.7.1 Definition

Small group community/competitive integrated employment assists a participant to attain sustained employment paid at or above minimum wage in an integrated setting in the general workforce, in a job that meets the participant's personal and career goals.

These services and training activities are provided in a regular business, industry, or community setting for groups of two to eight workers with disabilities. Small group community/competitive integrated employment services must be implemented in a manner that promotes integration into the workplace and integration between the participants and people without disabilities in those workplaces.

These services are structured to enable the participant to benefit from a small provider-to-youth ratio and a regular work schedule that allows a high level of practical application of the skills that will develop the participant's work performance.

Small group community/competitive integrated employment services are customized for the participant and may include any combination of the following activities:

- Vocational assessment
- Person-centered employment planning
- Job development
- Job placement
- Meeting with prospective employers
- Job analysis
- Training and systematic instruction
- Job coaching
- Job supports
- Work incentive benefits analysis and counseling
- Training and work planning
- Career advancement services
- Other workplace support services not specifically related to job skill training that enable the participant to successfully integrate into the job setting

Small group community/competitive integrated employment services may be provided by a co-worker or other job site personnel when the services are not part of the normal duties of the co-worker or other personnel and these individuals meet the qualifications for individual service providers. (Refer to Provider Standards and Documentation.)

Community/competitive integrated employment services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth

and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of community/competitive integrated employment services that may be delivered remotely.

Payment for the provision of small group community/competitive integrated employment services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.7.2 Service Requirements

- A participant receiving this service must be compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.
- All local, state, and federal laws governing any aspect of employment must be followed.
- The provider agency must deliver service in accordance with the Wisconsin Department of Workforce Development (DWD) [Division of Vocational Rehabilitation \(DVR\) Technical Specifications: Supported Employment](#).
- All providers of community/competitive integrated employment services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.7.3 Service Limitations

- The CLTS Waiver Program may not fund community/competitive integrated employment services until funding through the Department of Public Instruction and the Department of Workforce Development, Division of Vocational Rehabilitation, is exhausted, unnecessary, or unavailable.
- The cost for transporting a participant during the provision of small group community/competitive integrated employment services may be funded through transportation services in addition to the community/competitive integrated employment services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of community/competitive integrated employment services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.

- Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
- Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services available through Comprehensive Community Services and Wraparound.
- Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.7.4 Service Exclusions

- This service does not include payment for supervision, training, support and adaptations typically available to other non-disabled workers filling similar positions in the business.
- Community/competitive integrated employment services does not include facility-based, or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.

4.6.7.5 Provider Standards and Documentation

General Provider Standards

- Personnel who provide community/competitive integrated employment services are required to have skills and abilities in the areas of assessment, job development, job placement, job retention, and evaluation, including the following:
 - Assessment of individuals who have developmental disabilities
 - Work site analysis
 - Assessment of needs for assistive technology, disability accommodation, and individualized ergonomics
 - Job development
 - Sales and marketing
 - Job coaching
 - Outcome development and program evaluation
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Supported employment agency (agency provider)

The provider must have the ability and qualifications to deliver this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.
- Existence of a current contract with the DVR for provision of supported employment services.
- Submission of written documentation to demonstrate the agency meets all DVR technical specifications related to supported employment.
- Comparable experience for a qualified entity, including a minimum two years of experience working with individuals with disabilities, providing integrated employment services in the community.

In addition, the provider is required to comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

On-the-job support person (individual provider)

The provider must have the ability and qualifications to deliver this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.
- Existence of a current contract with the Division of Vocational Rehabilitation (DVR) for provision of supported employment services.
- Submission of written documentation to demonstrate the agency meets all DVR technical specifications related to supported employment.
- Comparable experience for a qualified entity, including a minimum two years of experience working with individuals with disabilities, providing integrated employment services in the community.

In addition, the individual provider must comply with all applicable occupational health and safety standards of OSHA.

4.6.7.6 Service Documentation

- The provider is required to send a written report to the support and service coordinator not less than once every six months. A copy of this report must also be sent to the participant.
- The provider is required to maintain an individual file for each participant served. This file record must include the assessment, job development plan, training or coaching plan, and plan for long-term support.
- The CWA is required to maintain the community/competitive integrated employment assessment, job development plan, and all six-month progress reports from the provider, which contain documentation of the participant's need for employment supports and services.

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.8 Community Integration Services

4.6.8.1 Definition

Community integration services assist, empower, and build upon the strengths of the participant and family so the participant can be fully integrated into the community with their family.

Community integration services benefit families with children or youth who have multiple and complex mental health and/or behavioral concerns, and are involved in multiple services and service systems, by providing intensive case coordination. The participant, their parent or legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), the community integration services coordinator, and the multidisciplinary team identify services and supports, based on the participant's and family's strengths and needs, that are necessary for the participant and family to move seamlessly through all community environments, and prevent out-of-home placement.

Community integration services are designed to coordinate an array of services that extend beyond traditional financial and geographic boundaries to develop a creative and flexible continuum of care. The community integration services coordinator is responsible for coordinating the participant's multidisciplinary team and the participant's integration into their community. The coordinator should be knowledgeable about all the service systems and service programs in which the participant engages. The participant's multidisciplinary team is composed of representatives from each of the various service systems and programs in which the participant is engaged, including the participant's CLTS Waiver Program support and service coordinator. The support and service coordinator acts as the representative most knowledgeable about the participant's CLTS Waiver Program services.

This service can be provided at one of two levels. Service provision at the tier one level requires the community integration services coordinator to have either a minimum of two years' experience working with the target population, or comprehensive participant-specific training to enable them to competently work with the participant to meet the objectives outlined in the individual service plan. Service provision at the tier two level requires the community integration services coordinator to be a certified or licensed social worker.

Community integration services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of community integration services that may be delivered remotely.

Payment for the provision of community integration services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.8.2 Service Requirements

- The community integration services team coordinator is required to facilitate coordination of the multidisciplinary team and to coordinate the participant's integration into their community.
- At a minimum, the community integration services team coordinator facilitates team review meetings quarterly. Team reviews are required to include the participant (unless deemed inappropriate), the participant's parent or responsible person, the relevant service provider agency staff or supervisor (when applicable) from all service systems and/or programs in which the participant is involved, including the CLTS Waiver Program support and service coordinator.
- If the provider transports the participant, they must ensure all standards outlined in the transportation service are met. Providers must have a current valid driver's license, current liability insurance coverage, and use a vehicle that is mechanically sound as defined under the transportation service.
- All providers of community integration services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.8.3 Service Limitations

- The community integration services coordinator may not also be the participant's support and service coordinator.
- Community integration services cover only the coordination of services by the community integration services coordinator; services and supports coordinated by the community integration services coordinator are covered separately under their respective service descriptions and billing codes.
- The cost for transporting a participant during the provision of community integration services may be funded through transportation services in addition to the community integration services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.) Community Integration Services cannot fund costs associated with a provider's transportation to and from their shift.
- When a participant is determined functionally eligible for the waiver program and indicates they intend to enroll in the program, community integration services that support the participant in relocating from an ineligible setting to an eligible setting may be purchased up to 90 days (or longer with prior DHS approval) prior to the date the participant is enrolled in the CLTS Waiver Program. Transitional community integration services are covered as an aggregate total on the date of the participant's enrollment in the CLTS Waiver Program.

- The components of community integration services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.8.4 Service Exclusions

There are not exclusions beyond the general limitations for Medicaid waivers outlined in Chapter 4.4.

4.6.8.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Social workers (agency provider)

Social workers must be certified or licensed under Wis. Stat. ch. 457.08 and receive child-specific training provided by the support and service coordinator, parent or legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the

CWA must retain a copy of the court order.), and/or other relevant professional who is knowledgeable of the participant's individual strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture. The social worker must be knowledgeable about the multiple service systems and programs in which the participant is involved.

Documentation of the provider's degree and license is required.

Any persons appropriately qualified as approved by DHS and as related to the unique service being provided to the target group (individual provider)

Providers must have either a minimum of two years experience working with the target population or comprehensive participant-specific training to enable them to competently work with the participant to meet the objectives outlined in the individual service plan. Child-specific training must include information about the participant's individual strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture. The provider must be knowledgeable about the multiple service systems and programs in which the participant is involved.

Documentation of the provider's experience and training is required.

4.6.8.6 Service Documentation

- Community integration services providers are required to complete a written report every three months or sooner if the participant's condition changes. The report details the participant's past and current levels of functioning, identified outcomes, progress toward identified outcomes, as well as obstacles that stand in the way of meeting those outcomes. The report must be provided to the CWA.
- The CWA is required to maintain documentation that community integration services provided to a participant include only supports and services that are otherwise available through the CLTS Waiver Program.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.9 Counseling and Therapeutic Services

4.6.9.1 Definition

Counseling and therapeutic services maintain or improve the health, welfare, and functioning of the participant in the community.

Counseling and therapeutic services include the provision of professional evaluation and consultation services to participants with identified needs for physical, personal, social, cognitive, developmental, emotional, or substance abuse services.

Providers of counseling and therapeutic services may deliver services only within their areas of formal education and training, as directed by their professional code of ethics.

This service can include therapies that are not available under the Medicaid state plan. Counseling and therapeutic services must meet a clearly defined outcome and may include the following (listed examples are illustrative and do not comprise an exhaustive list):

- Music therapy
- Art therapy
- Therapy using equine movement
 - Hippotherapy
 - Equine-assisted therapy
- Vision education and orientation and mobility training for participants who are blind or visually impaired

Counseling and therapeutic services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for specific components of counseling and therapeutic services that may be delivered remotely.

Payment for the provision of counseling and therapeutic services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.9.2 Service Requirements

- Any counseling or therapeutic service funded by the CLTS Waiver Program is required to meet a clearly defined outcome.
- All providers of counseling and therapeutic services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.9.3 Service Limitations

- The cost for transporting a participant during the provision of counseling and therapeutic services may be funded through transportation services in addition to the counseling and therapeutic services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of counseling and therapeutic services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.

- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.9.4 Service Exclusions

- Items, supplies, or devices that are a necessary component of allowable counseling or therapeutic services and are not allowable under the Medicaid state plan must be billed to specialized medical and therapeutic supplies.
- This service excludes therapies and services that are harmful.

4.6.9.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Home health agency (agency provider)

Providers must be licensed under 42 C.F.R. § 484, Wis. Stat. § 50.49, and Wis. Admin. Code ch. DHS 131: Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Day camps (agency provider)

Day camp providers must be licensed under Wis. Admin. Code ch. DCF 252 and must also be accredited by a nationally recognized entity. Additionally, staff must receive training that is tailored to the participant. Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Educational camps (agency provider)

Educational camp providers must be licensed under Wis. Admin. Code § ATP 78.05.

Agencies appropriately qualified as approved by DHS and as related to the unique service being provided (agency provider)

Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Art therapist and music therapist (individual provider)

Art therapists and music therapists are required to maintain current state licensure or certification in their field of practice in accordance with Wisconsin Stat. ch. 440. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Hippotherapy, and equine-assisted therapist (individual provider)

Hippotherapists and equine-assisted therapists are required to maintain current certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require certification must be reviewed, authorized, and endorsed by a certified professional.

Massage or bodywork therapist (individual provider)

Wis. Stat. ch. 460 and National Certification Board for Therapeutic Massage and Bodywork (NCBTMB): Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Therapeutic recreation specialist (individual provider)

National Counsel of Therapeutic Recreation Certification (NCTRC): Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Teacher of the visually impaired (TVI) (individual provider)

Wis. Admin. Code PI 34.051: Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Certified orientation and mobility specialist (COMS) (individual provider)

Academy for Certification of Vision Rehabilitation and Education Professionals or National Blindness Professional Certification Board: Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Other persons appropriately qualified as approved by DHS and as related to the unique service being provided (individual provider)

Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

4.6.9.6 Service Documentation

- Providers of counseling and therapeutic services must submit progress reports to the CWA at a minimum of every six months. Provider reports may be used to evaluate the need for continuation or modification of services.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.10 Daily Living Skills Training

4.6.10.1 Definition

Daily living skills training services provide education and skill development or training to support the participant's ability to independently perform routine daily activities and effectively use community resources.

These instructional services, provided by qualified professionals, focus on skill development. Educational or training services that are of a direct benefit to the participant may be included. Daily living skills training is not intended to provide substitute task performance. Examples of skill development training covered by this service are (examples are illustrative only and not an exhaustive list):

- Personal hygiene
- Food preparation
- Home upkeep and maintenance
- Money management
- Accessing and using community resources
- Community mobility
- Computer and technology usage
- Driving evaluation, lessons, and other related fees
- Public transportation access and usage

Daily living skills training services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to

the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of daily living skills training services that may be delivered remotely.

Payment for the provision of daily living skills training is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.10.2 Service Requirements

- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#).
- All providers of daily living skills training services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.10.3 Service Limitations

- Educationally-related services provided to a participant are limited to services for which there is a compelling and accepted reason, as well as sufficient documentation that the service is not available under the Individuals with Disabilities Education Act (IDEA) or other relevant funding source.
- The cost for transporting a participant during the provision of daily living skills training services may be funded through transportation services in addition to the daily living skills services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of daily living skills training services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category, including substitute task performance, which may be provided through personal supports.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
- Mental health services available through Comprehensive Community Services and Wraparound.
- Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.10.4 Service Exclusions

- This service excludes activities for which the primary function is recreation.
- Computer software, hardware and other related services are not covered under the daily living skills service. Computer software, hardware, and other related services to allow a participant to access other CLTS Waiver Program services that are being delivered remotely may be funded by the waiver but must be claimed under virtual equipment and supports. Items, software, and applications that increase, maintain, or improve the participant's functional capabilities may be funded by the waiver but must be claimed under assistive technology.
- This service excludes training on computer and technology use; driving evaluation, lessons, and other related fees; and public transportation access / usage that is not in some way related to the participant's disability.
- The cost of vehicle modifications is not covered under the daily living skills service. These services may be funded by the waiver but must be claimed under vehicle modifications.
- This service excludes costs associated with vehicles and adaptive vehicles, including the purchase of vehicles and any payment for the cost of general repairs or maintenance (for example, engine, transmission, suspension, tires).

4.6.10.5 Provider Standards and Documentation

General Provider Standards

- Providers must ensure daily living skills training staff are knowledgeable in the adaptation and use of specialized equipment and in the modification of the participant's environments. Providers must also ensure staff completes regular training and continuing education coursework to maintain and update their level of expertise.
- Documentation verifying daily living skills providers meet the requirements of training and experience must be maintained by the provider agency and be accessible for review.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.

- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Providers of daily living skills training (agency provider)

Agency staff providing daily living skills training must have either a minimum of two years' experience working with the target population or comprehensive child-specific training to enable them to competently work with the participant. Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Other persons appropriately qualified as approved by DHS and as related to the unique service being provided (individual provider)

Providers of daily living skills training must have either a minimum of two years' experience working with the target population or comprehensive child-specific training to enable them to competently work with the participant. Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

4.6.10.6 Service Documentation

- Providers are required to complete a written report every six months that details the participant's progress toward each of the objectives outlined in the daily living skills training plan and, if indicated, recommendations for changes. Providers submit progress reports to the CWA. The progress report may be used as a tool to discuss any modifications to daily living skills training services to best meet the individual needs of the participant.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.11 Day Services

4.6.11.1 Definition

Day services include coordination and intervention to target skill development and maintenance for participants.

Day services provide participants with regularly scheduled activities for part of the day. Services are typically provided up to five days per week in a nonresidential setting and may occur in a single physical environment or in multiple environments, including natural settings in the community. Coordination activities may consist of the implementation of components of the participant's family-centered and individualized service plan and may involve family, professionals, and others associated with the participant, as directed by their plan. Examples of areas that day services may target for skill development and maintenance include physical health

promotion and maintenance, language development, cognitive development, socialization, social and community integration, and domestic and economic management.

This service includes supplementary supports and supervision services to meet the participant's exceptional emotional or behavioral needs or physical or personal care needs.

A key consideration of day services is maximizing the participant's integration within the community. The service must permit the participant to access supportive services, community activities, and employment opportunities that reflect their individual preferences and goals and contribute to the assurance of their health and safety.

Day services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for specific components of day services that may be delivered remotely.

Payment for the provision of day services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.11.2 Service Requirements

- The settings in which day services take place are required to comply with the [Medicaid Home and Community-Based Services \(HCBS\) Settings Final Rule](#), as directed by the Wisconsin Department of Health Services. The HCBS Settings Final Rule is a federal regulation that outlines the characteristics required to be present in the settings where HCBS supports and services are provided. Home and community-based services are required to allow the participant receiving services full access to the benefits of community living, to receive services in the most integrated setting, and to receive services that reflect the participant's individual preferences and goals and contribute to the promotion of their health and safety.
- All providers of day services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 – Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.11.3 Service Limitations

- The cost for transporting a participant during the provision of day services may be funded through transportation services in addition to the day services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of day services that may be delivered by remote waiver services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services available through Comprehensive Community Services (CCS) and Wraparound.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.11.4 Service Exclusions

Excludes any service that falls under the definition of child care, daily living skills training, personal supports, health and wellness, mentoring, or respite care.

4.6.11.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers. CWAs may access this documentation in the [CLTS Provider Registry](#). Refer to Section 4.2, Provider Qualification Process and Requirements, for additional information.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Group child care center (agency provider)

Group child care centers must be licensed under Wis. Admin. Code ch. DCF 251. Child care agency staff who work directly with the participant are required to have a combination of one

year of training in child development or one year of experience working with children or youth. Additionally, staff must receive training that is tailored to the participant. Youth-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Documentation of the provider's license and the youth-specific training received by the provider is required.

Family child care centers (agency or individual provider)

Family child care centers must be licensed under Wis. Admin. Code ch. DCF 250. Child care agency staff who work directly with the participant are required to have a combination of one year of training in child development or one year of experience working with children or youth. Additionally, staff must receive training that is tailored to the participant. Youth-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Documentation of the provider's license and the youth-specific training received by the provider is required.

Any persons appropriately qualified as approved by DHS and as related to the unique service being provided to the youth (individual provider)

Individual providers who are selected by the parent or legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) and are not licensed or certified by DCF are required to have the equivalent of one year of training in child development or one year of experience working with children or youth. Additionally, the provider must complete youth-specific training to the extent that the parent and provider agree that the provider is equipped to serve the participant. Youth-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture. Training must also include information about using positive behavioral supports to manage the participant's behavior, CLTS Waiver Program guidelines for isolation and restraint (refer to Chapter 8, Participant Rights and Appeal and Grievance Processes), mandated reporting requirements (Wis. Stat. § 48.981) and first aid.

Documentation of the youth-specific training received by the provider is required.

4.6.11.6 Service Documentation

- At a minimum of once every six months, the provider is required to submit a report that contains a statement on progress toward the objectives of the individual service plan and recommendations for change.

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.12 Discovery and Career Planning

4.6.12.1 Definition

Discovery and career planning services provide learning and work experiences where the participant can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings.

Discovery and career planning (DCP) is based on the belief that all participants can work when given the opportunity, training, and supports that build on a participant's strengths, abilities and interests.

This service is designed to assist participants to:

- Acquire skills to achieve underlying habilitative goals that are associated with building skills necessary to perform work in community integrated employment;
- Explore possibilities/impact of work; and
- Develop career goals through career exploration and learning about personal interests, skills and abilities.

The outcome of DCP services may include completing or revising a career plan and developing the knowledge and skills needed to get a job in a competitive, integrated employment or be self-employed.

Discovery and Career Planning services include the following:

- Exploring employment goals and interest to identify a career direction;
- Community-based formal or informal situational assessments;
- Task analysis activities;
- Skills training/mentoring, work trials, apprenticeships, internships, and volunteer experiences;
- Training in communication with supervisors, co-workers and customers; generally accepted workplace conduct and attire; ability to follow directions; ability to attend to tasks; workplace problem-solving skills and strategies; general workplace safety and other skills as identified through the person-centered planning process;
- Broad career exploration and self-discovery resulting in targeted employment opportunities including activities, such as job shadowing, information interviews and other integrated worksite based opportunities;
- Interviewing, video resumes and other job-seeking activities;
- Transitioning the participant into employment supports for individualized competitive integrated employment or self-employment;

- When assisting a participant who is already employed, activities to support the participant in exploring other careers or opportunities.
- Career exploration and career skill-building activities, workshops, lessons, and seminars

Discovery and career planning services may be delivered by remote waiver services (refer to Chapter 4.3.2 Remote Waiver Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of discovery and career planning services that may be delivered remotely.

Payment for the provision of discovery and career planning is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.12.2 Service Requirements

- All local, state, and federal laws governing any aspect of employment must be followed.
- Participation in discovery and career planning services is not a required pre-requisite for community/competitive integrated employment services.
- A participant receiving this service must be compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.
- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)
- All providers of discovery and career planning services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.12.3 Service Limitations

- Discovery and career planning may not fund services provided in facility-based settings.
- The cost for transporting a participant during the provision of discovery and career planning services may be funded through transportation services in addition to the discovery and career planning service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of discovery and career planning that may be delivered by remote waiver services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.

- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services available through Comprehensive Community Services and Wraparound.
 - Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.12.4 Service Exclusions

- This service excludes providing vocational services where participants are supervised for the primary purpose of producing goods or performing services, including services provided in sheltered workshops and contract work at less than minimum wage.
- This service excludes payments that are passed through to users of DCP, including payments of wages or stipends for internships or work experience.
- This service excludes paying employers incentives to encourage or subsidize the employer's participation in internships or apprenticeships.
- This service excludes supporting participants to volunteer at for-profit organizations or businesses or to independently perform services without pay ("volunteering") that benefit the waiver service provider or its staff and which would otherwise require the provider or staff to pay to have that service completed, such as landscaping, painting, or housecleaning.

4.6.12.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Supported Employment Agency (agency provider)

Personnel who provide individual supported employment services are required to have skills and abilities in the areas of assessment, job development, job placement, job retention, and evaluation, including the following:

- Assessment of individuals who have developmental disabilities.
- Work site analysis.
- Assessment of needs for assistive technology, disability accommodation, and individualized ergonomics.
- Job development.
- Sales and marketing.
- Job coaching.
- Outcome development and program evaluation.

The provider must have the ability and qualifications to provide this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.
- Existence of a current contract with the Division of Vocational Rehabilitation (DVR) for provision of supported employment services.
- Submission of written documentation that evidences that the agency meets all DVR Technical Specifications related to supported employment.
- Comparable experience for a qualified entity, including a minimum two years of experience working with the target population providing integrated employment services in the community.

In addition, the provider must comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

Day camp (agency provider)

Day camp providers must be licensed under Wis. Admin. Code ch. DCF 252, and must also be accredited by a nationally recognized entity. Additionally, staff must receive training that is tailored to the participant. Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Educational camp (agency provider)

Educational camp providers must be licensed under Wis. Admin. Code § ATCP 78.05.

Prevocational provider (agency provider)

Any agency appropriately qualified as approved by DHS and as related to the unique service being provided to the participant.

Day services providers (agency provider)

Refer to Ch. 4.6.11.5.

Any agency appropriately qualified by DHS and as related to the unique service being provided to the participant (agency provider)

Prevocational provider (individual provider)

Any person appropriately qualified as approved by DHS and as related to the unique service being provided to the participant.

Day services providers (individual provider)

Refer to Ch. 4.6.11.5.

Any persons appropriately qualified by DHS and as related to the unique service being provided to the participant (individual provider)

4.6.12.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.13 Empowerment and Self-Determination Supports

4.6.13.1 Definition

Empowerment and self-determination supports help the participant acquire skills to exercise control and responsibility over their other supportive services.

Exercising control and responsibility over supportive services helps the participant and their family build an interdependent care network within their community and promotes self-determination. This service includes education, training, and events that help the participant and family develop self-advocacy skills, exercise civil rights, and acquire the skills needed manage their supportive services. Education and training may be provided for the participant and/or their parent(s), unpaid caregiver(s), and/or legal representative(s). A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.

Types of education and training covered by this service (examples are illustrative and are not an exhaustive list):

- Training courses
- Conferences and other similar events
- Enrollment fees
- Books and other educational materials
- Transportation

Education, training, and events covered by this service do not need to have real-time, live interaction between the participant and provider.

Empowerment and self-determination supports may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for specific components of empowerment and self-determination supports that may be delivered remotely.

4.6.13.2 Service Requirements

- County waiver agencies (CWAs) are required to ensure that information about educational and/or training opportunities is made available to the participant, the participant's unpaid caregiver(s), and/or legal representative(s). A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.

4.6.13.3 Service Limitations

- This service is limited to training(s) and events and does not include services delivered by caregivers (persons who have regular, direct contact with the participant).
- The cost for transporting a participant during the provision of empowerment and self-determination supports may be funded through transportation services in addition to the empowerment and self-determination supports service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of empowerment and self-determination supports that may be delivered by remote waiver services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.

- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.13.4 Service Exclusions

This service excludes payment for lodging and meal expenses while the participant, the participant's unpaid caregiver(s), and/or their legal representative(s) attend allowable training and/or education events. A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.

4.6.13.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Any agency appropriately qualified as approved by DHS and as related to the unique service being provided to the child (agency provider)

Any persons appropriately qualified as approved by DHS and as related to the unique service being provided to the target group (individual provider)

Each provider is required to have demonstrated skills related to the specific area of training and the applicability of the training content to children with disabilities and their families.

4.6.13.6 Service Documentation

- Payment may only be made to providers upon receipt of a written statement that details allowable fees and/or expenses.
- The county waiver agency (CWA) is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.14 Family/Unpaid Caregiver Supports and Services

4.6.14.1 Definition

Family/Unpaid Caregiver Supports and Services provides education, training, and support to an unpaid caregiver of a participant that increases confidence, stamina, and empowerment to support and care for the participant.

An unpaid caregiver is any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support to the waiver participant.

This service may help an unpaid caregiver to:

- Understand the disability of the participant.
- Achieve greater competence and confidence in providing support.
- Develop and access community and other resources and supports.
- Develop or enhance key parenting strategies.
- Increase methods for coping and learn techniques to manage challenges.

This service includes, but is not limited to:

- Training, instruction, or support provided in a participant's home, community, or other appropriate locations
- Conferences
- Resource materials
- Online training
- Family-to-family navigation
- Support groups
- Registration and training fees associated with formal instruction.

This service may also provide supports to unpaid caregivers in the areas of:

- Behavior and communication
- Community inclusion and wellness
- Emotional support and stress management
- Family dynamics and parenting

Education, training, and events covered by this service do not need to have real-time, live interaction between the participant and provider.

Family/unpaid caregiver supports and services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for specific components of family/unpaid caregiver supports and services that may be delivered remotely.

4.6.14.2 Service Requirements

- Training furnished to unpaid caregivers must be directly related to their role in supporting the participant.
- All providers of family/unpaid caregiver supports and services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children’s Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.14.3 Service Limitations

- This service does not include services delivered by caregivers (persons who have regular, direct contact with the participant).
- This service does not cover training to be a paid caregiver.
- This service does not cover training focused on the participant’s training needs or teaching self-advocacy to the participant and their parent(s) or legal representative(s). A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order. (Refer to empowerment and self-determination supports.)
- This service does not cover funding for supports for unpaid caregivers in the areas of behavior and communication that are tied to a safety-related outcome. (Refer to the safety planning and prevention service description.)
- This service may not be required as a prior condition for receiving other CLTS Waiver Program services.
- When a participant is determined functionally eligible for the waiver program and indicates they intend to enroll in the program, services or items that support the participant in relocating from an ineligible setting to an eligible setting may be purchased up to 90 days (or longer with prior DHS approval) prior to the date the participant is enrolled in the waiver program. Transitional family/unpaid caregiver supports and services are covered as an aggregate total on the date of the participant’s enrollment in the CLTS Waiver Program.
- The components of family/unpaid caregiver supports and services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.

- Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
- Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services available through Comprehensive Community Services and Wraparound.
- Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.14.4 Service Exclusions

This service excludes payment for travel, lodging, and meal expenses incurred while attending a training event or conference.

4.6.14.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Any agency appropriately qualified as approved by DHS and as related to the unique service being provided to the child (agency provider)

Any persons appropriately qualified as approved by DHS and as related to the unique service being provided to the target group (individual provider)

Each provider is required to have demonstrated skills related to the specific area of training and the applicability of the training content to children with disabilities and their families.

4.6.14.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.15 Financial Management Services

4.6.15.1 Definition

Financial management services assist the participant and their family to manage the Children's Long-Term Support (CLTS) Waiver Program services and funding.

The financial management services provider (also referred to as the fiscal intermediary or the fiscal agent) performs financial transactions on behalf of the participant for the delivery of CLTS Waiver Program services. Additionally, the fiscal intermediary serves as an agent for handling employment-related tasks associated with the supports and services in the participant's authorized individual service plan (ISP). These services function as a safeguard for the participant by ensuring that financial and employment activities meet federal, state, and local rules and regulations, and are done in a timely manner.

Financial management services may be provided at one of two levels, basic or enhanced, as determined by the county waiver agency (CWA). Services provided at the basic level must include all basic level activities listed below, and services provided at the enhanced level must include all basic level activities and all enhanced level activities listed below.

Basic level:

- Verify caregiver's citizenship
- Train caregivers on the service requirements, limitations, and exclusions for the CLTS Waiver Program service(s) the caregiver will directly provide to the participant, as outlined in the applicable service description(s) in § 4.6
- Establish accounts for federal and state tax reporting and worker's compensation coverage
- Process timesheets
- Pay caregiver's wages (including tax withholding and worker's compensation)
- Keep account of financial disbursements
- Submit service claims to a third-party administrator claims processing vendor
- Provide income verification

Enhanced Level (includes all basic level activities in addition to those listed below):

- Ensure sufficient participant-authorized units
- Complete screening activities for caregivers by conducting U.S. Office of the Inspector General List of Excluded Individuals and Entities reviews and caregiver background checks, when the caregiver is hired and at a minimum each time the FMS provider renews their CLTS Waiver Program Medicaid Waiver Provider Agreement and Acknowledgement of Terms of Participation ([F-03344](#)) with DHS
- Verify caregiver qualifications and maintain documentation that the caregiver has received any required participant-specific training
 - For the specific CLTS Waiver Program service(s) the caregiver will directly provide to the participant, the FMS provider must confirm and verify any required certification, license,

education, or experience documentation is valid, current, and meets applicable service description requirements per § 4.6.

CLTS Waiver Program funds may not pay for services provided by persons who have been denied a professional license, certification, or enrollment by the DHS, Department of Safety and Professional Services, Department of Children and Families, or Department of Workforce Development. In addition, services may not be provided by persons whose credentials have been suspended or revoked, or who have been denied the renewal of their professional license or certification.

- Maintain a list of qualified and available caregivers

Financial management services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of financial management services that may be delivered remotely.

Payment for the provision of Financial Management Services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.15.2 Service Requirements

- The financial management services provider is responsible for ensuring compliance with all federal and state laws associated with tax withholding and all other employee benefits.
- The financial management services provider is responsible for ensuring compliance with all standards set forth by the Wisconsin Department of Workforce Development.
- The financial management services provider is responsible for understanding all CLTS Waiver Program allowable and non-allowable services.
- The financial management services provider is subject to an audit to ensure all transactions have been properly executed.
- The financial management services provider must have a system in place that recognizes the participant, or their legal representative (The legal representative must have court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), as the agent required to initiate payment for any provider or service.
- The financial management services provider must have a system in place to address the following requirements:
 - A method to quickly respond to requests from the participant.
 - The capacity to promptly issue payroll or other funds in emergency situations.
 - A method to communicate about the accuracy of payments made, and respond to questions about the participant's financial position relative to service expenditure at any point in time.
- The financial management services provider must comply with patient rights outlined in [Wis. Admin. Code ch. DHS 92](#) and all other applicable laws and rules governing confidentiality.

- The financial management services provider must retain all documents and records for seven years as required by [Wis. Stat. § 92.12](#). Records are required to illustrate individual service expenses in a way that is easily understood by lay people.
- The financial management services provider is responsible to ensure compliance with required caregiver and licensing background checks and hiring prohibitions. (Refer to Chapter 4.)

4.6.15.3 Service Limitations

- The components of financial management services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.15.4 Service Exclusions

- This service excludes payments to court-appointed guardians or court-appointed protective payees if the court has directed them to perform any functions of this service.
- The service definition and service requirements as described in this section may be reimbursed only through financial management services codes.

4.6.15.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies

required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.

- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Fiscal intermediary agency (agency provider)

Providers must be an agency or unit of an agency that is qualified to provide all of the financial services involved. Providers must have training and experience in accounting or bookkeeping.

Documentation of the provider's qualifications is required.

Accountant (individual provider)

Accountants must be licensed under Wis. Stat. ch. 442. Providers must be qualified to provide all of the financial services involved. Additionally, providers must have training and experience in accounting or bookkeeping.

Documentation of the provider's license and qualifications is required.

Other persons appropriately qualified as approved by DHS and as related to the unique service being provided to the child (individual provider)

Providers must be qualified to provide all of the financial services involved. Additionally, providers must have training and experience in accounting or bookkeeping.

Documentation of the provider's qualifications is required.

4.6.15.6 Service Documentation

- Current documentation of completed caregiver background checks must be maintained by the financial management services provider and be accessible for review.
- Records of all transactions associated with paying providers must be kept by the financial management services provider in an accessible location, available for review.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.16 Grief and Bereavement Counseling

4.6.16.1 Definition

Grief and bereavement counseling helps the participant and/or their family cope with the possible death of the participant and supports the family after the participant's death.

Grief and bereavement counseling services provide guidance and support to the participant and/or their family when the participant has a life-limiting diagnosis with the expected outcome of death. When the participant has a life-limiting diagnosis with the expected outcome of death, services provide guidance and strategies to enable the family to care for the participant in their home and help prevent premature out-of-home placement in an institutional setting. Services may also guide and support the family to cope with the loss of the participant.

These services focus on but are not limited to identifying, communicating about, and coping with the multiple emotions the participant and/or their family experience about the participant's death. Counseling is required to provide activities that give the participant and/or their family opportunities for dialogue, expressing emotions, asking questions about death, and grieving in a safe environment.

Grief and Bereavement Counseling must be both authorized and claimed when the participant is enrolled in the CLTS Waiver Program but may continue to be delivered for a period of up to 12 months after the participant's death.

This service can be provided at one of three levels:

- Tier one services do not require the provider to be credentialed or licensed.
- Tier two services require the provider to have a master's degree.
- Tier three services require the provider to have a doctoral degree.

Grief and bereavement counseling may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of grief and bereavement counseling that may be delivered remotely.

Payment for the provision of grief and bereavement counseling is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.16.2 Service Requirements

All providers of grief and bereavement counseling services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.16.3 Service Limitations

- Grief and bereavement counseling services are billable one time for a flat rate, for usage before or after the child's death. The service may be billed once the family has shown interest in receiving the service and must be billed prior to the child's death.

- The components of grief and bereavement counseling that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another CLTS Waiver Program service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.16.4 Service Exclusions

- Costs associated with funeral or memorial services, or the final disposition of the participant's body (burial, cremation, internment, etc.) are not covered by grief and bereavement counseling.

4.6.16.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Hospice (agency provider)

Providers must be licensed in accordance with [Wis. Stat. § 50.92](#) and [Wis. Admin. Code ch. DHS 131](#).

Home Health Agency (agency provider)

Providers must be licensed in accordance with [42 CFR § 484](#), [Wis. Stat. § 50.49](#), and [Wis. Admin. Code ch. DHS 133](#).

Any agencies appropriately qualified by DHS and as related to the unique service being provided to the participant (agency provider)

Examples include but are not limited to agencies with hospice-related certification or experience.

Licensed Professional Counselor (individual provider)

Providers must be licensed in accordance with [Wis. Stat. ch. 457.12](#). Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Licensed Psychologist (agency provider)

Providers must be licensed in accordance with [Wis. Admin. Code ch. Psy 2](#). Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Licensed Social Worker (individual provider)

Providers must be licensed in accordance with [Wis. Stat. ch. 457.08](#). Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Spiritual Counselor (individual provider)

Providers must be certified in accordance with the [ACPE Psychotherapy Commission](#).

Other persons appropriately qualified as approved by DHS and as related to the unique service being provided (individual provider)

Examples include but are not limited to persons with hospice-related certification or experience, or have completed a grief support specialist certificate program.

4.6.16.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.17 Health and Wellness

4.6.17.1 Definition

Health and wellness services maintain or improve the health, wellbeing, socialization, or inclusion of the participant with their family and peers in the community.

Health and wellness services support the child's inclusion with the family and peers in health and wellness activities within their community. Health and wellness services focus on healthy habits thereby preventing or delaying higher cost institutional care.

Health and wellness services may include the following (listed examples are illustrative and do not comprise an exhaustive list):

- Classes
- Lessons
- Events
- Memberships and subscriptions, including family fitness and health club memberships
- Enrollment fees
- Web and mobile applications
- Health and wellness items

Health and wellness services must meet a clearly defined outcome and may include the following (listed examples are illustrative and do not comprise an exhaustive list):

- Healthy lifestyles
Examples may include assistance with issues regarding living with a disability and having a healthy lifestyle, such as nutrition, physical activity, and sensory regulation
- Non-traditional/alternative medicine and wellness
Examples may include yoga, meditation, mindfulness, sound healing, Traditional African Based Holistic Services, Ayurveda, Chinese or Oriental medicine, Reiki, Tai Chi, Native American healers, and spiritual counseling
- Sexuality education
Sexuality learning objectives may include positive self-image, communication skills, reproductive anatomy, conception and fetal development, safe sex, and health awareness. This service includes education on assertiveness about setting boundaries and reporting violations, expressing physical affection in a manner that is appropriate, and making informed choices about the relationships in the child's or youth's life
- Parenting training for participants

Services may include training adapted for participants who are parents that may consist of in-home visits, an assessment of parenting needs and goals, as well as education and support in 1:1 or group settings.

Health and wellness services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for specific components of health and wellness services that may be delivered remotely.

Payment for the provision of health and wellness is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.17.2 Service Requirements

- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)
- All providers of health and wellness services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.17.3 Service Limitations

- This service does not cover funding for adaptations needed to participate in health and wellness activities or nutritional supplements. (Refer to the specialized medical and therapeutic supplies benefit.)
- The cost for transporting a participant during the provision of health and wellness services may be funded through transportation services in addition to the health and wellness services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of health and wellness services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.

- Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
- Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.17.4 Service Exclusions

- This service excludes items and services that are harmful.
- This service excludes activities for which the primary function is recreation.
- This service excludes the purchase of food.

4.6.17.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Independent living centers (agency provider)

Providers must be independent living centers as outlined in the State Plan for Independent Living (SPIL) approved by the U.S. Department of Health and Human Services' Administration on Community Living (ACL).

Any agency appropriately qualified as approved by DHS and as related to the unique service being provided to the participant (agency provider)

Certified personal trainer (individual provider)

Providers must be certified by an accredited national agency in cardiopulmonary resuscitation (CPR) and automated external defibrillation (AED).

Socialization and sexuality providers (individual provider)

Any persons appropriately qualified as approved by DHS and as related to the unique service being provided to the participant.

Any person appropriately qualified as approved by DHS and as related to the unique service being provided to the participant (individual provider)

4.6.17.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.18 Home Modifications

4.6.18.1 Definition

Home modifications maximize a participant's independent functioning in their home through services to assess the need for, arrange for, and provide modifications and/or improvements to the home.

Home modifications are generally permanent fixtures and/or changes to the physical structure of the home. This service may be used to ensure safe, accessible means of entry and exit to the home, and otherwise provide safe access to rooms, facilities, or equipment within the home or adjacent buildings that are part of the residence.

Home modifications may include adaptations, including, but not limited to:

- Fences required for safety
- Ramps (fixed),¹ ramp extensions, and platforms
- Porch and/or stair lifts
- Doors, doorways, door handles, and door opening devices
- Adaptive doorbells, locks, and/or security items or devices
- Plumbing and electrical modifications related to other adaptations
- Medically necessary heating, cooling, or ventilation systems
- Shower, sink, tub, and toilet modifications
- Grab bars or handrails
- Faucets and water controls
- Accessible cabinetry, countertops, or work surfaces
- Accessible closets
- Smoke and/or fire alarms and fire safety adaptations

¹ Refer to the specialized medical and therapeutic supplies service description for portable ramps.

- Adaptive lighting and light switches
- Flooring and/or floor covering to address health and safety needs
- Wall protection
- Necessary repair, maintenance, and reasonable replacement of an approved home modification.

Modifications not specifically described above may be included in this service if the item or service meets the definition and standards for allowable home modifications.

Other aspects of home modifications included in this service are the cost of permits to authorize changes, the materials and services needed to complete the installation of specific equipment, the modification of the physical home structure, and the reconfiguration of essential systems within the home.

Home modifications services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific authorization components of home modifications services that may be delivered remotely.

4.6.18.2 Service Requirements

- All modifications are required to comply with applicable local and state housing or building codes and are subject to inspections required by the municipality responsible for administering the codes.
- All plans for ramps are required to comply with the Americans with Disabilities Act standards and [ramp requirements](#).
- All plans for fences are required to account for the participant's individual circumstances, including but not limited to:
 - Other services and supports that can work in combination with the fence to meet the participant's outcomes.
 - Individualized design and construction features to meet the participant's outcomes. For example, construction materials (wood planks, chain link, etc.), height of the fence, length of the fence, size of the area to be enclosed by the fence, placement of the fence in relation to the home or other structures or features of the yard, or limitations or restrictions imposed by zoning regulations or covenants.
- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)

4.6.18.3 Service Limitations

- Home modifications are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the participant).

- The components of home modifications services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- When a participant is determined functionally eligible for the CLTS Waiver Program and indicates they intend to enroll in the program, services or items that support the participant in relocating from an ineligible setting to an eligible setting may be purchased up to 90 days (or longer with prior DHS approval) prior to the date the participant is enrolled in the CLTS Waiver Program. Transitional home modifications are covered as an aggregate total on the date of the participant's enrollment in the CLTS Waiver Program.
- Home modification services may be billed along a project's continuum if they are for rendered services. Rendered services are authorized services a provider has delivered to an enrolled participant.
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.18.4 Service Exclusions

- This service excludes adaptations, improvements, repairs, or replacements within a participant's home that are of general utility and not of direct medical or remedial benefit to them and in some way related to their disability. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
- This service excludes funding for items or services that support the use of an unapproved restrictive measure.

4.6.18.5 Provider Standards and Documentation

General Provider Standards

- The providers and designers of any home modifications must meet all of the applicable state and local requirements for professional licensure for building contractors, plumbers, electricians, engineers, or any other building trades.
- All modifications must be made in accordance with any applicable local and state housing or building codes and are subject to any inspection required by the municipality responsible for administration of the codes.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Home modification provider types:

- *Independent living center (agency provider)*
- *Contractor (agency provider)*
- *Building supply company (agency provider)*
- *Plumber (individual provider)*, required to be licensed under Wis. Stat. ch. 443
- *Electrician (individual provider)*, required to be licensed under Wis. Admin. Code SPS § 305.40
- *Heating and air conditioning (individual provider)*, required to be certified under Wis. Stat. ch. § 305.71
- *Engineer (individual provider)*, required to be certified under Wis. Stat. ch. 443
- *Other persons appropriately qualified as approved by DHS and as related to the unique service being provided (individual provider)*

4.6.18.6 Service Documentation

- The CWA is required to maintain a copy of the approved home modification plan.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.19 Housing Support Services

4.6.19.1 Definition

Housing support services provides comprehensive guidance and services for participants and families to obtain and/or retain a safe and accessible living arrangement that meets their needs and preferences.

This service helps participants and families:

- Navigate housing opportunities
- Address or overcome barriers to housing
- Sustain tenancy

This service includes consultations where the service provider assesses the participant's and family's housing needs and develops an individualized housing support plan to obtain and/or retain housing.

Housing support services include searching for housing, housing application processes, requesting reasonable accommodations, and reviewing the lease, home ownership documents, or other related documents, including property rules, prior to signing.

This service includes planning, guidance, and assistance in accessing resources related to homeownership, financing, accessibility and architectural services and consultation, as well as health and safety evaluations of physical property.

Housing support services also may assist the participant and family with maintaining living in their rented or leased home and includes:

- Education and training on the role, rights and responsibilities of the tenant and landlord; how to be a good tenant; and lease compliance;
- Coaching to develop and maintain key relationships with landlord/property manager and neighbors;
- Assistance with housing recertification process;
- Early identification and intervention for behaviors that jeopardize tenancy;
- Assistance with resolving disputes with landlords and/or neighbors;
- Advocacy and linkage with community resources to prevent eviction; and
- Coordinating with the participant to review, update and modify the housing support plan.

Housing support services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of housing support services that may be delivered remotely.

4.6.19.2 Service Requirements

All providers of housing support services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.19.3 Service Limitations

- This service's consultation benefit is limited to consultation provided by housing counseling sole proprietors or agencies and does not include services delivered by persons who meet the definition of a caregiver (person who has regular, direct contact with the participant).
- When a participant is determined functionally eligible for the waiver program and indicates they intend to enroll in the program, services or items that support the participant in relocating from an ineligible setting to an eligible setting may be purchased up to 90 days (or longer with prior DHS approval) prior to the date the participant is enrolled in the waiver program. Transitional housing support services are covered as an aggregate total on the date of the participant's enrollment in the CLTS Waiver Program.
- The components of housing support services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.19.4 Service Exclusions

- Costs associated with the participant's room and board are excluded and may not be billed to the CLTS Waiver Program.
- This service excludes funding for supports or items needed to establish a community living arrangement. (Refer to the relocation services benefit.)
- This service excludes funding for physical alterations of a person's home to address accessibility. (Refer to the home modifications benefit.)

- This service excludes reimbursement when the service is provided by a sole proprietor or agency that also provides residential support services or support and service coordination to the participant.

4.6.19.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Housing counseling agency (agency provider)

Providers must be an agency or unit of an agency that provides housing counseling as a regular part of its mission.

Counseling must be provided by staff with specialized training and experience in any of the following housing issues:

- Home ownership, both pre and post purchase
- Home financing and refinancing
- Home maintenance, repair, and improvements including abating environmental hazards
- Rental counseling, not including any cash assistance
- Accessibility and architectural services and consultation
- Weatherization evaluation and assistance in accessing these services
- Lead-based paint abatement evaluation
- Low-income energy assistance evaluation
- Access to transitional or permanent housing
- Accessibility inventory design
- Health and safety evaluations of physical property
- Debt and/or credit counseling
- Homelessness and eviction prevention counseling

Any agency appropriately qualified as approved by DHS and as related to the unique service being provided to the participant (agency provider)

Any persons appropriately qualified as approved by DHS and as related to the unique service being provided to the participant (individual provider)

4.6.19.6 Service Documentation

- Housing support service providers who develop individualized housing support plans are required to submit the individualized housing support plan every six months or sooner if the participant's condition changes to assist the Support and Service Coordinator in coordinating and identifying additional services and supports. The plan should include short- and long-term goals; strategies to address identified barriers including prevention and early intervention services when housing is jeopardized; and natural supports, resources, community providers, and services to support goals and strategies.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.20 Mentoring

4.6.20.1 Definition

Mentoring services improve the participant's ability to interact in their community in socially advantageous ways.

The mentor provides the participant with experiences in peer interaction, social and/or recreational activities, and employability skill-building opportunities during spontaneous and real-life situations, rather than in a segregated or classroom-type environment. The mentor implements learning opportunities by guiding and shadowing the participant in the community while practicing and modeling interaction skills.

Mentors are paraprofessionals, including but not limited to individuals who are in the participant's peer group. The peer group includes a wide range of individuals who have something in common with the participant, including similar life experiences, interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

This service may fund expenses related to participation in community activities that address the objectives and identified outcomes in the participant's individual service plan. Costs for meals and admission fees for the mentor and child or youth may be included.

Mentoring services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of mentoring services that may be delivered remotely.

Payment for the provision of mentoring services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.20.2 Service Requirements

- Providers must ensure staff support to the participant is adequate to meet the participant's individual goals.
- At a minimum, team review meetings are held quarterly. Team reviews are required to include the participant (unless deemed inappropriate), the participant's parent or responsible person, the relevant service provider agency staff or supervisor (when applicable), and the support and service coordinator (SSC).
- All providers of mentoring services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.20.3 Service Limitations

- The cost for transporting a participant youth during the provision of mentoring services may be funded through transportation services in addition to the mentoring services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of mentoring services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.

- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.20.4 Service Exclusions

This service excludes activities for which the primary function is recreation.

4.6.20.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Any agency appropriately qualified as approved by DHS and as related to the unique service being provided (agency provider)

Providers are paraprofessionals, including but not limited to individuals who are in the participant's peer group. The peer group includes a wide range of individuals who have something in common with the participant, including similar interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

The agency is required to ensure they provider receives child-specific training and training on the roles and responsibilities of the mentor. This training may be provided by any combination of the provider agency, CWA, parent and/or legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), and/or other relevant professional who is knowledgeable of the participant's daily needs. Documentation of this training is required to be maintained in the participant's record. Providers must be involved in frequent and ongoing communication with the SSC, agency, and family, regarding child-specific updates, information, and concerns.

Mentors (individual provider)

Providers are paraprofessionals, including but not limited to individuals who are in the participant's peer group. The peer group includes a wide range of individuals who have something in common with the participant, including similar interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

The provider is required to ensure they receive child-specific training and training on the roles and responsibilities as a mentor. This training may be provided by any combination of the CWA, parent and/or legal representative (A legal representative is someone with court-ordered

authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), and/or other relevant professional who is knowledgeable of the participant's daily needs. Documentation of this training is required to be maintained in the participant's record. Providers must be involved in frequent and ongoing communication with the SSC, agency, and family, regarding child-specific updates, information, and concerns.

4.6.20.6 Service Documentation

- Providers must develop a written plan documenting the objectives for the participant and the objectives for the mentor. A written summary of the progress toward and changes to the objectives for the participant and their mentor is required every three months and may be developed during the team review (refer to Service Requirements). If indicated, recommendations for changes to the plan may be included. Provider reports are used to evaluate the need for modification or continuation of mentoring services. The plan and summary must be provided to the CWA (the participant's SSC). Summaries must be maintained by the CWA and reviewed at the time of other quarterly activities.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.21 Participant and Family Directed Goods and Services

4.6.21.1 Definition

Participant and family directed goods and services are services, supports, supplies or goods that address or enhance the participant's opportunity to meet a long-term support outcome, but are not otherwise provided through another CLTS Waiver Program service or the Medicaid state plan.

The item or service should:

- Decrease the need for other Medicaid services
- Promote inclusion in the community
- Promote the independence of the participant
- Fulfill a medical, social, or functional need (based on unique cultural approaches) or
- Increase the participant's safety in the home environment.

The outcomes of the item or service may include:

- Maintaining the participant's ability to remain in the community.
- Enhancing the participant's community inclusion and family involvement.
- Developing or maintaining the participant's personal, social, physical, or work-related skills.
- Increase the participant's independence.

Participant and family-directed goods and services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of participant and family-directed goods and services that may be delivered remotely.

4.6.21.2 Service Requirements

- Goods and services purchased must be a cost-effective means of addressing an identified need and outcome in the service plan and solely benefit the participant.
- The service, equipment, or supply must not be captured under a limitation or exclusion of another CLTS Waiver Program service category.
- Electronic devices are required to meet Underwriters Laboratories® or Federal Communications Commission standards.
- When items, supports, or services are available through another CLTS Waiver Program service, they must be authorized under their respective service categories.
- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)

4.6.21.3 Service Limitations

- The components of participant and family-directed goods and services that may be delivered by remote waiver services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services available through Comprehensive Community Services and Wraparound.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.

- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.21.4 Service Exclusions

- Excludes services and items that are harmful.
- Excludes items, activities, or services for which the primary function is recreation.
- Excludes the cost of room and board.

4.6.21.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Education and training agency (agency provider)

Any agency appropriately qualified as approved by DHS and as related to the unique service being provided to the participant.

Supportive home care agency (agency provider)

Training begins prior to and during the first six months of employment. Training on critical procedures related to the participant's health and safety must be completed prior to the delivery of any services. Families share responsibility for oversight and monitoring the quality of care for the participant.

The agency must ensure that persons providing participant and family directed goods and services receive training on at least the following subjects pertaining to the participant (s) served:

- Policies, procedures, and expectations of the agency provider, including training on participant and provider rights and responsibilities; record keeping and reporting; and other information deemed necessary and appropriate.
- Information specific to disabilities, abilities, needs, functional deficits, and strengths of the population to be served. This training should be person-specific for the participant to be served and generally focused.
- Recognizing and appropriately responding to all conditions that might adversely affect the participant's health and safety, including how to respond to emergencies and critical incidents as defined in Chapter 9.

- Developing interpersonal and communications skills that are appropriate and effective for working with the population to be served. These skills include understanding the principles of person-centered services; person rights; respect for age; cultural, linguistic, and ethnic differences; active listening, responding with emotional support and empathy; ethics in dealings with people, including family and other providers; conflict-resolution skills; ability to deal with death and dying; and other topics relevant to the specific population to be served.
- Understanding of all confidentiality and privacy laws and rules.
- Understanding of procedures for handling complaints.
- Understanding of the participant who needs support, including personal hygiene needs, preferences, and techniques for assisting with activities of daily living, including, where relevant, bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.
- Understanding the personal health and wellness-related needs of the participant needing supports, including nutrition, dietary needs, exercise needs, and weight monitoring and control.

Home health agency (agency provider)

Providers must be licensed under 42 C.F.R. § 484, Wis. Stat. § 50.49, and Wis. Admin. Code ch. DHS 131.

Any agency appropriately qualified as approved by DHS and as related to the unique service being provided to the participant (agency provider)

Personal care worker (individual provider)

Personal care workers must be certified under Wis. Admin. Code § DHS 105.17(3)(a).

Any persons appropriately qualified as approved by DHS and as related to the unique service being provided to the participant individual provider)

4.6.21.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.22 Participant and Family-Direction Broker Services

4.6.22.1 Definition

Participant and family-direction broker services empower and assist participants and families to direct their own CLTS Waiver Program services and supports.

The participant and family-direction broker assists the participant and family in meeting their participant and family direction responsibilities. A participant and family-direction broker is an individual who assists in the securing and directing participant and family-directed supports. The participant and family-direction broker provides:

- Information and assistance that help the participant hire, manage, and dismiss their workers.
- Employer-related information and advice to support the participant and family to make informed decisions related to day-to-day management of participant-hired workers.
- Information and assistance that help the participant in employment-related problem-solving and decision-making.
- Information and assistance that help the participant in developing supportive community relationships and other resources that promote the implementation of the Individual Service Plan (ISP).
- Information, coaching, and mentoring about participant and family-direction, including roles and responsibilities.

The exact direct assistance provided by participant and family-direction brokers to assist the participant in meeting participant-direction responsibilities depends on the outcomes identified by the participant and includes assistance, if needed, with:

- Recruiting workers
- Hiring workers
- Training participant-hired workers
- Managing participant-hired workers
- Evaluating participant-hired workers
- Changing participant-hired workers
- Scheduling participant-hired workers
- Outlining the duties of participant-hired workers
- Understanding provider qualifications for participant-hired workers
- Record keeping and other requirements

Participant and family direction brokers must be knowledgeable of the CLTS Waiver Program.

Participant and family direction brokers services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of participant and family direction brokers services that may be delivered remotely.

Payment for the provision of participant and family direction broker services is subject to statewide uniform rates. Refer to the [Children’s Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.22.2 Service Requirements

- This service is not required for participants and families who direct their own services and supports.
- All providers of participant and family-direction broker services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children’s Incident Reporting for Providers ([P-02613](#)). Any communication must follow

federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.22.3 Service Limitations

- The participant and family direction broker may not also be the participant's support and service coordinator.
- Participant employer authority and budget authority responsibilities may not be delegated to this service.
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.22.4 Service Exclusions

Refer to section 4.4 for service exclusions that apply to all services.

4.6.22.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Participant and family-direction broker (agency provider and individual provider)

Providers must demonstrate adequate knowledge of the unique needs and preferences of the participant and have knowledge of the local service delivery system and local resources available to the participant. Providers must receive training to the extent that the parent and provider agree that the provider is equipped to serve the participant.

4.6.22.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.23 Personal Emergency Response System

4.6.23.1 Definition

The personal emergency response system (PERS) service secures an immediate response and access to assistance in the event of a physical, emotional, or environmental emergency.

A PERS uses a community-based telephonic, global positioning system, or other electronic communications device to provide a direct electronic communications link between the child or youth and emergency responders.

The base monthly charge for basic phone service necessary for PERS operation is an allowable cost covered by this service.

When a conventional PERS is not feasible, allowable items through this service may include devices and services necessary to function as an emergency response system, such as a cellular phone and cellular service.

Allowable costs also include installation, upkeep, and maintenance of devices or systems as appropriate.

PERS services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of PERS services that may be delivered remotely.

4.6.23.2 Service Requirements

- Electronic devices are required to meet standards established by the Underwriters Laboratories® or equivalent.
- Telephonic devices are required to meet standards established by the Federal Communications Commission (FCC) or equivalent.

4.6.23.3 Service Limitations

- This service is limited to items and products and does not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- The components of PERS services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.23.4 Service Exclusions

Refer to section 4.4 for service exclusions that apply to all services.

4.6.23.5 Provider Standards and Documentation

General Provider Standards

- PERS must be installed by qualified installers.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Community-Based Electronic Communications Unit (agency provider and individual provider) and

Phone service including cellular service (agency provider)

Devices are required to meet Underwriters Laboratories® standards and/or Federal Communications Commission regulations or equivalent standards.

4.6.23.6 Service Documentation

- The county waiver agency (CWA) is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
- The determination of the type of emergency response system used as a cost-effective means to meet the need for the child's or youth's safety or security must be documented and maintained by the CWA.
- For allowable devices or items that require phone service (including cellular service), the child's or youth's individual service plan (ISP) is required to indicate both the unit cost of the device and the monthly cost of the phone or cellular service. Documentation on the ISP must also list the service provider and service plan.

Additional documentation must clearly indicate the child and/or their parent(s) or legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) understand the limitations of the phone service (including cellular service) the PERS service will fund (for example, length of contract, maximum monthly rate, data limits, total minutes allowed).

4.6.24 Personal Supports

4.6.24.1 Definition

Personal supports directly and indirectly assist the participant with daily living activities and personal needs, to promote improved functioning and safety in their home and community.

Personal supports may be provided in the participant's home or in a community setting.

Personal Supports is related to assistance with functional skills and may help a child who has difficulties with these types of skills accomplish tasks including but not limited to:

- Appropriate social behaviors (such as checking out library books, ordering food from a menu, and paying for tickets to events)
- Communication skills (such as assistance with communication)
- Medication and health management (such as appropriate self-administration of medications)
- Mobility (such as arranging and using transportation)
- Money management (such as bill paying and other aspects of money management)

Personal supports includes supervision necessary to increase the participant's independence while ensuring safety at home and in the community, including supervision as the participant engages in other activities. Supervision may include a provider assisting the child or youth to utilize technology.

This service may include working with the child or youth to better understand and comprehend cause and effect and the correlation between behaviors and consequences. It may also take the form of repetitive directions and staying on task. It must account for levels of receptive language capabilities, with the goal of retaining information.

Personal supports covers services that consist of the performance of basic and intermittent household tasks within the participant's primary residence. Household tasks may be performed seasonally or in response to a natural or other periodic event for reasons of health and safety or the need to assure the participant's continued community living. This assistance must be due to the participant's disability that results in additional household tasks and increases the parent and/or caregiver's ability to provide care needed by the participant.

Personal supports includes pest control services to enhance safety, sanitation, and cleanliness of the participant's home or residence. Pest control services are designed to prevent, suppress, or eradicate anything that competes with humans for food and water, injures humans, spreads disease to humans and/or disturbs humans and is causing or is expected to cause more harm than is reasonable to accept. Pest control services must be related to the participant's disability and support the participant to remain in their home and community.

Personal supports may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of personal supports that may be delivered remotely.

Payment for the provision of personal supports is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.24.2 Service Requirements

- Assistance with basic and intermittent household tasks must be due to the participant's disability that results in additional household tasks and increases the parent and/or caregiver's ability to provide care needed by the participant.
- Pest control services must be related to the participant's disability and support the participant to remain in their home and community.
- In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, must be pursued prior to authorizing household tasks and/or pest control services.

- All providers of personal supports services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children’s Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.24.3 Service Limitations

- Personal supports are provided to address extraordinary care needs and does not include provision of supervision that would customarily be provided by the parent or legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) of a child without a disability. The assistance should increase the parent and/or caregiver's ability to provide care needed by the participant.
- Personal supports are limited to those not already purchased in a licensed or certified substitute care setting.
- Personal supports are limited to assistance with tasks the participant is unable to do without assistance and are not intended to teach skill acquisition. Refer to daily living skills training for services that may provide skill acquisition.
- The scope of Personal Supports may include performing incidental personal care, including activities of daily living or instrumental activities of daily living. However, such activities may not comprise the entirety of the service.
- The cost for transporting a participant during the provision of personal supports may be funded through transportation services in addition to the personal supports service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of personal supports that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and

preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.

- Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.24.4 Service Exclusions

- This service excludes household maintenance that changes the physical structure of the home. Refer to home modifications for certain structural adaptations to the home that may be allowable.
- This service excludes general home maintenance activities including painting, plumbing or electrical repairs, and exterior maintenance.
- This service excludes personal care services covered by the Medicaid state plan.

4.6.24.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Supportive home care agency (agency provider)

Training begins prior to and during the first six months of employment. Training on critical procedures related to the participant's health and safety must be completed prior to the delivery of any services. Families share responsibility for oversight and monitoring the quality of care for the participant.

The agency must ensure that persons providing personal support services receive training on at least the following subjects pertaining to the participant (s) served:

- Policies, procedures, and expectations of the agency provider, including training on participant and provider rights and responsibilities; record keeping and reporting; and other information deemed necessary and appropriate.
- Information specific to disabilities, abilities, needs, functional deficits, and strengths of the population to be served. This training should be person-specific for the participant to be served and generally focused.

- Recognizing and appropriately responding to all conditions that might adversely affect the participant's health and safety, including how to respond to emergencies and critical incidents as defined in Chapter 9.
- Developing interpersonal and communications skills that are appropriate and effective for working with the population to be served. These skills include understanding the principles of person-centered services; person rights; respect for age; cultural, linguistic, and ethnic differences; active listening, responding with emotional support and empathy; ethics in dealings with people, including family and other providers; conflict-resolution skills; ability to deal with death and dying; and other topics relevant to the specific population to be served.
- Understanding of all confidentiality and privacy laws and rules.
- Understanding of procedures for handling complaints.
- Understanding of the participant who needs support, including personal hygiene needs, preferences, and techniques for assisting with activities of daily living, including, where relevant, bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.
- Understanding the personal health and wellness-related needs of the participant needing supports, including nutrition, dietary needs, exercise needs, and weight monitoring and control.

Home health agency (agency provider)

Providers must be licensed under 42 C.F.R. § 484, Wis. Stat. § 50.49, and Wis. Admin. Code ch. DHS 131.

Commercial pesticide application provider (agency provider)

Providers must be licensed under Wis. Admin. Code § ATCP 29.20.

Other agency appropriately qualified as approved by DHS and as related to the unique service being provided to the participant (agency provider)

Personal care worker (individual provider)

Providers must be certified under Wis. Admin. Code § DHS 105.17(3)(a).

Nurse aide (individual provider)

Providers must be certified under Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 129.

Registered nurse (individual provider)

Providers must be licensed under Wis. Stat. § 441.06.

Licensed practical nurse (individual provider)

Providers must be licensed under Wis. Stat. § 441.10.

Licensed individual commercial pesticide applicator (individual provider)

Providers must be licensed under Wis. Admin. Code § ATCP 29.25.

Certified individual commercial pesticide applicator (individual provider)

Providers must be licensed under Wis. Admin. Code § ATCP 29.26.

Other person appropriately qualified as approved by DHS and as related to the unique service being provided to the child (individual provider)

For caregivers delivering personal supports services, see qualification description for supportive home care agency above. For individuals delivering personal supports services that are not caregivers, the CWA must review the individual is qualified as related to the unique service they are delivering to the participant.

4.6.24.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.25 Relocation Services

4.6.25.1 Definition

Relocation services assist with preparations for the participant's relocation to a safe and accessible community living arrangement.

This service includes supports and essential items needed to establish a community living arrangement for children or youth who are relocating from an institution or other provider-operated congregate living arrangement (examples include but are not limited to a foster home, group home, or homeless shelter) or who are moving out of the family home to a more independent setting.

Relocation services may include the purchase of the following when necessary specifically for the participant, to prepare the selected living arrangement for their occupancy. Only initial costs to prepare the living arrangement are covered.

- Household furnishings not otherwise included in a rental agreement, if applicable
- Phone(s)
- Cooking and/or serving utensils
- Basic cleaning equipment
- Household supplies
- Security deposit
- Utility connection costs
- Phone installation charges
- Moving the child's or youth's personal belongings to the new living arrangement
- General cleaning and household organization services related to the relocation

4.6.25.2 Service Requirements

Services or items covered by this service may not be purchased more than 180 days prior to the date the participant relocates to the new living arrangement.

4.6.25.3 Service Limitations

- Relocation services are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the participant).
- Coverage of security deposits is limited to relocations involving only the participant; security deposits for relocations involving a participant's family are not covered.
- Coverage is limited to supports and items other than those a participant's natural supports (e.g. participant's family) would typically cover for a relocation involving a minor child or youth who does not receive Medicaid home and community-based services.
- This service covers only supports and items needed specifically for the participant in order to prepare the selected living arrangement for their occupancy; supports and items needed or used by any other individuals are not covered.
- This service excludes funding for physical alterations of a person's home to address accessibility. (Refer to the home modifications benefit.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.25.4 Service Exclusions

- This service excludes the purchase of food, the payment of rent, or the purchase of devices or services used primarily for leisure or recreation.
- This service excludes any ongoing costs associated with covered supports and items.

4.6.25.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Moving companies, public utilities, real estate agencies, vendors of home furnishings (agency provider) and individual movers and individual landlords (individual provider)

Providers are required to have a reputable compliance history as shown by federal and/or state licensing and/or credentialing agency records, with no history of license revocation or denial, fraud, or substantial or repeated violations of applicable laws and rules in the operation of any business.

Additionally, providers are required to have established a stable financial history, with no outstanding debts or amounts due to the Wisconsin Department of Health Services or other government agencies, including unpaid forfeitures and fines.

4.6.25.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.26 Respite Care

4.6.26.1 Definition

Respite care services maintain and strengthen the participant's natural supports by easing the daily stress and care demands for their family, or other primary caregiver(s), on a short-term basis.

These services provide a level of care and supervision appropriate to the participant's needs while their family or other primary caregiver(s) are temporarily relieved from daily caregiving demands. Respite care may take place in a residential setting, institutional setting, the home of the participant, the home of a caregiver, or in other community settings, as outlined below.

Respite care services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of respite care services that may be delivered remotely.

Payment for the provision of respite care is subject to statewide uniform rates. See the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

Residential Respite

Residential respite may be used for overnight stays or partial day stays for the participant, in settings that are otherwise eligible living situations for the CLTS Waiver Program.

Residential respite may be provided in the following settings:

- Adult family home (AFH) certified for one or two persons.
- AFH licensed for three or four persons.
- Children's foster home, including exceptional treatment foster home.

Institutional Respite

Institutional respite may be used for overnight stays or partial day stays for the participant, in settings that are not otherwise eligible living situations for the CLTS Waiver Program.

All institutional respite requires prior approval from the Wisconsin Department of Health Services (DHS).

Institutional respite care services may be provided in the following settings:

- Community-based residential facility (CBRF)
- Group home for children and youth
- Hospital
- Intermediate care facility/individuals with intellectual disabilities (ICF/IID)
- Nursing home
- Residential care center (RCC) for children and youth
- Shelter care facility
- Wisconsin state developmental disability center
- Wisconsin state mental health institution

Home-Based Respite

Home-based respite may be used for overnight stays or partial day stays for the participant, in their primary residence or at the home of a caregiver.

Community Respite

Community respite may be used for partial day stays for the participant (and not for overnight stays) in the community.

Respite Camp

Respite camp may be used for overnight stays or partial day stays for the participant when the primary purpose of the service is to temporarily relieve parent(s) or legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to

make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) from daily caregiving demands.

4.6.26.2 Service Requirements

- All providers of respite services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children’s Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.
- Institutional respite care services require prior approval by DHS, except in an emergency situation. Emergency situation is defined as a situation in which the primary caregiver suddenly or unexpectedly becomes unable to provide care due to death, illness, disability, or other unanticipated event.

All institutional respite requires prior approval from DHS. The request for prior approval must include the following information:

- The reason for the request, identifying the caregiver in need of respite.
- The anticipated length and frequency of the respite placement.
- A description of the barriers to the use of alternative community-based services.
- A list of providers that were considered and why these providers cannot meet the participant’s needs.
- A description of the proposed respite setting and the reasons that setting was chosen, including confirmation of appropriate licensure and how the setting will benefit and meet the needs of the specific participant.
- An assurance that restrictive measures will not be used, or if they’re likely to be used, a restrictive measures application must be submitted with the institutional respite request.

The request may be made using the DHS form [Variance Request for Institutional Respite \(F-21059\)](#).

Approval for institutional respite is specific to the participant, setting, and duration specified in the request. If the setting, duration, or other approved criteria change, a new request must be submitted.

- When home-based respite care services are provided in a private home other than the home of the participant the following conditions apply:
 - When the planned length of stay is to be **72 hours or less**:
 - The home is the preferred choice of the participant and their primary caregiver, and
 - The caregiver assures that the home is safe, and the respite provider is trained and capable of providing the appropriate level of care and supervision needed.
 - When the planned length of stay is to be **longer than 72 hours**:
 - The support and service coordinator (SSC) must assure that the home meets the specifications in Article V of the [Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes \(P-00638\)](#), Wis. Admin. Code §§ DCF 56.07 and 56.08, and

- The SSC assures that the provider standards for other person appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (refer to Provider Standards and Documentation) are met.

4.6.26.3 Service Limitations

- Respite care stays may not exceed 28 consecutive days.
- Payment for other duplicative services is precluded while the participant is in respite care.
- The cost for transporting a participant during the provision of respite services may be funded through transportation services in addition to the respite service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The components of respite care services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.
- Community respite is limited to partial day stays for the participant and may not be used for overnight stays.

4.6.26.4 Service Exclusions

There are no exclusions beyond those outlined in sections 4.1-4.5 of this manual.

4.6.26.5 Provider Standards and Documentation

General Provider Standards

- Respite care providers must maintain documentation to demonstrate providers and staff meet the training standards as described in the applicable Provider Types and Qualifications below.
- Providers of home-based respite and community respite are required to maintain documentation to demonstrate the applicable standards for the home environment has been met.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Foster homes (agency provider)

Providers must meet the regulations in Wis. Stat. ch. 48 and Wis. Admin. Code ch. DCF 56 and are required to maintain documentation of current licensure or certification. Level 5 exceptional treatment foster home providers (which may be a level 5 exceptional treatment foster home provider licensed in accordance with [Wis. Stat. § 48.62](#) and [Wis. Admin. Code ch. DCF 56](#), a child placing agency licensed in accordance with [Wis. Stat. § 48.60](#) and [Wis. Admin. Code ch. DCF 54](#) that employs and pays staff working in the home that's licensed in accordance with [Wis. Stat. § 48.62](#) and [Wis. Admin. Code ch. DCF 56](#), or a tribal nation that employs and pays staff working in the home that's licensed in accordance with [Wis. Stat. § 48.62](#) and [Wis. Admin. Code ch. DCF 56](#)) must also have a written compliance determination issued by DHS within the last four years to evidence the foster home meets all requirements of the [Medicaid Home and Community-Based Services \(HCBS\) Settings Rule](#).

Community-based residential facility (agency provider)

Providers must meet the regulations in Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 and are required to maintain documentation of current licensure or certification.

Group homes for children (agency provider)

Providers must meet the regulations in Wis. Stat. § 48.67 and Wis. Admin. Code ch. DCF 57 and are required to maintain documentation of current licensure or certification.

Residential care center (RCC) for children and youth (agency provider)

Providers must meet the regulations in Wis. Stat. § 48.68 and Wis. Admin. Code ch. DCF 52 and are required to maintain documentation of current licensure or certification.

RCC respite staff must receive training that is tailored to the participant. Child-specific training must include information about the participant's strengths, goals, and needs, as well as behavior support plans in place for the participant, any unique medical needs, and aspects of the participant's culture.

Shelter care facilities (agency provider)

Providers must meet the regulations in Wis. Admin. Code ch. DCF 59 and are required to maintain documentation of current licensure or certification.

Respite agency (agency provider)

The provider is required to receive training specific for the participant's support and care needs. The provider must complete the required training within six months of beginning employment, unless the participant's individual service plan specifies that training is needed before providing services. Persons providing respite care are required to meet the DHS training requirements below. This includes training on at least the following subjects pertaining to the child or youth served:

- Policies, procedures, and expectations of the provider, including training on participant and provider rights and responsibilities; record keeping and reporting; and other information deemed necessary and appropriate.
- Information specific to disabilities, abilities, needs, functional deficits, and strengths of the population to be served. This training should be person-specific for the participant to be served and generally focused.
- Recognizing and appropriately responding to all conditions that might adversely affect the participant's health and safety including how to respond to emergencies and incidents as defined in Chapter 9.
- Developing interpersonal and communications skills that are appropriate and effective for working with the population to be served. These skills include understanding the principles of person-centered services; person rights; respect for age; cultural, linguistic, and ethnic differences; active listening, responding with emotional support and empathy; ethics in dealings with people including family and other providers; conflict resolution skills; ability to deal with death and dying; and other topics relevant to the specific population to be served.
- Understanding of all confidentiality and privacy laws and rules.
- Understanding of procedures for handling complaints.
- Understanding of the participant who needs support, including personal hygiene needs, preferences, and techniques for assisting with activities of daily living including, where relevant, bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.
- Understanding the personal health and wellness-related needs of the participant needing supports including nutrition, dietary needs, exercise needs, and weight monitoring and control.

Group child care center (agency provider)

Providers must meet the regulations in Wis. Stat. ch. 48 and Wis. Admin. Code ch. DCF 251 and are required to maintain documentation of current licensure or certification.

Family child care center (agency and individual provider)

Providers must meet the regulations in Wis. Admin. Code ch. DCF 250 and are required to maintain documentation of current licensure or certification.

Other agency or person appropriately qualified as approved by DHS and as related to the unique service being provided (agency and individual provider)

The requirements for individual providers are the same as those for respite agency, above.

Day camps (agency provider)

Providers must meet the regulations in Wis. Admin. Code ch. DCF 252, when applicable, and are required to maintain documentation of current licensure or certification.

Respite providers are required to have child-specific training.

Adult family home (individual provider)

Providers must meet the regulations in Wis. Stat. ch. 50 and Wis Admin. Code ch. DHS 88 for Adult Family Homes with 3 or 4 beds, and be certified under Wis. Admin. Code ch. DHS 82 for Adult Family Homes with 1 or 2 beds. Respite providers are required to maintain documentation of current licensure or certification.

4.6.26.6 Service Documentation

- The actual length of the respite stay must be specified in the participant's record maintained by the CWA.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.27 Safety Planning and Prevention

4.6.27.1 Definition

Safety planning and prevention includes items or services that reduce risk or danger to help keep the participant safe in their homes and communities.

Safety planning and prevention services assists participants who, without such supports, are experiencing or likely to experience safety-related challenges at home or in the community as a result of their disability, trauma, behavioral, social, or emotional issues.

This service may be provided in the participant's home or in a community setting and includes working with the child, family, paid and unpaid caregivers, community resources, and/or other CLTS Waiver Program service providers to learn about and prepare for safety and emergency events.

Safety planning and prevention services is appropriate for a variety of emergency preparedness situations, including but not limited to: dangerous behaviors, natural disasters, community events, and in-home safety.

This service includes:

- Safety needs identification and plan development
- Safety plan implementation and monitoring
- Items and supplies necessary for safety and emergency preparedness

A safety plan includes action steps to implement unique strategies or specific protocols that address identified risk factors and/or behaviors of concern and maintain optimal health. The plan focuses on being mindful, family- and participant-centered, and trauma-informed, while supporting the child or youth in the most integrated manner possible. Individualized safety plans should enhance the family and other CLTS Waiver Program providers' ability to keep the child safe and included in their home and community.

Safety needs identification and plan development includes:

- Identifying strengths, desires, support needs, expectations, cultural preferences, non-verbal and verbal communication preferences and abilities, and goals of participant and family.
- Identifying environmental, social, biological factors, and other factors that may contribute to maladaptive behavior or affect safety and well-being.
- Identifying strategies and action steps for prevention/mitigation, preparation, response, and recovery.
 - Examples may include environmental consults and modifications, prevention strategies, de-escalation techniques, blocking and redirection approaches, positive behavior supports, and other non-coercive strategies.

Safety plan implementation and monitoring includes:

- Ensuring the participant and family understand, practice, and implement the plan.
- Develop and manage relationships with relevant professionals and create safety and/or emergency relationships, plans, and/or other documentation for the participant and family.
- Education, training, preparation, engagement, implementation and/or coordination with relevant professionals.
- Instruction and support for unpaid caregivers and/or paid support staff who are implementing support interventions.
- Training and technical assistance to carry out the plan and monitoring of the participant, the paid and unpaid caregivers, and CLTS Waiver Program service providers that are or will be serving participants in the implementation of the plan.
- Consultations with CLTS Waiver Program service providers and potential providers to identify strategies that can meet the unique safety needs of the child/youth and identify additional supports necessary.

Items and supplies necessary for safety and emergency preparedness must be related to the participant's disability, which support the participant's unique needs and increase the family's capacity to care for the participant in their home and community.

Safety planning and prevention services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family.

Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for specific components of safety planning and prevention services that may be delivered remotely.

Payment for the provision of safety planning services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.27.2 Service Requirements

- Safety plans that address dangerous behaviors must be developed by a licensed or certified professional who meets the provider qualifications for this service.
- Training provided to paid caregivers and CLTS Waiver Program service providers must be participant-specific and tailored to meeting the needs of the participant.
- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)
- All providers of safety planning and prevention services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers ([P-02613](#)). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.27.3 Service Limitations

- This service excludes funding for items, training, services, or supports that support the usage of an unapproved restrictive measure.
- This service excludes funding for systems that secure an immediate response and access to assistance in the event of a physical, emotional, or environmental emergency. (Refer to the personal emergency response system service description).
- This service excludes funding for physical alterations of a person's home. (Refer to the home modifications service description.)
- When a participant is determined functionally eligible for the waiver program and indicates they intend to enroll in the program, services or items that support the participant in relocating from an ineligible setting to an eligible setting may be purchased up to 90 days (or longer with prior DHS approval) prior to the date the participant is enrolled in the waiver program. Transitional safety planning and prevention services are covered as an aggregate total on the date of the participant's enrollment in the CLTS Waiver Program.
- The components of safety planning and prevention services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another waiver service category.

- The CLTS Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services available through Comprehensive Community Services and Wraparound.
 - Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.27.4 Service Exclusions

- Excludes items and services that are harmful.
- Excludes payment for lodging and meal expenses while the participant, the participant's caregiver(s), and/or their legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) attend allowable training and/or education events.
- Excludes funding electronic devices or other video monitoring or recording devices that allow an off-site CLTS Waiver Program service provider to monitor and respond to the participant's health, safety, and other needs.

4.6.27.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Cardiopulmonary Resuscitation (CPR) Instructor (agency provider)

Providers must use a curriculum based on American Heart Association guidelines.

Other providers appropriately qualified by DHS and as related to the unique service being provided (agency provider)

Providers of safety planning and prevention services must maintain current state licensure or certification in their field of practice, and may only deliver services within their areas of formal education and training, as directed by their professional code of ethics.

Licensed Professional Counselor (individual provider)

Providers of safety planning and prevention services must maintain current state licensure under [Wis. Stat. ch. 457.12](#), and may only deliver services within their areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Licensed Social Worker (individual provider)

Providers of safety planning and prevention services must maintain current state licensure or certification under [Wis. Stat. ch. 457.08](#), and may only deliver services within their areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Licensed Psychologist (individual provider)

Providers of safety planning and prevention services must maintain current state licensure under [Wis. Admin. Code ch. Psy 2](#), and may only deliver services within their areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Licensed Applied Behavior Analyst (individual provider)

Providers of safety planning and prevention services must maintain current state licensure under [Wis. Stat. § 440.312](#), and may only deliver services within their areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Other persons appropriately qualified as approved by DHS and as related to the unique service being provided (individual provider)

Providers of safety planning and prevention services must maintain current state licensure or certification in their field of practice, and may only deliver services within their areas of formal education and training, as directed by their professional code of ethics.

4.6.27.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.28 Specialized Medical and Therapeutic Supplies

4.6.28.1 Definition

Specialized medical and therapeutic supplies maintain the participant's health, manage a medical or physical condition, improve functioning, or enhance independence.

This service includes items that prevent regression of a participant's condition, maximize integration within the community, and promote and enhance peer interaction and social inclusion. Allowable items may include the following (items listed are illustrative examples and not an exhaustive list):

- Items and aids designed to augment a professional therapy or treatment plan.
- Items and aids to support environmental regulation assessed as necessary for the participant's condition.
- Adaptive aids

Examples of adaptive aids include (items listed are illustrative examples and not an exhaustive list):

- Accessible computer keyboards
- Adaptive accessories
- Adaptive bikes or tricycles
- Adaptive door handles and locks
- Adaptive security systems
- Control switches and pneumatic devices including sip and puff controls
- Electronic control panels
- Environmental control units
- Hygiene and meal preparation aids
- Over the bed tables
- Scald-preventing showerhead
- Specialized clothing
- Standing boards or frames
- Talking alarm clocks

The cost of testing and/or evaluation to determine the appropriateness of specialized medical and therapeutic supplies is also included. The cost of professional set-up, installation, maintenance, and repair (excluding medication setup) of allowable specialized medical and therapeutic supplies are included in this waiver service.

Specialized medical and therapeutic supplies may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for specific components of specialized medical and therapeutic supplies that may be delivered remotely.

4.6.28.2 Service Requirements

- All items and supplies must meet applicable standards of manufacture, design, installation, safety, and treatment efficacy, such as those established by Underwriters Laboratories® and the Federal Communications Commission.
- Items costing in excess of \$2,000 require a DHS tiered notification and review process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)

4.6.28.3 Service Limitations

- Specialized medical and therapeutic supplies are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the participant).
- This service excludes funding for items that support the usage of an unapproved restrictive measure.
- This service includes the purchase of specialized medical and therapeutic supplies that have been denied funding through the Medicaid state plan, as well as supports or services in excess of the quantity approved under the Medicaid state plan, when applicable.
- When a participant is determined functionally eligible for the waiver program and indicates they intend to enroll in the program, services or items that support the participant in relocating from an ineligible setting to an eligible setting may be purchased up to 90 days (or longer with prior DHS approval) prior to the date the participant is enrolled in the waiver program. Transitional specialized medical and therapeutic supplies services are covered as an aggregate total on the date of the participant's enrollment in the CLTS Waiver Program.
- Installation of a specialized medical and therapeutic supply may require a significant change to the structure of the home. In this circumstance, the item being installed must be billed to the specialized medical and therapeutic supplies service, and the home modification must be billed separately to the home modification service.
- The components of specialized medical and therapeutic supplies that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.28.4 Service Exclusions

This service excludes medication setup charges, which are covered by the Medicaid state plan-covered service.

4.6.28.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Pharmacy (agency provider)

Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Medical supply company (agency provider)

Medical supply companies must be certified under Wis. Admin. Code ch. DHS 105. Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Other providers appropriately qualified as approved by DHS and as related to unique service being delivered to the child (agency provider)

Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Authorized dealers (individual provider)

Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Durable Medical Equipment Provider (individual provider)

Providers must be appropriately qualified to distribute durable medical equipment.

Other providers appropriately qualified as approved by DHS and as related to unique service being delivered to the child (individual provider)

Providers are required to have demonstrated skills related to the specific area of content for the identified outcome of the participant. Providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

4.6.28.6 Service Documentation

- For items costing in excess of \$2,000, the CWA is required to maintain documentation from a rehabilitation organization, physical therapist, occupational therapist, physician, or other professional with comparable training and experience that indicates the purchase is appropriate to the needs of the participant.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
- The CWA is required to maintain documentation, when applicable, that the specialized medical or therapeutic supply has been denied by, or cannot be obtained through, the Medicaid state plan.

4.6.29 Support and Service Coordination

4.6.29.1 Definition

This service includes coordinating or facilitating access to all services and supports, both formal and informal, which are needed by the participant and family to meet their identified outcomes.

Support and service coordination assists a participant and their family to achieve an inclusive, interdependent, and self-empowered life. The participant's support and service coordinator (SSC) uses their knowledge of available programs, resources, and services to create an individualized service plan that best supports the participant and family in pursuit of their desired outcomes. This includes connecting families to supports throughout the community and promotes the participant's self-determination and involvement in all facets of community life.

A primary responsibility of the SSC is promoting the participant's health, safety, and welfare in their home and community, which is accomplished through a broad range of activities, including:

- General activities
 - Assisting to establish and maintain all aspects of program functional and financial eligibility.
 - Assessing and periodically reassessing the participant's health, safety, and functional capacity.
 - Collaborating with the participant and their family to establish, enrich, and maintain the participant's individualized support system.
 - Identifying vulnerable and high-risk children and ensuring heightened care coordination, collaborating with other agencies when applicable. (Refer to Chapter 1, Overview and Administration.)
 - Providing crisis and incident intervention and resolution.
 - Compiling and maintaining required documentation.
- Service plan development and execution
 - Developing outcomes and arranging and managing multiple service providers and the participant's natural supports to meet those outcomes.
 - Completing, reviewing, and updating the service plan at the required intervals. (Refer to Chapter 7, Individual Service Plan.)
 - Authorizing supports and services provided through the CLTS Waiver Program.
 - Managing the coordination of benefits for the supports and services in the service plan according to the payment responsibilities of each service provider. (Refer to Service Limitations.)
 - Providing instruction to the participant and their family and/or advocates to independently obtain access to services and supports, regardless of funding source.
 - Evaluating the effectiveness of services.
 - Monitoring progress toward meeting the participant's identified outcomes.
- Programmatic and developmental transitions
 - Providing transitional support for CLTS Waiver Program enrollment and disenrollment.
 - Assisting the participant to locate safe and appropriate housing, including the determination of the efficacy of substitute care settings.
 - Assisting the participant to pursue vocational and/or educational opportunities.
 - Supporting transition planning processes (for example, child-adult at age 14) in accordance with requirements outlined in Chapter 10, Transition.
- Cross-system coordination

- Advocating and providing information for coordination with other services and resources: Court-ordered, juvenile justice, or child protective services, including protective payment and guardianship or legal services
- Referring and assisting the participant to access:
 - Public benefits, energy assistance, or other poverty-related services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services) and mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act, including those provided by the Birth to 3 Program.
 - Prevocational related services funded by the Department of Workforce, Division or Vocational Resources.

Support and service coordination services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Program Benefit Code Cross Walk ([P-02283](#)) and Section 4.6.29.2, Support and Service Coordination Service Requirements for the specific authorization components of support and service coordination services that may be delivered remotely.

4.6.29.2 Service Requirements

- SSCs are required to complete the [Mandated Reporter Online Training](#) created by the Wisconsin Child Welfare Professional Development System and follow the procedures for mandated reporting of abuse and neglect ([Wis. Stat. § 48.981\(3\)](#)). These procedures must be followed when there is reasonable cause to suspect that a participant has been abused or neglected, threatened with abuse or neglect, or that abuse or neglect of the participant will occur.
- All providers of support and service coordination services are required to report any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of a participant to DHS. (Refer to Chapter 9 for additional information about incidents and incident reporting requirements.)
- The SSC is responsible to verify that services are delivered in accordance with CLTS Waiver Program requirements and the participant's identified outcomes.
- Every participant and their family require varying levels of engagement with the SSC. At a minimum, the SSC is required to make the following contacts:
 - Monthly collateral contact
 - Direct contact with the family every three months
 - In-person contact at least every six months (with the participant)
 - Annually, at least one of the in-person contacts is required to take place at the participant and family's place of residence.

The determination of the type and frequency of contacts with the participant, their caregivers, and their providers is based on the following variables as applicable:

- The participant's health
- The capacity of the participant and their family to direct the participant's individual service plan
- The strength of in-home supports and the participant's informal support network
- The stability of provider staffing (frequency and reliability of staffing, turnover, and availability of emergency backup staff)
- The stability of the participant's individual service plan (for example, history of and/or anticipated frequency of change or adjustment to the plan)
- The frequency and types of incidents
- The amount and types of involvement with other systems

Direct contact with the family includes remote contact using audio and visual communication technology (under remote services), written or email exchanges, phone conversations, or in-person contact. A collateral contact includes remote contact using audio and visual communication technology (under remote services), written or email exchange, phone conversation, or in-person contact with the participant's family member, medical or social services provider, or other person with knowledge of the participant's long-term support needs.

4.6.29.3 Service Limitations

- The authorization components of support and service coordination services that may be delivered by remote services are limited to those outlined in the CLTS Program Benefit Code Cross Walk ([P-02283](#)) and in Section 4.6.29.2, Support and Service Coordination Service Requirements.
- When a participant is determined functionally eligible for the waiver program and indicates they intend to enroll in the program, services or items that support the participant in relocating from an ineligible setting to an eligible setting may be purchased up to 90 days (or longer with prior DHS approval) prior to the date the participant is enrolled in the waiver program. Transitional support and service coordination services are covered as an aggregate total on the date of the participant's enrollment in the CLTS Waiver Program.
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and

preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.

- Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.29.4 Service Exclusions

This service excludes the optional targeted case management benefit under the Medicaid State Plan.

4.6.29.5 Provider Standards and Documentation

General Provider Standards

- The SSC is required to be knowledgeable of the service delivery system, the availability of integrated services and resources, or the need for such services and resources to be developed.
- All SSCs are required to complete the following trainings. The SSC must work under the direct supervision of a qualified SSC or supervisor until they complete both trainings:
 - DHS [CLTS Program Training for Support and Service Coordinators](#). The county waiver agency (CWA) is required to maintain documentation from DHS that the waiver basics course was successfully completed.
 - [Mandated Reporter Online Training](#) created by the Wisconsin Child Welfare Professional Development System.
- The CWA is required to maintain documentation to demonstrate the SSC meets the required qualifications.
- SSCs are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Refer to Section 4.2, Provider Qualification Process and Requirements, for additional information.

Provider Types and Qualifications

Social worker (individual provider)

The provider must be licensed or certified under [Wis. Stat. § 457.08](#) and have a minimum of one year of experience working with children and/or youth with disabilities.

Other person appropriately qualified as approved by DHS and as related to the unique service being provided (individual provider)

Support and service coordinators must meet any one of the following standards:

- The skills and knowledge typically acquired through a course of study and practice experience that meets requirements for state certification or licensure as a social worker and also one year of experience with the target group(s) for which they are employed.

- A course of study leading to a Bachelor of Arts or Bachelor of Science degree in a health or human services-related field and one year of experience working with persons of the specific target group(s) for which they are employed.
- An associate's degree in a human services-related field and two years of experience working with persons of the specific target group(s) for which they are employed.
- Any combination of training in a health or human services-related field and experience in long-term care case management and/or case management for individuals with disabilities or special needs that totals four years. Examples include but are not limited to: One year of coursework or training in a human services-related field and three years of experience in long-term care case management, or four years of experience in long-term support case management.

4.6.29.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.30 Transportation

4.6.30.1 Definition

Transportation maintains or improves the participant's mobility in the community and increases their inclusion, independence, and participation in the community.

This service funds the participant's nonmedical, nonemergency transportation needs related to engaging with their community—with the people, places, and resources that are meaningful for their self-determination—and to meet their goals and daily needs. If the participant needs transportation to access authorized CLTS Waiver Program services, it may be reimbursed through this service. Additionally, the fare or other transportation charges for an attendant (including parents and/or legal representatives — A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), if needed, to accompany the participant when accessing the community is included.

Transportation includes mileage or pre-purchase or provision of transportation fare but not both, with the exception of wheelchair-accessible transportation.

- Mileage is calculated based on the starting and ending points of a trip and is approved by the number of miles needed.
- Per-trip fares are covered as one-way trips. A "round-trip" (for example, a participant traveling from their home to an authorized CLTS Waiver Program service and then back to their home) is covered as two one-way trips.
- When a participant requires wheelchair-accessible transportation this service may fund both a per-trip fare and a mileage claim for their transport.

Transportation services include pre-purchase or provision of the following:

- Bus tickets
- Train passes
- Taxi vouchers
- Ride-share
- Other transportation fare

Parents or legal representatives (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) of participants may provide transportation and receive mileage reimbursement if they meet all transportation provider qualifications and at least one of the following circumstances are present:

- There is no available qualified provider in the participant's region.
- There is no qualified provider who can furnish services at necessary times and places.
- The ability of a relative or legal representative to meet the participant's unique needs.

Payment may only be made to parents for transportation related to the participant's disability that exceeds transportation a parent would customarily provide to a child without a disability.

Payment for the provision of transportation services is subject to statewide uniform rates. See the [Children's Long-Term Support \(CLTS\) Waiver Program Service Rates webpage](#) for additional information.

4.6.30.2 Service Requirements

All providers of transportation are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the participant. Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.30.3 Service Limitations

- This service is limited to transportation that assists or improves a participant's general mobility; ability to perform instrumental activities of daily living (shopping, banking, and so on); and ability to access community resources, employment, or other activities as described in the participant's assessment and individual service plan.
- This service is limited to costs associated with the participant's transportation and any transportation costs for an attendant to accompany the participant, when needed. This service cannot fund costs associated with a caregiver's transportation to and from their shift with the participant.
- This service cannot be used to pay for transportation costs that are the responsibility of the school district.

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.30.4 Service Exclusions

- Transportation cannot be used for payment of participant copayment charges for Medicaid-funded transportation.
- Transportation cannot be used to fund the cost of a participant driving themselves to a location.
- This service excludes the rental or leasing of accessible vans or any other vehicle.
- This service excludes maintenance costs for the participant's vehicle or their family's vehicle.
- This service excludes vehicle adaptations and modifications. These costs may be allowed through vehicle modifications.
- This service excludes attendant costs related to care or supervision services. These costs may be allowed through personal supports.
- This service excludes the cost of transportation to and from medical providers.

4.6.30.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Specialized transportation agency (agency provider)

Providers are required to meet all standards of specialized transportation in [Wis. Stat. § 85.21](#), have a current driver's license issued by the Department of Transportation, and have current insurance.

Vehicles used to provide transportation must be insured, with all operating and safety systems functioning.

Public carriers (agency provider)

Providers are required to have a current driver's license issued by the Department of Transportation and current insurance. Mass transit carriers are required to meet all standards in [Wis. Stat. § 85.20](#).

Types of transportation provided by public carriers includes and is not limited to the purchase of bus tickets, train passes, taxi vouchers, or other fare for transportation (such as taxi cabs or mass transit).

Private drivers (individual provider)

Providers are required to have a current driver's license issued by the Department of Transportation and current insurance. Vehicles used to provide transportation must be insured, with all operating and safety systems functioning.

4.6.30.6 Service Documentation

The county waiver agency is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.31 Vehicle Modifications

4.6.31.1 Definition

Vehicle modifications accommodate the specialized needs of the participant and enable them to integrate more fully into the community and promotes their health, welfare, and safety.

Vehicle modifications are physical adaptations or alterations to the vehicle that is the participant's primary means of transportation. This service includes the purchase of vehicle modifications that allow the vehicle to be used by the participant to access the community, or those costs associated with the maintenance or repair of these items. Examples include but are not limited to vehicle lift/transfer units (manual, hydraulic, or electronic) and vehicle hand controls.

Costs covered under vehicle modifications:

- Testing, inspection, and/or evaluation to determine the appropriateness of a vehicle modification
- Materials, installation, maintenance, and repair of allowable vehicle modifications
- Extended warranties for modifications under this service
- Vehicle rental during the time when the vehicle a participant will use is undergoing modifications covered by this service

Vehicle modification services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the participant. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific authorization components of the vehicle modification service that may be delivered remotely.

4.6.31.2 Service Requirements

- Systems or devices purchased as vehicle modifications must meet all applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).
- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)

4.6.31.3 Service Limitations

- This service may not duplicate any service that is provided under another waiver service category.
- The authorization components of the vehicle modification service that may be delivered by remote waiver services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.

- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.
- When a participant is determined functionally eligible for the waiver program and indicates they intend to enroll in the program, services or items that support the participant in relocating from an ineligible setting to an eligible setting may be purchased up to 90 days (or longer with prior DHS approval) prior to the date the participant is enrolled in the waiver program. Transitional vehicle modification services are covered as an aggregate total on the date of the participant's enrollment in the CLTS Waiver Program.

4.6.31.4 Service Exclusions

- This service excludes adaptations or improvements to a vehicle that are of general utility and are not of direct medical or remedial benefit to the participant.
- Purchase or lease of a vehicle are excluded from this service.
- This service excludes regularly scheduled upkeep and maintenance of a vehicle other than upkeep and maintenance of modifications covered under this service.

4.6.31.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Waiver Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

Any agencies appropriately qualified as approved by DHS and as related to the unique service being provided to the target group (agency provider)

The providers of systems or devices purchased as vehicle modifications are required to ensure that such items meet all applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Durable Medical Equipment Provider (individual provider)

Providers must be appropriately qualified to distribute durable medical equipment.

4.6.31.6 Service Documentation

- For vehicle modifications costing in excess of \$2,000, the county waiver agency (CWA) is required to document that the purchase is appropriate to the specific needs of the participant. This documentation must be provided by a rehabilitation organization; an independent living center; a physical, occupational, or speech therapist; a physician; or another recognized professional with comparable training and experience.

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.6.32 Virtual Equipment and Supports

4.6.32.1 Definition

Virtual equipment and supports allow a participant to access other CLTS Waiver Program services that are delivered remotely.

This service includes the initial purchase of items or services a participant needs to participate in the remote delivery of other CLTS Waiver Program services. Items and services covered under the virtual equipment and supports service include but are not limited to the following:

- Electronic devices (hardware) such as computers (desktop, laptop, tablets, smart phone, etc.), microphones, monitors, microphones, earphones, cameras, modems, routers, and hot spots
- Warranties, extended warranties, and protection plans for items covered under this service
- Computer programs and applications (software)
- Professional set-up, installation, and routine maintenance of items covered under this service

Virtual equipment and supports may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)) for the specific components of virtual equipment and supports that may be delivered remotely.

4.6.32.2 Service Requirements

- All electronic devices must meet applicable standards of manufacture, design, installation, safety, and treatment efficacy, such as those established by Underwriters Laboratories® and the Federal Communications Commission.
- Items covered under this service that are not working properly or need repair must be repaired per the terms of the warranty.
- Items costing in excess of \$2,000 require a DHS tiered notification process.
 - [Children's Long-Term Support Waiver High-Cost Notification \(F-21353\)](#)
 - [Children's Long-Term Support Waiver High-Cost Notification Instructions and Typical Ranges \(F-21353i\)](#)

4.6.32.3 Service Limitations

- Virtual equipment and supports do not include services delivered by caregivers (persons who have regular, direct contact with the participant).
- Payment of recurring costs for the same or similar equipment is not allowable through this service unless it is determined that the item or device has exhausted its useful life or has

been rendered unsafe or unusable due to damage or defect. This limitation does not apply to ongoing service charges for a device covered under this service or to virtual equipment and supports-related subscriptions.

- The components of virtual equipment and supports that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk ([P-02283](#)).
- This service may not duplicate any service that is provided under another CLTS Waiver Program service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.32.4 Service Exclusions

- The virtual equipment and supports services excludes the purchase of equipment and related services used only for recreational purposes.
- The purchase of items and services used for the sole purpose of engaging in telehealth or remote delivery of services covered by programs other than the CLTS Waiver Program may not be covered under this service.

4.6.32.5 Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider enrollment process to qualify providers.
- For more information related to CLTS Program service providers, refer to the [What is a CLTS Provider? webpage](#).

Provider Types and Qualifications

All providers of systems or devices are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratories®, Federal Communications Commission, etc.).

Telecommunications equipment or maintenance provider (agency provider)

Any agency appropriately qualified as approved by DHS and as related to the unique service being provided to the target group (agency provider)

Telecommunications equipment or maintenance provider (individual provider)

Any persons appropriately qualified as approved by DHS and as related to the unique service being provided to the target group (individual provider)

4.6.32.6 Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

4.7 Resources

- [§ 1915\(b\)\(4\) waiver application](#)
- [42 CFR § 431.51](#)
- [42 U.S.C. § 18116](#)
- [81 Fed. Reg. 31376 et seq. \[May 18, 2016\]](#)
- [Children's Community Options Program \(CCOP\) Procedures Guide \(P-01780\)](#)
- [CLTS Exceptional Expense Notification Instructions \(F-02749i\)](#)
- [CLTS One Time High-Cost Notification \(F-21353\)](#)
- [CLTS Waiver Exceptional Expense Notification \(F-02749\)](#)
- [CLTS Waiver High-Cost Request Instructions and Typical Ranges \(F-21353i\)](#)
- [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#)
- [CLTS Provider Directory](#)
- [CLTS Provider Registry](#)
- [CLTS Waiver Program Rate Schedule \(P-02184\)](#)
- [CLTS Waiver Program Service Rates](#)
- [CLTS Waiver Program Supports and Services at a Glance \(P-02570\)](#)
- [CLTS Providers and Services at a Glance \(P-03181\)](#)
- [CLTS Waiver Program Third Party Administration \(TPA\) Claims Processing](#)
- [Cost-Based Outlier form \(F-02538A\)](#)
- [Outlier Rate Request Guidelines \(P-02274\)](#)
- [Section 1557 of the Patient Protection and Affordable Care Act of 2010](#)
- [Title VI of the Civil Rights Act of 1964](#)

- [U.S. DHHS Office of Inspector General's List of Excluded Individuals and/or Entities](#)
- [U.S. HHS Office for Civil Rights](#)
- [Wis. Stat. § 77.54\(9a\)\(e\)](#)
- [Wis. Stat. § 940.285](#)
- [Wis. Stat. § 940.295](#)
- [Wis. Stat. Chapter 77, Subchapter III](#)
- [Wisconsin Children's Long-Term Support \(CLTS\) Waiver Provider Registration for County Waiver Agencies \(F-02341A\)](#)

4.7.1 CLTS Medicaid provider agreements

- [County Waiver Agencies \(F-02349\)](#)
- [Service Providers \(F-03344\)](#)

4.7.2 Service Provision from Parents, Relatives, Legal Guardians

Service	May the service be provided by...?		
	Parent	Relative	Legal Guardian
Adult family home	No	Yes	Yes
Assistive technology	No	Yes	Yes
Child care services	No	Yes	Yes
Children's foster care	No	Yes	Yes
Communication assistance for community inclusion	No	Yes	Yes
Community/competitive integrated employment - individual	No	Yes	Yes
Community/competitive integrated employment – small group	No	Yes	Yes
Community integration services	No	Yes	Yes
Counseling and therapeutic services	No	Yes	Yes
Daily living skills training	No	Yes	Yes
Day services	No	Yes	Yes
Discovery and career planning	No	Yes	Yes
Empowerment and self-determination supports	No	Yes	Yes
Family/unpaid caregiver supports and services	No	Yes	Yes
Financial management services	No	No	No

Service	May the service be provided by...?		
	Parent	Relative	Legal Guardian
Grief and bereavement services	No	Yes	Yes
Health and wellness	No	Yes	Yes
Home modification	No	Yes	Yes
Housing support services	No	Yes	Yes
Mentoring	No	Yes	Yes
Participant and Family Directed Goods and Services	No	Yes	Yes
Participant and Family-Direction Broker Services	No	No	No
Personal emergency response system (PERS)	No	Yes	Yes
Personal supports	No	Yes	Yes
Relocation services	No	Yes	Yes
Respite	No	Yes	Yes
Safety planning and prevention	No	Yes	Yes
Specialized medical and therapeutic supplies	No	Yes	Yes
Support and service coordination	No	No	No
Transportation	Yes	Yes	Yes
Vehicle modifications	No	Yes	Yes
Virtual equipment and supports	No	Yes	Yes

4.7.3 Completing a Wisconsin Caregiver Background Check

- The background check process is initiated when the prospective caregiver submits a completed [Background Information Disclosure form \(F-82064\)](#) to the employing agency.
- The agency retains the [F-82064](#) form and submits a Wisconsin Criminal History Single Name Record Request form ([DJ-LE-250](#) or [DJ-LE-250A](#)) to the Department of Justice, Crime Information Bureau.
- The requesting agency checks the Caregiver box on the [DJ-LE-250](#) or [DJ-LE-250A](#) to receive a complete background check report, including substantiated findings of abuse and, neglect, or licensure restrictions.
- The Department of Justice then sends written results of the record search to the requesting agency, which includes the following:

- Wisconsin DOJ response (indicates either “no record found” or the person’s criminal history record transcript)
- DHS “Response to Caregiver Background Check” letter (includes caregiver misconduct administrative findings or licensing restrictions from Wisconsin regulatory agencies).

4.7.4 Barring Offenses for CLTS Caregivers

Below is the list of convictions that bar an individual from being a caregiver in the CLTS Program. The table below lists all “Serious Crimes” that are referenced in state statute as barring offenses. According to [Wis. Admin. Code § DCF 12.02\(24\)](#), some of these convictions for serious crimes are only a barring offense if committed within the last 5 years. These are indicated with an “X” in the column titled “Only Barring if Convicted in the Last 5 Years.”

Barring Offenses for CLTS Caregivers	
Code or Statute	Description
N/A	Conviction of child abuse, neglect, or maltreatment.
940.285 & 940.295	A violation of the Vulnerable Adult Law.
N/A	A felony involving physical harm to any participant enrolled in this program or a participant of any other health or human service program.
50.065(1)(e)(1) 50.065(1)(e)(2) DCF 12.02(24) 48.685(1)(c) 48.685(5)(bm)4	A “Serious Crime” as laid out in statutes (see below for full list).
DHS 12.06	An offense that is deemed substantially related to the care or service being provided.

Convictions Considered “Serious Crimes” in Statute		
Criminal Code	Description	Only Barring if Convicted in the Last 5 Years
125.075(1)	Injury or death by providing alcohol beverages to a minor	X
125.085(3)(a)2	Make, alter, duplicate ID for money or compensation	X
125.105(2)	Impersonating an Officer	X

Convictions Considered "Serious Crimes" in Statute		
Criminal Code	Description	Only Barring if Convicted in the Last 5 Years
125.66(3)	Make or rectify intoxicating beverage without an appropriate permit	X
125.68(12)	Recover, use, conceal or dispose of alcohol derived from denatured alcohol	X
346.63(1)	Operating or causing injury by intoxicated use of a motor vehicle that is a felony under Wis. Stat 346.65(2)(am)4., 5., 6., or 7. or (f)., (2j)(d) or (3m)	X
940.01	First Degree Intentional Homicide	
940.02	First Degree Reckless Homicide	
940.03	Felony Murder	
940.05	Second Degree Intentional Homicide	
940.09	Homicide by intoxicated use of vehicle or firearm	X
940.12	Assisting Suicide	
940.19(2) (3) (4) (5) or (6)	Battery	
940.198(2)	Physical Abuse of an Elder Person	
940.20	Battery; Special Circumstances	X
940.203	Battery or threat to an officer of the court or law enforcement officer	X
940.204	Battery or threat to health care providers and staff	X
940.205	Battery or threat to department of revenue employee	X
940.207	Battery or threat to department of safety and professional services or department of workforce development employee	X
940.22(2)	Sexual Exploitation by Therapist	
940.225(1) (2) or (3)	First-, Second-, or Third-Degree Sexual Assault	
940.25	Injury by intoxicated use of a vehicle	X
940.285(2)	Abuse of Individuals at Risk	

Convictions Considered “Serious Crimes” in Statute		
Criminal Code	Description	Only Barring if Convicted in the Last 5 Years
940.29	Abuse of Residents and Penal Facilities	
940.295	Abuse and Neglect of Patients and Residents	
940.302	Human Trafficking	
948.02(1)	First Degree Sexual Assault of Child	
948.02(2)	Second Degree Sexual Assault of a Child	
948.025	Engaging in repeated acts of sexual assault of the same child	
948.03(2)(a) (b) or (c)	Physical Abuse of Child	
948.03(5)(a)	Repeated Acts of Physical Abuse of Child	
948.05	Sexual Exploitation of a Child	
948.051	Trafficking of a Child	
948.055	Causing a child to view or listen to sexual activity	
948.06	Incest with a Child	
948.07	Child Enticement	
948.08	Soliciting a Child for Prostitution	
948.081	Patronizing a Child	
948.085	Sexual Assault of a Child Placed in Substitute Care	
948.11(2)(a) or (am)	Exposing a child to harmful material or harmful descriptions or narrations	
948.12	Possession of child pornography	
948.125	Possession of virtual child pornography	
948.13	Child sex offender working with children	
948.21	Neglecting a Child	
948.215	Chronic Neglect	
948.30	Abduction of Another’s Child	
948.53	Child Unattended in Child Care Vehicle	

Convictions Considered "Serious Crimes" in Statute		
Criminal Code	Description	Only Barring if Convicted in the Last 5 Years
961	Any felony committed under Ch. 961, the Uniform Controlled Substances Act	X

Chapter 5—Use of Funding in Substitute Care

5.1 Allowable Substitute Care Settings

The CLTS Waiver Program can provide services for eligible participants residing in foster care homes (levels 1–5) or adult family homes. Provider standards and requirements for delivering children’s foster care and adult family home services through the CLTS Waiver Program are outlined in Chapter 4 of this manual.

County waiver agencies (CWAs) are responsible for collaborating with professionals from other programs and systems serving children and youth residing in these substitute care settings to coordinate the services and supports available to them and ensure all applicable service standards are met.

- Regulations and standards for foster care homes are administered by DCF. When services authorized through the CLTS Waiver Program are provided to a participant residing in a level 5 foster home, the CWA is required to maintain an approval letter from the DCF Exceptions Panel.
- Adult Family Home regulations and standards are administered by both DHS and local county authorities.

5.2 Determining Allowable Costs

Some aspects of children’s foster care and adult family home services that are associated with resident care and supervision may be authorized through the CLTS Waiver Program when the CLTS Waiver Program is the payer of last resort.

CWAs must complete a CLTS Exceptional Expense Notification ([F-02749](#)) for participants with an Individual Service Plan (ISP) that meets the exceptional expense criteria and who reside in or are being placed in a level 5 foster home.

CLTS may contribute up to the maximum amount of the highest Residential Care Center (RCC) facility on the Wisconsin Department of Children and Families’ [RCC daily rate schedule](#) for children’s foster care services for participants who reside in or are being placed in a level 5 foster home. If children’s foster care services costs exceed the RCC maximum amount, the CWA must include the level 5 foster home budget as part of the CLTS Exceptional Expense Notification submission.

DHS will review the budget and may approve costs that exceed the maximum amount after unallowable costs, including basic care and supervision and room and board, have been removed. CWAs do not need to submit the level 5 foster home budget as part of the CLTS

Exceptional Expense Notification submission if the CLTS-allowable amount for children's foster care services is at or below the RCC maximum amount.

5.2.1 Resident Care and Supervision

For participants who reside in or are being placed in a level 5 foster home, the basic cost of care and supervision may not be authorized through the CLTS Waiver Program. The basic cost of care and supervision for a level 5 foster home is defined as 1:1 direct care staffing per level 5 foster home. If additional direct care staffing is appropriate and addresses the participant's identified outcomes, those care and supervision costs may be authorized through the CLTS Waiver Program, subject to DHS approval through the exceptional expense process (refer to § 4.5.2).

The following costs that apply to foster parents or foster care or adult family home providers are considered resident care and supervision and may be authorized through the CLTS Waiver Program when the CLTS Waiver Program is the payer of last resort. (Items listed are illustrative examples and not an exhaustive list.)

- Salaries²
- Fringe benefits (employee health and/or life insurance, employer contribution to retirement plans)
- Federal Insurance Contributions Act (FICA) withholding
- Workers' compensation
- Unemployment compensation
- Staff travel
- Resident travel, including depreciation on facility vehicle, contract transportation services, public transit, and mileage payments to staff
- Staff and/or agency liability insurance
- Staff development and/or education

5.2.2 Administrative Costs

Administrative costs apply only to participants residing in a level 3, 4, or 5 treatment foster home. CWAs must comply with the standards outlined in [Memo 2024-01 "Children's Long-Term Support Program Funding Guidance for Children's Foster Care Services"](#) for coverage of administrative costs through the CLTS children's foster care service.

² In certain circumstances a facility staff person's wages and benefits may be apportioned between room and board costs and care and supervision costs. For example, an employee may have separate duties that include specified time providing building and grounds maintenance (room and board) and specified hours providing resident supports (care and supervision).

5.2.3 Room and Board

Room and board costs associated with children's foster care and adult family home services may not be authorized through the CLTS Waiver Program. CWAs are responsible for ensuring room and board expenses for these services are not authorized through the program.

The list below provides examples of expenses that are attributable to room and board for children's foster care and adult family homes. (Items listed are illustrative examples and not an exhaustive list.)

- Housing
- Food
- Property taxes
- Household supplies specific to the child or youth (if applicable)
- Utilities (electricity, water and sewer, heating fuel)
- Household phone
- Cable television

The method of calculating the cost of room and board is the same for children's foster care and adult family homes: subtract the total room and board costs from the overall facility rate and divide this total by the number of people residing in the home.

For calculating room and board costs for children's foster care, the itemization of room and board reduces the basic foster care rate as well as the supplemental and exceptional rates. The CWA must identify and separate any of the expenses listed above from the basic foster care rate, supplemental rate, and exceptional rate, and document them as room and board rather than care and supervision. To calculate the costs for housing and food, use the [Understanding the Uniform Foster Care Rate brochure \(DCF-P-PFS0142\)](#):

- Housing - Deduct the applicable percentage from the basic rate or rent; depreciation and mortgage, interest, and insurance (title, mortgage, property and casualty); or building and/or grounds maintenance costs.
- Food – Deduct the applicable percentage from the basic rate or the monthly food budget for the household.

For room and board costs for adult family home services, refer to the participant's agreement for services, as required by Wis. Admin. Code §§ [DHS 82.06\(3\)](#) and [DHS 88.06\(2\)\(b\)](#).

5.2.4 Documenting Costs

CWAs are responsible for maintaining facility-specific documentation and participant-specific documentation that itemizes costs for children's foster care and adult family home services. (Refer to Chapter 4.6, Allowable Services.) For both of these services, care and supervision costs, any applicable administrative costs, and room and board costs must be included on the participant's ISP. The ISP needs to clearly indicate the foster care and adult family home costs

that are authorized through the CLTS Waiver Program and any costs that are funded through an alternate source. Documentation of these itemized costs must be updated at least annually.

Foster care uses a uniform rate methodology that breaks down foster care costs and may assist with this documentation. (Refer to [Uniform Foster Care Rate Setting Policy](#).) Instructions and forms for calculating foster care expenses are located at the end of this chapter in Section 5.5—Resources.

For a breakdown of costs for adult family home services, refer to the participant's agreement for services, as required by Wis. Admin. Code §§ [DHS 82.06\(3\)](#) and [DHS 88.06\(2\)\(b\)](#).

5.3 Ability to Pay Room and Board

If room and board expenses for foster care or adult family home services are more than the participant's available resources, the expenses cannot be authorized through the CLTS Waiver Program. In this case, alternate sources of funding for the cost of room and board may be considered.

5.3.1 Determining the Amount of Income Available to Pay for Room and Board in an Adult Family Home

For a participant residing in an adult family home, the CWA must use the [Formula to Determine Amount of Income Available to Pay for Room and Board \(F-20920\)](#), with financial information from the [Medicaid Waiver Eligibility and Cost Sharing Worksheet \(F-20919\)](#) or Client Assistance for Re-employment and Economic Support System (CARES) Community Waivers Budget screens. CWAs must not limit or exclude allowable deductions from the participant's income when calculating their ability to contribute toward room and board. The amounts entered on [F-20920](#) should correspond to the figures used in the eligibility calculations on the [F-20919](#) or CARES screen.

The CWA must complete [F-20920](#) when the participant enters an adult family home, review it at each annual recertification, update it whenever the participant's financial situation changes, and maintain this documentation.

5.4 Payment for Children's Foster Care During an Institutional Stay

The costs of children's foster care that are allowable through the CLTS Waiver Program may continue to be covered when a participant enrolled in the program and residing in a foster home enters a Medicaid-certified institution (hospital, nursing home, intermediate care facility for people with intellectual disabilities, or State Center) on a short-term basis and their enrollment in the CLTS Waiver Program is temporarily suspended. Refer to Chapter 4 for additional information about CLTS Waiver Program services and institutional stays.

5.5 Resources

- [Formula to Determine Amount of Income Available to Pay for Room and Board \(F-20920\)](#)
- [Medicaid Waiver Eligibility and Cost Sharing Worksheet \(F-20919\)](#)
- [Regulation of Health and Residential Care Providers](#)
- [Understanding the Uniform Foster Care Rate brochure \(DCF-P-PFS0142\)](#)
- [Wisconsin Department of Children and Families' RCC daily rate schedule](#)

Chapter 6—Enrollment and Recertification

6.1 Enrollment

A child or youth can be enrolled in the CLTS Waiver Program when all of the following criteria are met:

- The child or youth is enrolled in a [full-benefit Medicaid subprogram](#).
- The child or youth meets the CLTS Waiver Program functional institutional level of care (LOC) requirements, as determined by the [Functional Eligibility Screen for Children's Long-Term Support Programs](#) (CLTS FS) ([F-00367](#)).
- The child or youth, when applicable, or their parent(s) or legal representative(s) (hereafter referred to as “participant”) choose to enroll in the CLTS Waiver Program. A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order. The participant and the support and service coordinator (SSC) initiate development of an individual service plan (ISP) that contains preliminarily identified supports and services for the participant.

When all enrollment criteria are met and DHS has determined the eligible participant enrollable (fully funded), the county waiver agency (CWA) enrolls the participant in the DHS [Eligibility and Enrollment Streamlining \(EES\)](#) online system without delay.

The following information details the requirements and process for enrollment in the CLTS Waiver Program. Refer also to the enrollment [graphic](#) as a resource for enrollment processes and timelines.

6.1.1 Requirements and Timelines for Enrollment

Enrollment timelines have been established to ensure a participant has timely access to support and service coordination and other CLTS Waiver Program services that will help them reach their goals. The enrollment process and timelines begin on the date of the participant’s referral to the CLTS Waiver Program and must be complete within 60 calendar days of determining the participant is enrollable. The sections below outline requirements and timelines for the four main components of the enrollment process:

- Referral
- Eligibility
- Enrollment
- ISP Development

6.1.1.1 Referral

Enrollment process and timelines start with a referral.

Referral

A referral is the act of making an initial inquiry or contact (which can include actions as informal as a phone call or email) to the CWA wherein the contact indicates that a child or youth has a disability or exceptional need.

- Calls in which the caller inquires about supports, asks for help, or whose situation suggests the child or youth could reasonably be expected to benefit from services should be considered referrals.
- The parent, legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), or other person acting in the interest of the child or youth does not have to mention specific supports, services, or interest in a specific program for the contact to the CWA to be considered a referral.

The CWA must contact the participant within 10 calendar days of their referral date to schedule a date and time to meet with them. The CWA is responsible for documenting the date of this contact with the participant.

Referral Date

The referral date is the date the initial inquiry or contact was made by a parent, legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), or another person acting in the interest of the child or youth indicating he or she has a child with a disability or exceptional need, which the family is seeking assistance from the CWA in meeting.

A participant has one referral date; when an agency receives a referral, that referral date will be the date the CWA uses when they are notified of a potentially eligible child. Additionally, CWAs must enter the referral date as the participant's start date in the online [DHS Program Participation System \(PPS\)](#). This documentation ensures consistent access and enrollment in the CLTS Program.

The purpose of the meeting scheduled during the CWA's contact with the participant is to discuss pursuing home and community-based services and begin enrollment activities. At the meeting, the SSC reviews documentation and information required to complete an eligibility determination for the CLTS Waiver Program and then completes the CLTS FS if one has not been completed within 12 months.

The meeting is required to take place in the participant's home. The participant and at least one parent or legal representative (A legal representative is someone with court-ordered authority to

act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) must be at the meeting. When it is not in the best interest of a participant for their parent to attend the meeting or when their parent or legal representative is not able to attend the meeting, the meeting may be held with the participant's primary caregiver(s) so long as the CWA obtains consent from the parent or legal representative and documents the consent in a case note. The family may choose to have other people participate in any part of the eligibility and enrollment processes, including the meeting in the home. People who know the participant well can help build a comprehensive picture of the participant.

After contacting the participant for their referral, CWAs must send the participant a letter to verify if a meeting with the participant has or has not been scheduled, as outlined in Chapter 1.4 Program Intake and First-Come, First-Served Policy.

6.1.1.2 Eligibility

Within 45 calendar days from the referral date, the CWA is responsible for completing an eligibility determination for the participant. Refer to Chapters 2 — Eligibility and 3 — Financial Eligibility for requirements and processes for CLTS Waiver Program eligibility determinations.

6.1.1.3 Enrollment

Within 45 calendar days that a participant who wishes to enroll in the CLTS Program becomes enrollable, the CWA is responsible for enrolling them using the DHS [Eligibility and Enrollment Streamlining \(EES\) online system](#) and then beginning service planning. The CWA must also close the participant's profile in the CLTS Program portal in the [PPS](#) online system.

When a participant's functional eligibility is verified by the CLTS FS ([F-00367](#)), DHS considers them enrollable and fully funded. All participants who are enrollable can be enrolled, and do not need to be enrolled in any particular order unless they meet crisis criteria. Refer to Chapter 6.1.2 Policy and Operational Requirements for Crisis Criteria for additional information.

Enrollable

DHS has determined the eligible participant fully funded and CWAs must move to enroll and begin service planning immediately. The date a participant is enrollable starts the timelines for the CWA to contact the participant, verify eligibility, complete the ISP, and schedule and authorize services. Refer to [P-02049](#) for additional information about enrollment timelines.

Fully Funded

All allowable services, authorized and claimed in compliance with CLTS Waiver Program requirements, will be paid by DHS to the CLTS service provider through the third-party administrator (TPA).

Enrollment Effective Date

A participant's enrollment effective date is the first date that CLTS Waiver Program supports and services can be authorized. This date is also referred to as the program start date and must occur within 45 calendar days of the date the participant is enrollable. It is the earliest date when all requirements outlined above for referral and eligibility have been met and the CWA completes a participant's enrollment in the [EES](#) online system. Within 60 calendar days of a participant being enrollable the SSC must complete their ISP.

CWAs must give the participant the [Welcome to the Children's Long-Term Support Program \(P-03010\)](#) document upon the participant's enrollment. CWAs are responsible to customize it with their county contact information. It provides answers to commonly asked questions about the CLTS Waiver Program.

6.1.1.4 ISP Development

Within 60 calendar days of a participant being determined enrollable the SSC must complete their ISP.

When a participant chooses to enroll in the CLTS Waiver Program, the SSC is responsible for initiating the development of an ISP. An ISP is initiated by the participant and SSC when they preliminarily identify supports and services that may be authorized through the CLTS Waiver Program to address the participant's needs. Support and service coordination may initially be the only service authorized through the CLTS Waiver Program for the participant while continuing to develop a full range of services to address the participant's goals.

SSCs complete a participant's ISP in accordance with requirements and processes outlined in Chapter 7—Individual Service Plan, and schedule and authorize CLTS Waiver Program services on the ISP in accordance with requirements and processes outlined in Chapter 4—Provider Requirements and Allowable Services.

CLTS Waiver Program supports and services can be authorized on or after the enrollment effective date, but not earlier. Activities that an SSC conducts to determine eligibility and enroll a participant that take place up to 90 days prior to the program start date can be covered in aggregate as of the enrollment effective date.

6.1.2 Policy and Operational Requirements for Crisis Criteria

Participants meeting crisis criteria require intervention and expedited enrollment and delivery of needed services and supports. Access to enhanced support and service coordination and collaboration with other agencies that may also support the participant is imperative.

Crisis criteria:

- Crisis conditions are present in the participant's life situation. The need must be classified as a crisis if an urgent need is identified as a result of any of the following:

- Substantiated abuse, neglect, or exploitation of the participant in their current living situation.
- The death of the participant’s primary caregiver or the sudden inability of that caregiver or a support person to provide necessary supervision and support and no alternate caregiver is available.
- The lack of an appropriate residence or placement for the participant due to a loss of housing.
- The participant has a documented terminal illness and has a life expectancy of less than six months, based on the opinion of a medical professional appropriately qualified to make such a determination.
- A sudden change in the participant’s behavior or the discovery that they have been behaving in a manner that places anyone with whom the participant shares a residence or in the community at large at risk of harm.
- The CWA finds the health and safety of the participant is in jeopardy due to their primary caregiver’s physical or mental health status.
- The CWA determines the participant is at imminent risk of a more restrictive placement in an intermediate care facility for individuals with intellectual disabilities, nursing home, or other institutional setting.
- The CWA finds other emergency or urgent conditions exist that place the participant at risk of harm.
- The CWA finds the participant is a vulnerable child who is either eligible for more than one of the three target groups served by the CLTS Waiver Program (developmental disability, physical disability, or mental health disability), as determined by the CLTS FS or has a high level of life-sustaining needs (nutrition, fluids, or medical treatment) with a limited informal support network. In addition, at least one of the following must apply:
 - The child or youth is isolated with limited or no adult contact outside the home and is not available to be observed.
 - The child or youth is nonverbal and has limited ability to communicate.
 - The child or youth is medically complex, requires significant care from a caregiver or parent, and is highly dependent on others to meet basic needs.
 - The child or youth is the subject of current or historical child abuse and neglect reports.
 - The child or youth has a primary caregiver who is actively abusing substances.
 - The child or youth is dependent on caregivers or parents with limited cognitive, emotional, and/or behavioral capacity to provide for these needs.

6.1.2.1 Submitting a Crisis “Variance Request”

When a CWA determines a participant meets one or more of the crisis criteria listed above, the CWA must complete a “Variance Request” in [PPS](#). A crisis criteria variance may be determined prior to or as part of the application process.

The CWA submits a “Variance Request” in [PPS](#) by completing the “Variance Request” checkbox and corresponding “Variance Request Information” section. The completed variance request includes a narrative summary, clearly describing the specific nature of the crisis situation for the

participant involved. Refer to the [Program Participation System \(PPS\): Step-by-Step Training Guide for Children’s Long-Term Support \(CLTS\) Program \(P-00697\)](#) for operational guidance.

6.1.3 Policy and Operational Requirements for Deferring Enrollment

Deferring CLTS Waiver Program enrollment is a participant’s choice and may only be made by them after they are placed in enrollable status.

Deferred Services

The participant has been placed in enrollable status and is not ready to accept services. Deferrals are participant-requested and participant-driven.

When a participant chooses to defer enrollment in the CLTS Waiver Program, the CWA must do the following:

- Select the “Deferred Services” checkbox in the [PPS](#) online system. The “Deferred Services” checkbox may only be selected for participants in enrollable status. Refer to the [Program Participation System \(PPS\): Step-by-Step Training Guide for Children’s Long-Term Support \(CLTS\) Program \(P-00697\)](#) for additional information.
- Discuss with the participant when they anticipate making a decision about enrolling in the CLTS Waiver Program. DHS expects most special circumstances that result in a participant choosing to defer CLTS Waiver Program enrollment will resolve within 3 months.
- Contact the DHS BCS Technical Assistance Center (DHSBCSTAC@dhs.wisconsin.gov or 608-267-6767) to discuss exceptional cases in which a participant continues to defer enrollment at 6 months after being placed in enrollable status.

6.1.4 Policy and Operational Requirements for Enrollment Delays

Within 45 calendar days that a participant who wishes to enroll in the CLTS Program becomes enrollable, the CWA is responsible for enrolling them using the DHS [Eligibility and Enrollment Streamlining \(EES\) online system](#) and beginning service planning. If the CWA anticipates the child will be waiting more than 45 calendar days for any reason besides family-chosen deferment (Section 6.1.3), the CWA will send the family an Enrollment Delay Letter. This county-developed, family-centered letter will provide the family, at minimum, the following information:

- Date the child was determined functionally eligible.
- Status: the CWA is not immediately able to open child’s enrollment into CLTS.
- Anticipated timeframe for resolving the delay.
- CWA point of contact if family has questions or if child has a change in condition.
- Other supports and services available to support family in the interim.

6.2 Recertification of Enrollment

The CWA is responsible for verifying a participant's eligibility for the CLTS Waiver Program annually. The SSC completes the participant's recertification of program enrollment after the annual LOC re-evaluation via the CLTS FS ([F-00367](#)), and in doing so confirms that all required redetermination activities have been completed.

To recertify a participant's enrollment in the CLTS Waiver Program, the SSC completes the activities outlined above for eligibility and finishes the process through the [EES](#) online system. The CLTS FS re-evaluation must be completed on or before the last day of the month, 12 months from the enrollment effective date or the last recertification completion date. The re-evaluation may be done before the annual due date, but cannot be done after the due date.

CLTS FS re-evaluations should not be delayed as a result of waiting for collateral information from other people in the participant's support network if available information (including a caregiver's verbal report) indicates ongoing eligibility.

An annual ISP review may coincide with the required annual recertification of enrollment. Refer to Chapter 7, ISP Review, Update, and Recertification for additional information.

6.3 Suspension of Enrollment

A participant's enrollment in the CLTS Waiver Program can be suspended for up to 90 days when they are temporarily in an ineligible setting. Program requirements (such as rescreens and recertifications) are also suspended while a participant's enrollment is in suspend status.

The CWA is responsible for entering the dates when program enrollment is suspended in the [EES](#) online system. The first date of suspension is the first full day the participant resides in an ineligible setting and the suspension end date is the last full day the participant resides in an ineligible setting.

When enrollment is suspended:

- Some limited services can be covered during the suspension, including:
 - Personal emergency response systems (PERS).
 - Financial management services.
 - Waiver-allowable foster care expenses.
- Transitional support and service coordination that occurs during the suspension can be covered in aggregate on the date the participant returns to an eligible living situation after suspension. Refer to Chapter 4.6.29 Support and Service Coordination Service Description for additional detailed information.

During the participant's transition back to an eligible living situation after suspension:

- The SSC reviews the ISP with the participant to identify additional or different supports and services to aid their success in the community.

- The SSC updates the ISP, as needed.
- The SSC records an updated ISP completion date in the [EES](#) online system.
- A notice confirming enrollment will be sent to the participant.
- The SSC adjusts the recertification due date to be the last day of the month, 12 months from the enrollment or last recertification date, in order to ensure an annual review of the participant's CLTS Waiver Program eligibility.

If a participant's recertification comes due while their enrollment is suspended, the CWA must manually update the participant's level of care (LOC) end date in [EES](#). If the CWA receives an error message from [EES](#), the CWA must contact the [SOS Help Desk](#) for assistance to update the participant's LOC end date. The SSC will complete recertification when the suspension ends. Under these circumstances, the next recertification due date will be the last day of the month, 12 months from the date the recertification was completed.

If a participant is not able to re-enroll in the CLTS Waiver Program following a suspension (i.e., they do not meet all CLTS Waiver Program eligibility criteria), their enrollment must be terminated. Refer to Chapter 8 for requirements associated with terminating enrollment in the program.

6.4 Resources

- [CLTS Waiver Program Support and Service Coordination Requirements Eligibility and Enrollment Diagram \(P-02049\)](#)
- [Contacts for the CLTS Program \(P-03037\)](#)
- [DHS Medicaid Eligibility Handbook \(P-10030\)](#)
- [Full-benefit Medicaid subprograms](#)
- [Functional Eligibility Screen for Children's Long-Term Support Programs \(F-00367\)](#)
- [Individual Service Plan—Children's Long-Term Support Programs \(F-20445\)](#)
- [Individual Service Plan—Outcomes—Children's Long-Term Support Programs \(F-20445A\)](#)
- [Medicaid Waiver Eligibility and Cost Sharing Worksheet \(F-20919\)](#)
- [Participant Rights and Responsibilities Notification \(F-20985\)](#)
- [Program Participation System \(PPS\): Step-by-Step Training Guide for Children's Long-Term Support \(CLTS\) Program \(P-00697\)](#)
- [Wisconsin Department of Health Services Eligibility and Enrollment Streamlining \(EES\) online system](#)
- [Worksheet for Determination of Parental Payment Limit for Children's Long-Term Supports \(F-01337\)](#)

Chapter 7—Individual Service Plan

7.1 Service Planning

Service planning is a process driven by the child or youth and their parent(s) and/or legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) who apply to and/or participate in the CLTS Waiver Program (hereafter referred to as “participants”), using a goal-driven and strengths-based approach to build an Individual Service Plan (ISP) that contains individually identified goals, outcomes, and preferences. Required for each participant enrolled in the Children’s Long-Term Support (CLTS) Waiver Program, the ISP is a comprehensive summary of a participant’s supports and services, including those authorized through the CLTS Waiver Program as well as other formal and informal supports present in the participant’s life.

The support and service coordinator (SSC) is an essential link for the participant to create and implement a comprehensive ISP. The SSC must do all of the following:

- Facilitate a collaborative decision-making process with the participant to identify, manage, coordinate, and monitor all CLTS Waiver Program outcomes and supports and services.
- Coordinate other program services, regardless of their funding source.
- Coordinate informal community supports for eligible participants.
- Develop response plans to minimize risk to the participant’s health and well-being that is identified during the assessment, and for services that when not provided as scheduled pose a risk to the participant’s health and well-being.
- Complete the Outcomes and ISP forms.
 - [Individual Service Plan–Outcomes–Children’s Long-Term Support Programs \(F-20445A\)](#)
 - [Individual Service Plan–Children’s Long-Term Support Programs \(F-20445\)](#)

7.1.1 Participant-Driven Service Planning Tool: Deciding Together Guide

County waiver agencies (CWAs) must implement a consistent methodology for actively engaging and empowering the participant to drive the development of the ISP, as outlined in the [Deciding Together Guide \(P-02246\)](#), instructions ([P-02246i](#)), and resource ([P-02246C](#)). These practices promote self-determination and inclusion in all facets of family and community life and use transparent and collaborative decision-making. Participants may include others in the development process to support them in ensuring the participant’s best life. Key components of this methodology:

- Creative, collaborative, and transparent decision-making
- A team approach that includes the participant’s chosen support people
- Participant voice: Acknowledges that participants are the experts of their own lives, their culture and preferences matter, and they drive the service planning process

- A strengths-based approach that builds on participant's resiliencies and positive risk-taking
- Flexibility to address multiple concerns; short- and long-term goals; immediate, intense, or intermittent needs; and preventive and maintenance planning
- Consideration of cost-effectiveness and regulatory guidance review
- Fully informing participants of their options to resolve differences, including an ability to appeal
- Monitoring progress and revising as often as needed

7.2 Participant-Informed Rights and Choice

The CWA must provide the participant the information and supports necessary to allow them to engage, to the maximum extent possible, in the service planning process and make informed choices and decisions. At minimum, the SSC must inform the participant of their rights and choices at program enrollment and at least annually thereafter. This information must also be provided to participants in a timeframe that allows them to prepare for meetings with their SSC.

Rights and choices the SSC must discuss with the participant:

- The right to include anyone they choose in any part of the ISP development process. People who are knowledgeable about the participant can be helpful to assist the family in assessing the participant's social, psychological, and medical needs and the related needs of other family members. The SSC must inform the participant of this before starting the service planning process.
- Information about the range of [supports and services](#) offered through the CLTS Waiver Program and the willing and qualified providers of these services.
- The right of the participant to choose between institutional services and home and community-based services through the CLTS Waiver Program.
- The right of the participant and their family to choose the types of waiver services they receive and the providers of those services.
- [Participant Rights and Responsibilities Notification \(F-20985\)](#), verbally and in writing, including the right to request a hearing regarding eligibility determinations and/or denial, reduction, or termination of services.

Refer to Chapter 8—Participant Rights and Appeal and Grievance Processes for additional information and requirements.

7.3 Assessment for Supports and Services

The assessment provides the foundation for developing a participant's outcomes, or goals, the services and supports to address those outcomes, and response plans and/or backup plans to minimize risks to the participant's health and well-being. It is a means for the SSC to become knowledgeable about the participant's strengths, challenges, interests, hopes, dreams, priorities, and resources. (Refer also to the Deciding Together Guide Instructions ([P-02246i](#)), Step 1: Issues and Goals.)

The SSC must complete an assessment at program enrollment and, at minimum, a thorough update of the assessment annually at recertification. The participant must be present and able to be observed during the assessment. At least one of their parents or other legal representatives must also be present. The legal representative must have court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order. When it is not in the best interest of a participant for their parent to attend the meeting or when their parent or legal representative is not able to attend the meeting, the meeting may be held with the participant's primary caregiver(s) so long as the CWA obtains consent from the parent or legal representative and documents the consent in a case note. The family may invite any other people they wish to participate to their meeting with the SSC.

The participant-focused assessment provides a comprehensive illustration of their circumstances, preferences, and needs, including a review of pertinent records and related information obtained from medical, educational, and other service providers. The SSC must gather the following information for the assessment (the [Functional Eligibility Screen for Children's Long-Term Support Programs \(F-00367\)](#) is not an appropriate tool for the ISP assessment):

- Background information, including any relevant diagnoses
- Social history
- Description of physical health and medical history
- Ability to perform physical activities of daily living
- Ability to perform instrumental activities of daily living (e.g., laundry, cooking, cleaning)
- Emotional functioning
- Cognitive functioning
- Behaviors that positively or negatively affect lifestyle and relationships
- Social participation and existing formal and informal social supports
- Cultural, ethnic, and spiritual traditions and beliefs
- Current friendships
- Community participation and involvement
- Personal preferences for how and where to live, including daily activities
- Potential benefits and risks associated with identified behaviors
- Future plans, including the participant's ability to direct their own supports
- Preferences regarding physical environment
- Available resources and how they're managed
- Need for long-term community support services as an alternative to institutional care
- Rights of the participant, and their ability to understand and assert them

7.4 Requirements and Procedures for Developing Outcomes and an ISP

An ISP must be participant-centered and include outcomes and supports and services that reflect their needs and preferences. A complete ISP consists of two forms:

- [Individual Service Plan–Outcomes–Children’s Long-Term Support Programs \(F-20445A\)](#)
- [Individual Service Plan–Children’s Long-Term Support Programs \(F-20445\)](#)
- [Instructions–Children’s Long-Term Support Waiver Programs Individual Service Plan \(F-20445I\)](#)

CWAs must use either the forms listed above, or a form or system that includes all of the information contained in them and has been approved by DHS, to complete an ISP for each participant enrolled in the CLTS Waiver Program. CWAs may submit alternate forms or systems to the DHS BCS Technical Assistance Center (DHSBCSTAC@dhs.wisconsin.gov or 608-267-6767) for approval.

The resources and strategies included in a participant-centered ISP need to be flexible, coordinated, and effective. SSCs must develop them in accordance with the guidance in the Deciding Together Guide ([P-02246](#)) and Instructions ([P-02246i](#)).

ISP content must include:

- A statement of the participant’s desired outcomes and priorities. Outcomes summarize the participant’s goals and the results they would like to see. These form the basis for determining the supports and services to include in the ISP to help the participant meet their goals.
- A description of the CLTS Waiver Program supports and services to be used, including frequency, intensity, annual cost, provider information, care levels for applicable services (refer to [Care Level Classification Guidelines \(P-02273\)](#) and [Children’s Long-Term Support: Care Level Classification \(P-02467\)](#)), and any unique restrictions or specifications.
- Supports and services in place for the participant provided through other programs and/or systems, and unpaid and informal supports.
- If applicable, any reason(s) a participant’s preferences for supports and services were not able to be accommodated.
- If applicable, submission of required forms and DHS review and/or approval for exceptional expense ISPs and high-cost supports and services. CWAs must complete a [CLTS Exceptional Expense Notification \(F-02749\)](#) when the CLTS Waiver Program services on a participant’s ISP, excluding high-cost supports and services, are expected to meet or exceed \$162.45 per day (excluding start-up or one-time costs). CWAs must complete a [Children’s Long-Term Support Waiver High-Cost Notification \(F-21353\)](#) for all assistive technology, communication assistance for community inclusion, discovery and career planning, health and wellness, home modifications, participant and family directed goods and services, safety planning and prevention, specialized medical and therapeutic supplies, and virtual equipment and

supports that are anticipated to have a CLTS Waiver Program cost equal to or greater than \$2,000. Refer to Chapter 4.5, Service Authorization, and the following:

- [Children's Long-Term Support Waiver High-Cost Request \(F-21353\)](#)
- [Children's Long-Term Support Waiver High-Cost Request Instructions and Typical Ranges \(F-21353i\)](#)
- [Children's Long-Term Support \(CLTS\) Exceptional Expense Notification \(F-02749\)](#)
- [Children's Long-Term Support \(CLTS\) Exceptional Expense Notification Instructions \(F-20749i\)](#)
- When support and service coordination is the only CLTS Waiver Program service on an ISP ("six-month review," "recertification," and "update" ISPs), CWAs are responsible for documenting that monthly monitoring through support and service coordination contacts is the only needed CLTS Program service.

The CWA must ensure all of the following to complete an ISP:

- All of the participant's assessed needs have been addressed on the ISP by services provided through the CLTS Waiver Program or through other sources, including unpaid and informal supports.
- CLTS Waiver Program providers listed on the ISP are screened and meet necessary qualifications. Refer to Chapter 4 for requirements and processes for qualifying providers.
- Response plans to minimize risk to the participant's health and well-being that is identified during the assessment, and for services that when not provided as scheduled pose a risk to the participant's health and well-being have been developed. Documentation of response plans may be included on the [Individual Service Plan—Outcomes—Children's Long-Term Support Programs \(F-20445A\)](#).
- For initial ISPs, signatures from the participant within 60 calendar days of the date the family and SSC agree to the services listed on the ISP. Refer to 7.5 ISP Review, Update, and Recertification for timelines for obtaining the participant's signature for changes to the ISP after initial program enrollment.

The participant signs the ISP if they are 14 years old or older and capable of signing the form to indicate they participated in the development of their ISP. If a participant who is 14 years old or older is unable to sign, the SSC is responsible for noting this on the ISP.
- The CWA provides a copy of the completed ISP to the participant and, when applicable, the participant's parent or other legal representative. The legal representative must have court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.

At the time of enrollment in the CLTS Waiver Program, a participant's initial ISP may be completed with support and service coordination as the only CLTS Waiver Program service, while the CWA and participant continue to develop a full range of services to address the participant's goals. Refer to Chapter 6 for additional information about initial ISPs for enrollment.

7.4.1 Timeframe for Decisions About Participant-Requested Items and Services

Any time a participant requests an item or service through the CLTS Waiver Program, CWAs must make a decision to either authorize or deny the item or service within 14 calendar days of the request. When the decision is to authorize the item or service, the CWA is responsible for documenting the authorization on the participant's ISP. For any decision to deny authorization through the CLTS Waiver Program for an item or service requested by a participant, the CWA must issue written notification of adverse action to them. (Refer to Chapter 8 — Participant Rights and Appeal and Grievance Processes.)

The timeframe for a decision to either authorize or deny authorization through the CLTS Waiver Program for an item or service requested by a participant may be extended an additional 14 calendar days, allowing for support and service coordination beyond what is customary when there are complex circumstances associated with the request. The timeframe for a decision to either authorize or deny authorization through the CLTS Waiver Program may not be extended more than one time, and a decision must be made within 28 calendar days of the request. When a CWA extends the timeframe for a decision, they must send the participant written notification of the extension. CWAs are responsible for maintaining a copy of this notification.

7.4.2 ISP Information Sharing

Federal regulations require that once an ISP is completed and agreed to, it must be signed by and distributed to providers who are responsible for its implementation ([42 CFR § 441.301\(c\)\(2\)\(ix-x\)](#)). Sharing relevant information with key providers may serve to promote their sense of belonging to a larger team that is supporting the participant. This information can be helpful in expanding providers' perspective from the narrower focus of delivering a specific service to seeing their individual contribution as part of a bigger picture for each participant.

During the process of completing the ISP, the SSC will explain to the participant the federal requirement to share information. The SSC will also provide the [Individual Service Plan \(ISP\) Outcomes: Information for Parents \(P-02282\)](#) to the participant and ensure that they understand the outcomes portion of their ISP ([F-20445A](#)) will be shared with essential service providers included on the ISP.

Essential service providers are defined as those who deliver waiver-funded services and have regular, direct contact with participants. "Regular" means contact that is scheduled, planned, expected, or otherwise periodic. "Direct" means face-to-face physical proximity to a participant. The following services fit the essential service provider definition:

- Adult family home
- Child care
- Children's foster care
- Communication assistance for community inclusion*
- Community/competitive integrated employment – Individual

- Community/competitive integrated employment – small group
- 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 (only supervision services; not routine home care, chore services, or pest control)
- Respite care
- Safety planning and prevention*

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

7.4.2.1 Distribution and Provider Signatures

There are three circumstances when SSCs are required to distribute a participant's outcomes (i.e., [F-20445A](#)) to essential service providers:

- At initial ISP development, the SSC sends copies of the [F-20445A](#) to each of the essential service providers in the agreed-upon ISP and requests that they sign and return a copy.
- When an ISP is updated with a new essential service provider, the SSC sends the [F-20445A](#) to the newly added provider(s) and requests that they sign and return a copy.
- At the annual review, the SSC:
 - Sends the [F-20445A](#) to all essential service providers.
 - Requests signatures only from any new essential service providers added to the ISP at recertification. Signatures are not required from existing providers who have already been sent an earlier version of the [F-20445A](#).

CWAs must keep a record in the participant's file to indicate each time the [F-20445A](#) is distributed, noting:

- The agency(ies) to which it was sent.
- The date it was sent to each agency.
- The method of distribution (for example, email, mail, electronic access) to each agency.

Acceptable methods for the SSC to share copies of the [F-20445A](#) and receive essential service provider signatures are the following:

- Secure email
- Mail (The SSC sends two copies—one for the provider to sign and return, one for them to keep.)

- Fax
- Electronic access to the outcomes through an automated case management system
- Face-to-face interactions

Providers' electronic signatures (i.e., on signed and scanned outcomes forms) are acceptable. It is also acceptable for the CWA to note in the participant's file when a provider expresses over the phone that they received the [F-20445A](#) instead of receiving a physical or electronic signature. In this circumstance, the CWA must document the name of the person who called, their agency, when applicable, and the date and time of the call. The ISP and all related signatures from essential service providers are maintained by the CWA. There is no timeline or deadline for receiving essential service provider signatures, and there is no impact on the participant's enrollment, ISP, or receipt of services if signatures are not returned to the CWA.

The provider agency is responsible for deciding who can sign on behalf of the agency. There are no requirements or restrictions regarding the individual(s) an agency may designate to sign the [F-20445A](#). Provider agencies, sole proprietorships, and limited liability companies (LLCs) are treated similarly for the purpose of the signature requirement. Parents and/or legal representatives (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) can sign for direct care workers who are not employed through one of these types of agencies (that is, who are employed directly by the participant). In this instance, the CWA is required to provide enough copies of the [F-20445A](#) for participants to give to direct care workers.

7.5 ISP Review, Update, and Recertification

At a minimum, the SSC must review and update an ISP every six months during an in-person visit with the participant; however, the ISP must be reviewed as needed (i.e., at any point that needs arise or upon request by the participant). One ISP review per year must be a home visit with an in-person meeting including the child or youth, their parent(s) and/or legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), and SSC. When it is not in the best interest of a participant for their parent to attend the meeting or when their parent or legal representative is not able to attend the meeting, the meeting may be held with the participant's primary caregiver(s) so long as the CWA obtains consent from the parent or legal representative and documents the consent in a case note. This review may coincide with the required annual recertification of eligibility. Refer to Chapter 6 — Enrollment and Recertification for other requirements related to recertification.

An ISP review must include:

- Evaluating effectiveness of the ISP

The SSC and the participant discuss ongoing or changing needs, future planning, and any anticipated changes or transitions, as outlined in the Deciding Together Guide Instructions ([P-02246i](#)), Step 5: Evaluate Effectiveness.

- Updating the Outcomes ([F-20445A](#)) and ISP ([F-20445](#)) forms
The updated ISP must describe any changes that will be made, including:
 - Increases or decreases in service hours
 - Change of service provider(s)
 - Addition or removal of services or supports
 - Changes to response plans
- Obtaining required signatures
Within six months of any change to the ISP the CWA is required to obtain signatures from the participant and, as applicable, their parent or legal representative. The legal representative must have court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order. The participant's signature is required if they are 14 years old or older and capable of signing the form to indicate they participated in the development of their ISP. If a participant who is 14 years old or older is unable to sign, the SSC is responsible for noting this on the ISP. The CWA must provide a copy of the complete updated ISP to the participant and maintain a copy in the participant's record.

The CWA must maintain documentation in the participant's record of an ISP review and update and any resulting activities to make the changes identified in the review.

7.6 Resources

- [42 CFR § 441.301\(c\)\(2\)\(ix-x\)](#)
- [Care Level Classification Guidelines \(P-02273\)](#)
- [Children's Long-Term Support \(CLTS\) Exceptional Expense Notification \(F-02749\)](#)
- [Children's Long-Term Support Waiver High-Cost Request Instructions and Typical Ranges \(F-21353i\)](#)
- [Children's Long-Term Support \(CLTS\) Benefits at a Glance \(P-02570\)](#)
- [Children's Long-Term Support Waiver High-Cost Request \(F-21353\)](#)
- [Children's Long-Term Support: Care Level Classification \(P-02467\)](#)
- [Deciding Together Guide \(P-02246\)](#)
- [Deciding Together Guide Instructions \(P-02246i\)](#)
- [Deciding Together Guide: What It Is and What It Isn't \(P-02246C\)](#)
- [Individual Service Plan \(ISP\) Outcomes: Information for Parents \(P-02282\)](#)
- [Individual Service Plan–Children's Long-Term Support Programs F-20445](#)
- [Individual Service Plan–Outcomes–Children's Long-Term Support Programs F-20445A](#)
- [Instructions–Children's Long-Term Support Waiver Programs Individual Service Plan \(F-20445i\)](#)
- [Participant Rights and Responsibilities Notification \(F-20985\)](#)
- [Supported Decision-Making Agreement \(F-02377\)](#)

- [Supported Decision-Making Webinar](#)
- [Wisconsin Stat. ch. 52, Supported Decision-Making Agreements](#)

Chapter 8—Participant Rights and Appeal and Grievance Processes

8.1 Applicant and Participant Rights

All children and youth and their parent(s) and/or legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) who apply to and/or participate in the CLTS Waiver Program (hereafter referred to as “participants”) have the following rights. This chapter includes the specific actions and processes county waiver agencies (CWAs) must implement in association with these rights:

- To be notified of their rights both verbally and in writing.
- To contest certain decisions, actions, or omissions by using either the state fair hearing process and/or a local grievance process as described in [Wis. Admin. Code ch. DHS 94.](#)

The information in this chapter only applies to participants’ rights that are associated with the CLTS Waiver Program. Program participants may have other rights related to services they receive through sources other than the CLTS Waiver Program, which are monitored and enforced by other state and/or local agencies. Refer to the [DHS Client Rights Office](#) for information about rights and protections for individuals receiving services for developmental disability, mental health, and/or substance use through sources other than the CLTS Waiver Program.

8.2 Informing Participants of Their Rights and Adverse Actions

Participants must be notified and fully informed about their rights and what they may do when faced with adverse actions. CWAs are required to provide this information when a child or youth and their family are applying to the program and also at various points during a participant’s enrollment. This section describes both a notice of rights and a notice of adverse action (NOA), when and how this information must be given to participants, and requirements for the content of the information.

8.2.1 Notification of Rights

CLTS participants must be notified and informed about their rights and responsibilities for participating in the CLTS Waiver Program. A notification of rights informs CLTS participants about their rights and responsibilities in the CLTS Program, explains how and when a participant can file an appeal or grievance, and how the CWA will help them.

CWAs must use the [Participant Rights and Responsibilities Notification \(F-20985\)](#) to notify participants about their rights. CWAs must include additional local information at the same time as the [Participant Rights and Responsibilities Notification \(F-20985\)](#). The additional local information should describe the local county grievance process such as CWA contact information and the name, toll-free phone number, mailing address, and email address for the person the participant should contact to request a grievance.

At minimum, CWAs must provide the [Participant Rights and Responsibilities Notification \(F-20985\)](#) to CLTS applicants:

- Before the initial eligibility determination.
- At least annually after the initial eligibility determination.

CWAs must provide applicants and participants both verbal and written notification of rights. This means CWA staff should talk through each section of the [Participant Rights and Responsibilities Notification \(F-20985\)](#) to make sure applicants and participants understand available options, their responsibilities, and what to expect in the CLTS Waiver Program. CWAs must gain the participant's signature on the [Participant Rights and Responsibilities Notification \(F-20985\) at least annually](#), keep the annual signed copy in the participant's file, and give a copy of the signed form to the participant.

Notification of rights must be provided to the participant in their primary method of communication and at no cost to them. Alternative methods of communication may include but are not limited to audio or Braille materials, or translated materials for families for whom English is a second language. DHS may be contacted for assistance to obtain translated copies of the written notification.

8.2.2 Notice of Adverse Action (NOA)

Participants must be given NOA for any action that may adversely affect their enrollment in or the supports and services authorized for them through the CLTS Waiver Program ([42 CFR Part 431, Subpart E](#)). A NOA must be provided with the [Participant Rights and Responsibilities Notification \(F-20985\)](#) and state all of the following:

- The proposed action.
- The reasons why the action is proposed.
- The effective date of the action.
- The participant's rights, including procedures for state fair hearings by the Wisconsin Department of Administration's Division of Hearings and Appeals (DHA) and local county grievances. Refer to Notification of Rights, above.

NOAs must be provided in the participant's primary method of communication and at no cost to them. Alternative methods of communication may include but are not limited to audio or Braille materials, or translated materials for families for whom English is a second language. DHS may be contacted for assistance to obtain translated copies of the written notification.

Participants must be given a written NOA and [Participant Rights and Responsibilities Notification \(F-20985\)](#) when any of the actions listed below occur. The DHS [Eligibility and Enrollment Streamlining \(EES\) online system](#) automatically sends written NOA and [Participant Rights and Responsibilities Notification \(F-20985\)](#) to participants for some of these actions and CWAs must send a written NOA and [Participant Rights and Responsibilities Notification \(F-20985\)](#) for other actions as outlined below. Additionally, CWAs must maintain a copy of an NOA they issue to a participant.

Eligibility denial. Upon referral to the CLTS Waiver Program, enrollment is denied because the participant does not meet all program eligibility criteria. Refer to Chapter 2 — Eligibility and Chapter 3 — Financial Eligibility for additional information about CLTS Waiver Program eligibility criteria, and section 2.8 for more information about denial of enrollment.

Roles and Responsibilities for Issuing NOA for Eligibility Denial

- The DHS EES online system does not issue NOA for eligibility denial at an applicant's initial eligibility determination.
- CWAs must issue a written NOA ([F-02818](#)) and [Participant Rights and Responsibilities Notification \(F-20985\)](#) to all applicants who do not meet all CLTS Waiver Program eligibility criteria at their initial eligibility determination.

NOA requirements for eligibility denial also apply to participants who indicate they do not wish to enroll in the CLTS Program. In this circumstance, CWAs must issue written NOA and [Participant Rights and Responsibilities Notification \(F-20985\)](#) for eligibility denial. These participants are those to whom all of the following apply:

- An initial eligibility determination via the [Functional Eligibility Screen for Children's Long-Term Support Programs \(F-00367\)](#) shows they meet CLTS Program functional eligibility requirements.
- The participant is not enrolled in the CLTS Program.
- The participant indicates they do not wish to enroll in the CLTS Program.

Eligibility termination. A participant is disenrolled from the CLTS Waiver Program because they do not meet all eligibility criteria. Refer to Chapter 2 — Eligibility and Chapter 3 — Financial Eligibility for additional information about CLTS Waiver Program eligibility criteria, and section 2.8 for more information about termination of enrollment.

Roles and Responsibilities for Issuing NOA for Eligibility Termination

- The DHS EES online system issues written NOA and [Participant Rights and Responsibilities Notification \(F-20985\)](#) to participants whose CLTS Waiver Program eligibility is terminated because they:
 - Move out of state.
 - No longer want services.
 - Fail to meet participant responsibilities. (Refer to Participant Rights and Responsibilities Notification ([F-20985](#)) section G.)

- Are not enrolled in a qualifying Medicaid subprogram.
- Are determined not functionally eligible (NFE) by the [Functional Eligibility Screen for Children's Long-Term Support Programs \(F-00367\)](#).
- Transition to adult services.
- Live in an ineligible setting.
- CWAs must enter an end date in the DHS EES online system to ensure timely notification to the participant. Refer to the [DHS Children's Long-Term Support: Eligibility and Enrollment Streamlining Disenrollment and End Dates web page](#) for guidance on what end date to enter in the DHS EES online system. CWAs do not issue written NOA for eligibility termination.

Service denial. This refers to denying or limiting authorization through the CLTS Waiver Program, for any reason, for an item or service that is requested by the participant and includes:

- Service suspension.
- Service limitation in quantity, frequency, or duration.
- Service reduction in quantity, frequency, or duration.
- Service termination.
- Denial of choice of a qualified service provider. This refers to any failure to authorize services for a participant with their chosen qualified provider.
- Denial of requested service. For example, a participant requests one type of service and the CWA authorizes a different service.

A decision to either authorize or deny an item or service requested by a participant should be made quickly to support the participant's access to the item or service and must be made within 14 calendar days of the participant's request. Refer to Chapter 7 — Individual Service Plan for additional information.

Roles and Responsibilities for Issuing NOA for Service Denial

- The DHS EES online system does not issue NOA for service denial.
- CWAs must issue written NOA and [Participant Rights and Responsibilities Notification \(F-20985\)](#) to participants for all denials of CLTS Waiver Program services, with the exception of service termination upon a participant's disenrollment from the program.

If an action affects a participant's Medicaid eligibility, the CWA is responsible for promptly notifying the income maintenance consortia or the Katie Beckett Program of the change in the participant's eligibility for the CLTS Waiver Program. The CWA and income maintenance worker must then work together to ensure requirements for proper notification to the participant are met.

8.2.3 Requirement to Provide Advance Notice of Adverse Action (NOA)

CWAs must send NOA to participants at least 15 days before the effective date of the action. Timely notification is necessary so that a participant who chooses to file a request a state fair hearing has at least 10 days before the effective date of the action to do so, which preserves their right to continue services without reduction until the hearing occurs and a decision is made.

The NOA must include the following timelines:

- The timeline for filing a request for a state fair hearing. A request for a fair hearing that is filed after the specified timeline may not be heard. This timeline is based on the type of adverse action and begins on the effective date specified on the NOA ([Wis. Admin. Code § HA 3.05\(3\)](#)).
 - **Initial functional eligibility determination: 45 days.**
Initial functional eligibility determination decisions apply only to children or youth who are not enrolled in the CLTS Waiver Program. These decisions occur during their application for enrollment in the CLTS Waiver Program, and refer to the level of care for a child or youth that is determined by the CLTS Functional Screen ([F-00367](#)).
 - **Services and benefits: 90 days.**
Services and benefits decisions include decisions about any supports or services that a participant requests to be authorized for them through the CLTS Waiver Program ([Wis. Stat. § 49.45\(5\)\(ar\)](#) and [42 CFR § 431.221\(d\)](#)).
 - **Functional eligibility determination for recertification of enrollment: 90 days.**
Decisions about functional eligibility determinations for recertification apply only to children or youth who are enrolled in the CLTS Waiver Program. These decisions occur during a child's or youth's annual recertification for continued enrollment and authorization of supports and services through the CLTS Waiver Program and are based on level of care for the child or youth that is determined by the CLTS Functional Screen ([F-00367](#)).
- The timeline to file a request to appeal in order to avoid reduction or termination of services until a hearing decision is made. If the participant files a request for a hearing within 10 days of receiving NOA, and requests that benefits be continued during the fair hearing process, their services may not be reduced or terminated until a hearing decision is made ([42 CFR § 431.231\(c\)\(2\)](#)). The date on which a participant receives the NOA is considered to be 5 days after the date on the NOA, unless the participant shows that they did not receive the NOA within that 5-day period.

The NOA must also inform the participant that if they request a fair hearing and their affected service(s) continue pending the hearing decision and the decision upholds the agency's action, they may be responsible for the cost of those service(s) ([42 CFR § 431.230\(b\)](#)). Recovery of the amount paid may be sought for the cost of any affected

services authorized through the CLTS Waiver Program that the child or youth received beginning on the original effective date of a NOA up to and including the date of the appeal hearing decision.

8.2.4 Exceptions for Advance Notice of Adverse Action (NOA)

Advance notice of at least 10 days is not required in the following circumstances. Instead, the CWA must provide a NOA to the participant on or before the effective date of the action ([42 CFR § 431.213](#)) when:

- The CWA receives a clear written statement signed by the participant stating:
 - They no longer wish to receive services authorized through the CLTS Waiver Program.
 - Information that requires termination or reduction of services and indicates that they understand that this must be the result of supplying that information.
- The participant is determined not eligible at their initial eligibility determination.
- Eligible participants who are not enrolled indicate they do not wish to enroll in the CLTS Program.
- The participant has been admitted to an institution.
- The participant's whereabouts are unknown, and the post office returns CWA mail addressed to them, indicating no forwarding address. Any discontinued services must be reinstated if the participant's whereabouts become known during the time when they are enrolled in the CLTS Waiver Program.
- The CWA establishes the fact that the participant has been accepted for Medicaid services by a jurisdiction outside of the State of Wisconsin.

8.3 Appeals and Grievances

It is natural and anticipated that there will be times when participants do not agree with decisions that are made about their CLTS Waiver Program services and supports. Participants may choose to address their concern or problem through either a state fair hearing or a local county grievance.

CWAs are responsible for providing participants who wish to request an appeal and/or file a grievance information about each of these processes and assisting the participant in any way needed during any part of the processes. Requesting an appeal or pursuing a county grievance under [Wis. Admin. Code ch. DHS 94](#) may not affect the date of termination of the CLTS Waiver Program or any reduction of service(s) authorized through the program.

8.3.1 Appeals

All participants have the right to file a request for a fair hearing ([42 CFR Part 431, Subpart E](#) and [Wis. Stat. ch. 227](#)) from the DHA for any of the actions listed below. CWAs must send NOA to participants at least 15 days before the effective date of the action. Refer to 8.2.3, Requirement to Provide Advance Notice of Adverse Action.

The grounds or basis for an action or decision does not affect whether the participant is entitled to a fair hearing before DHA to contest the action or decision. Federal law entitles participants to fair hearings ([42 CFR Part 431, Subpart E](#)) to contest the actions identified below, regardless of the reason for the action. The only circumstance in which a participant is not entitled to a fair hearing is when the sole issue in the fair hearing concerns a federal or state law requiring an automatic change that adversely affects some or all CLTS Waiver Program participants ([42 CFR § 431.220\(b\)](#)).

DHS reviews all participant requests for appeal. As the state Medicaid agency, DHS assumes and exerts sole authority in program policy and administration. CWAs represent DHS in cases of appeal and must act as directed by DHS to take actions on decisions related to participants' eligibility for, enrollment in, or services authorized through the CLTS Waiver Program.

8.3.1.1 Actions Subject to Appeal

The following CWA actions and decisions concerning CLTS Waiver Program participants are subject to appeal and a fair hearing conducted by the DHA:

- Eligibility denial
- Eligibility termination
- Service denial, including:
 - Service suspension
 - Service limitation in amount, quantity, or duration
 - Service reduction
 - Service termination
 - Denial of chosen qualified provider
 - Denial of requested service
- Compulsion order for parental payment (refer to § 3.4)

8.3.2 Grievances

CWAs must inform CLTS Waiver Program participants of local grievance processes available to them as required by under [Wis. Stat. § 51.61](#) and [Wis. Admin. Code ch. DHS 94](#). Grievance processes are distinct and separate from an appeal and may not delay filing a request for a fair hearing. Information about the local grievance process and the resources needed to complete that process must be provided whenever a notification of rights or NOA is made.

CWAs must have a written grievance procedure for actions related to parental payment liability determination, billing, and collections. Refer to § 3.4.

8.4 Resources

- [42 CFR Part 431, Subpart E](#)
- [DHS Client Rights Office](#)
- [Functional Eligibility Screen for Children's Long-Term Support Programs \(F-00367\)](#)

- [Instructions for Completing the Appeal Rights Template Initial Eligibility Denial for Children's Long-Term Support Notice of Action \(F-02818i\)](#)
- [Notice of Action: Child Found Not Eligible for the Children's Long-Term Support Program \(F-02818\)](#)
- [Participant Rights and Responsibilities Notification \(F-20985\)](#)
- [The State Medicaid Manual](#)
- [Voluntary Withdrawal of a Fair Hearing Request \(form\)](#)
- [Wisconsin Admin. Code § HA 3.05\(3\)](#)
- [Wisconsin Admin. Code ch. DHS 94](#)
- [Wisconsin Stat. § 49.45\(5\)\(a\)](#)
- [Wisconsin Stat. § 49.45\(5\)\(ar\)](#)
- [Wisconsin Stat. § 51.61](#)
- [Wisconsin Stat. ch. 227](#)
- [Wisconsin Department of Administration's Division of Hearings and Appeals \(DHA\) Request for Fair Hearing](#)

Chapter 9—Health and Safety

9.1 Federal Health and Safety Requirements for Home and Community-Based Services

A primary objective of the CLTS Waiver Program is supporting children or youth who are enrolled in the CLTS Waiver Program and their parent(s) and/or legal representative(s) (hereafter referred to as “participants”) in the community and promoting their health and safety. A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order. The promotion of health and safety includes minimizing preventable risk to the health and safety of those participants. Additionally, strong, collaborative support networks must be in place to identify and remediate any risk to a participant’s well-being when it arises. Federal requirements are the foundation for protocols and procedures relating to these objectives.

Section 1915(c) of the Social Security Act requires home and community-based services waiver programs to provide assurances to the Centers for Medicare & Medicaid Services (CMS) that the safeguards necessary to protect the health and safety of program participants are in place. The assurances address unique challenges of providing services to participants living in their community:

- Program providers are not with participants at all times to monitor program supports and services.
- Participants rely on many people for their care and safety.
- Participants may be vulnerable and unable to seek help.

The CMS health and safety assurance for the CLTS Waiver Program requires the Wisconsin Department of Health Services (DHS) to demonstrate it has designed and implemented an effective protocol for assuring the health and safety of program participants. Components of the health and safety protocol DHS must verify include the following:

- On an ongoing basis, how it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death.
- An incident management protocol is in place and effectively resolves reported incidents and prevents further similar incidents to the extent possible.
- Policies and procedures for the use of and prohibition of restrictive measures, including restraint and seclusion, are followed.
- Reported incident remediation that results in substantiated findings of abuse, neglect, and exploitation.

This chapter outlines requirements and procedures for promoting the health and safety of participants, including:

- Preventing risk to participants' well-being. (Risk to well-being is also referred to as an "incident.")
- Coordinating strong, collaborative networks that include all of the people in a participant's life to promote their well-being and identify and mitigate risk when it arises.
- Reporting and responding to incidents.

9.2 Preventing Risk to the Health and Safety of Program Participants

While not all risk to the well-being of participants can be eliminated, there are several important requirements that focus on minimizing preventable risk:

- County waiver agencies (CWAs) must have a clearly written policy statement evidencing the agency's acknowledgement of its obligation and intent to promote and protect individual health, safety and welfare.
- CWAs must have systems in place with adequate protocol, policies, and procedures that:
 - Seek to keep participants healthy and prevent illness, injury, or medical and dental problems. Such protocol, policies, and procedures must use planned strategies supported by data collection and analysis of incidents to identify causes, contributing factors, and trends that identify higher risk situations and vulnerable children and youth. The CWA's strategy and analysis must be such that the CWA can identify and take actions to modify a participant's CLTS Waiver Program supports and services to reduce risk to health and safety. Examples of such modifications include but are not limited to staffing arrangements and/or changes to the participant's physical environment.
 - Assure participants are protected from risk of physical, verbal, and sexual abuse; neglect; exploitation; and other maltreatment, including the misuse and/or misappropriation of their money and property. Such systems must have the ability to discover when such situations occur and strategies to remediate the effects of these situations when they do occur.
 - Help participants prepare for unexpected events, including environmental crises.

CWAs must implement all requirements of the CLTS Waiver Program with a focus on maintaining a participant's health and safety. The following are examples of program requirements that support the assurance for participant health and safety:

- Chapter 4, Provider Requirements and Allowable Services, outlines requirements and procedures for ensuring that providers are adequately trained and meet the standards of quality for providing CLTS Waiver Program services.
- Chapter 7, Individual Service Plan (ISP), details the requirements for developing a participant's ISP to address all of their assessed needs, including health and safety risk factors, either by the provision of CLTS Waiver Program services or through other means.
 - The participant-focused assessment provides a comprehensive illustration of their circumstances, preferences, and needs, including the need to ease the daily stress and care demands for their family or other primary caregiver(s).

- With the participant, the support and service coordinator (SSC) confirms backup strategies that quickly and effectively respond to all situations where providers and/or support persons become unavailable to perform their typical role for any reason. The SSC documents these plans on the ISP. Examples of circumstances that require backup plans include a direct care worker not showing up for their scheduled shift with a participant, a family member who provides support to the participant becoming ill and unable to provide supervision and care, and natural disasters.

The following subsections outline additional requirements for proactively addressing the health and safety of participants related to:

- Cross-system and agency collaboration.
- Training and education for participants and their families and service providers.
- Identifying vulnerable children or youth.
- Mandated reporting.

9.2.1 Collaboration

CLTS Waiver Program participants are best served when all of the people, agencies, and systems that support them collaborate and coordinate services and supports. Each caregiver, agency, and system brings professional expertise, unique knowledge of the participant's needs, and access to different resources. Combined, all of these parts of a participant's support network can strengthen the ability to assure their health and safety, improve their connection with and integration in their community, open access to additional supports and services, and help them to achieve their goals.

The CWA must ensure a participant has the appropriate contacts and connections to create and implement a comprehensive support network by:

- Ensuring that every person or entity in a participant's support network understands their role and responsibility and how they should interact to comprehensively and efficiently promote the participant's well-being. (Refer to the DCF's [Children with Disabilities: Preventing Abuse and Neglect](#).)
- Collaborating with the participant and all of the service providers in the participant's ISP that are authorized through the CLTS Waiver Program to ensure a common understanding and implementation of backup or emergency plans.
- Collaborating with the participant and any other agencies or systems that are a part of the participant's life, such as the Wisconsin Department of Instruction (DPI), the local school district, or the local child protective services agency.
- When a participant is involved in both the CLTS Waiver Program and the local child protective services (CPS) system, the CWA must facilitate continuous communication with CPS. Statutory and policy guidelines exist that directly authorize sharing of information between these entities. CPS agencies have the ability to share reports and records regarding a child or an expectant mother with appropriate staff of an agency within a social/human services department, as well as with professional employees of a county department who are working with the child or expectant mother, including county clinical and/or mental health

services, developmental disabilities, and alcoholism and other drug abuse services, if those professionals are under contract with, or the supervision of, the county department (Wis. Stat. §§ 48.981(7)(a)2 and 5). However, it is best practice to be transparent and to obtain the participant's consent prior to sharing information between the two systems when possible. Refer to DMS, DCF Information Memo [2019-03](#) for more information about collaborating and sharing information with CPS.

9.2.2 Training and Education

It is important to convey to a participant and their authorized service providers how the CLTS Waiver Program and CWA can help keep the participant safe and healthy. Topics the CWA must discuss and ensure that the participant understands include:

- CLTS Waiver Program requirements outlined in this section to minimize preventable risk.
- Procedures and requirements in place to identify and remediate any risk to a participant's well-being when it arises.
- How the participant, providers, and CWA must collaborate to achieve each of these objectives.

CWAs must provide information about the CLTS Waiver Program policies and procedures in place to address health and safety at a participant's initial application to the program and at least annually to all of the following individuals:

- Children and youth, as appropriate, who are applying to or enrolled in the CLTS Waiver Program.
- Families and/or legal representatives (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) of children and youth who are applying to or enrolled in the CLTS Waiver Program.
- Caregivers and providers for children and youth enrolled in the CLTS Waiver Program.

DHS has developed informational material ([P-00069A](#)) for CWAs to distribute for this purpose.

9.2.3 Identifying Vulnerable Children or Youth

Understanding vulnerability helps professionals serving children anticipate and mitigate risk to health and safety and the potential for serious injury. Research has identified specific characteristics of children with disabilities and their life circumstances that heighten their risk for negative events (i.e., heighten their risk for incidents). Some CLTS Waiver Program participants have conditions present in their lives that render them more vulnerable.

CWAs must do the following to recognize and identify vulnerable children:

- Establish protocol, policies, and procedures that are capable of identifying high(er) risk situations where abuse, neglect or mistreatment of participants may be happening based on known risk factors and by the use of information collected in incident reports.

- Provide a heightened level of coordination and communication with all people who support those participants.
- Confirm whether a participant meets the vulnerable child definition when reporting incidents to DHS. Refer to 9.3, Incident Management, Resolution, and Reporting, for more information about requirements for reporting.

Vulnerable Child Definition

CLTS programs define a vulnerable child as a child who **either** meets more than one of the three target groups served by the CLTS programs (intellectual/developmental disability, physical disability, or mental health disability) **or** is a child who has a high level of life-sustaining needs (nutrition, fluids, or medical treatment) with a limited informal support network.

In addition to at least one of the criteria above, at least one of the following must also apply:

- The child is isolated with limited or no adult contact outside the home and is not available to be observed.
- The child is nonverbal and has limited ability to communicate.
- The child is medically complex, requires significant care from a caregiver or parent, and is highly dependent on others to meet basic needs.
- The child is the subject of current or historical child abuse and neglect reports.
- The child has a primary caregiver who is actively abusing substances.
- The child is dependent on parents or caregivers with limited cognitive, emotional, and/or behavioral capacity to provide for these needs.

9.2.4 Mandated Reporting

SSCs are defined as mandated reporters and assist with identifying risk to a participant's well-being and coordinating the necessary services and supports (including services and supports available through the CLTS Waiver Program and those available through other programs or agencies) to remediate any identified risk. As mandated reporters, SSCs are required to:

- Complete the [Mandated Reporter Online Training](#) created by the Wisconsin Child Welfare Professional Development System.
- Follow the procedures for mandated reporting of abuse and neglect (Wis. Stat. § [48.981\(3\)](#)) when there is reasonable cause to suspect that a participant has been abused or neglected, threatened with abuse or neglect, or that abuse or neglect of the participant will occur.

9.3 Incident Management, Resolution, and Reporting

Sometimes, despite the measures in place to minimize preventable risk to a participant's well-being, a risk arises. This section outlines the protocol, policy, and procedures that CWAs must have in place to respond to events or situations that indicate risk to participants and meet the definition of an incident.

Incident Definition

Incidents CWAs must report to DHS are any of the following events or situations:

- Any of the following actual or alleged abuse or neglect involving the participant:
 - Physical abuse
 - Emotional abuse
 - Sexual abuse or exploitation
 - Neglect constituted by failure to seek medical attention, lack of food or nutrition, dangerous living situation, or lack of supervision

Participants under age 18:

Alleged abuse or neglect is an instance involving the participant that a child welfare agency has accepted for initial assessment per [Child Protective Services Access & Initial Assessment Standards](#) § 1.(VI.) (“A local child welfare agency accepts for Initial Assessment any report which creates a reason to suspect an unborn child has been abused or that a child under 18 years of age has been subjected to treatment which meets the definition of abuse or neglect as defined under [Wis. Stat. § 48.02\(1\)](#), or [Wis. Stat. § 48.02\(12g\)](#), or that a child has threatened with abuse or neglect.”). Actual abuse or neglect is an instance involving the participant that a child welfare agency has substantiated as abuse or neglect.

Participants 18 years old or older:

Alleged abuse or neglect is an instance involving the participant that an adult-at-risk agency is responding to or is being investigated by a government agency per [Wis. Stat. § 55.043\(1r\)](#). Actual abuse or neglect is an instance involving the participant that a government agency has substantiated as abuse or neglect.

- Actual or alleged financial exploitation constituted by misappropriation of the participant’s funds or property
- Hospitalization:
 - Hospitalization due to an error in medical or medication management that results in an adverse reaction
 - Psychiatric hospitalization
- Law enforcement contact or investigation involving the participant
 - Incident reports are required only for a participant’s contact with law enforcement that is associated with risk to the health and safety of a participant or others.
 - Incident reports are required for a participant’s law enforcement contacts that are part of the participant’s crisis or behavior intervention plan.
- Unapproved use of a restrictive measure including:
 - Misuse of mechanical restraint or protective equipment
 - Use of manual restraint
 - Use of isolation or seclusion
- Death of the participant

CWAs must have policies and protocols in accordance with the requirements below for managing incidents.

9.3.1 Incident Management

CWAs must determine the best design of their incident management protocol, in accordance with the requirements in this section, so long as the protocol, policy, and procedures enable staff to proactively respond to incidents, remove participants from danger or risk, and prevent the recurrence of threats to participant's health, safety and welfare or violations of their rights. The CWA's incident management protocol must include:

- Response procedures and assignment of responsibility for incidents that require an immediate, urgent, or emergency response.
- Response procedures for a range of scenarios including but not limited to health emergencies; dangerous behavior; criminal activity by or to a participant; environmental dangers including fires and weather events; and other events or situations that involve high levels of risk to health and safety.
- Written requirements and procedures for each of the following CMS-defined key elements of an effective incident management system:
 - Identifying incidents
 - Reporting incidents
 - Referring incidents
 - Gathering information about incidents
 - Resolving incidents
 - Tracking and trending incidents

9.3.2 Identifying Incidents

The CWA's incident management protocol must define procedures and roles and responsibilities for identifying conditions and/or situations that meet the definition of an incident. The CWA is responsible for ensuring that a participant's family, caregivers, and service providers have a shared understanding of what constitutes an incident, as defined above at the beginning of Section 9.3, and must distribute and discuss the informational material (Family Guide to Incident Reporting ([P-00069A](#))) DHS has developed for this purpose.

9.3.3 Reporting Incidents

The CWA's incident management protocol must define who is responsible for reporting incidents and the procedure for reporting. A participant's family and/or legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), caregivers, and providers are all responsible for reporting threats to the participant's safety or well-being (incidents) to the CWA. In turn, the CWA must notify DHS of any incident and complete an Incident Report in the online Children's Incident Tracking and Reporting ([CITR](#)) System within the timeframes listed below.

An incident notification includes, at minimum, preliminary information about an incident as designated by CITR. The notification allows DHS to assist with identifying any actions or resources beyond those identified by the CWA in the notification that are necessary to remove

the participant from danger or risk. A complete report occurs when a CWA completes all information required by CITR. Refer to the Resolving Incidents section below for additional information about the CWA steps that are required for completing an incident report.

Timeframes for Reporting

- Notification — three business days. CWAs must notify DHS within three business days of the date that the CWA was notified of the incident.
- Complete Report — 30 calendar days. CWAs must close an incident report within 30 calendar days of the date that the CWA was notified of the incident.

In addition to notifying DHS of an incident, the CWA must also notify a participant's parent(s) and/or legal representative(s) (The legal representative must have court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.) if they are not already aware of the incident. When a participant is 18 years old or older and does not have a legal representative, CWAs must notify the participant if they are not already aware of the incident.

Although it is necessary in some cases for the CWA to collaborate with and share information with the local CPS agency to promote a participant's well-being, CLTS Waiver Program incident reporting responsibilities, requirements and timeframes are different than and separate from those for reports to CPS. When there is a concern regarding the health and safety of a child or youth enrolled in the CLTS Waiver Program the CWA must respond.

Anti-Retaliation Requirements

The CWA must have policies in place that protect participants and authorized service providers who report possible or actual incidents, as defined in this chapter, from retaliation by providers. Such policies should incorporate anti-retaliation requirements in Wis. Stat. § 51.61 and Wis. Admin. Code ch. 94. Any provider that violates these requirements has breached their contract with DHS and is subject to disallowance for the entire cost of services provided to the participant for the period when retaliation occurred.

9.3.4 Referring Incidents

After identifying an incident, the CWA must refer the information to other agencies, as appropriate, to coordinate a comprehensive network of support to remove risk to the participant's safety and well-being and prevent recurrence of that risk. In some cases, the circumstances of an incident legally require that the CWA notify particular agencies, such as child protective services or law enforcement. When a CWA refers an incident to another agency, the CWA is responsible for continuing to work in conjunction with that agency to remediate risk to the participant.

Agencies that the CWA may need to notify to refer the incident include but are not limited to:

- Adult protective services agency
- Advocacy organization
- Child protective services agency

- Law enforcement agency
- Legal services
- Provider licensing agency (e.g., DHS Division of Quality Assurance, DCF Division of Early Care and Education, Department of Safety and Professional Services)
- Medical provider(s)
- Tribal agency

9.3.5 Gathering Information About Incidents

In any situation that meets the definition of an incident, the CWA must immediately gather information to determine what occurred and how it affected the participant. The gathered information is the basis for establishing, in collaboration with any agency to which the incident was referred, the necessary remediation actions and preventive strategy to minimize recurrence of the incident.

The CWA must include the following information to complete an incident report:

- The person or people who reported the incident to the CWA
- The people who were involved in or witnessed the incident
- The setting where the incident occurred
- The events or circumstances that presented risk to the participant's health and well-being
- The maltreater, if any, and the maltreater's relationship to the participant
- The type of involvement, if any, of a service provider
- The people and/or agencies to which the CWA referred the incident
- The people and/or agencies that the CWA contacted in relation to the incident
- Any court order in place for the participant involved in the incident

9.3.6 Resolving Incidents

When an incident has been identified for a participant, CWAs are required to coordinate the actions necessary to remove risk to the participant's safety and well-being and minimize recurrence of that risk. The actions taken to remove risk to the participant's well-being are referred to as remediation actions, and the actions taken to minimize recurrence of an incident are referred to as preventive strategies.

When an incident occurs, the CWA must complete the following remediation and prevention activities and document the activities in the incident report. Remediation and prevention activities that make a change to the participant's current service and support network should occur for most incidents.

- The CWA works closely with the participant and providers to identify and implement remedial and preventive actions.
- The CWA partners with other agencies in the participant's care network to define the roles and responsibilities of each agency for incident remediation and prevention.

- The CWA reevaluates the participant's ISP and identifies and implements needed changes to the supports, services, and/or providers to prevent further incidents and ensure the participant's health, safety, and well-being.
- Action is taken to make the changes identified in the service plan reevaluation.
- The CWA assures, to the best of its ability, that actions taken will prevent further similar incidents.

The outcome of the incident must also be documented in the incident report. The outcome is a description of how the events that took place during the incident have been verified by an agency or entity other than the CWA. Examples of outcomes include but are not limited to:

- Abuse, neglect, or exploitation that has been substantiated by a government agency. When a government agency investigates allegations of abuse, neglect, or exploitation, the status of substantiation must also be reported as one of three categories:
 - Substantiated by a government agency.
 - Unable to substantiate.
 - Unsubstantiated by a government agency.
- The cause of death of a participant.
- The circumstances of admission of a participant to a hospital.
- The findings of an investigation by a law enforcement agency.

When a CWA has referred an incident to the local CPS agency, they are required to seek a final determination of the allegation of child abuse or child neglect from CPS assessments. In some cases, CLTS waiver staff may fall into one of the categories of mandated reporters enumerated in Wis. Stat. § 48.981(2). In those cases, pursuant to Wis. Stat. § 48.981(3)(c)6, an agency social services department must inform the reporter what action, if any, was taken to protect the health and welfare of the child or youth who is the subject of report within 60 days after receiving the report. In other cases when CLTS Waiver Program staff report allegations of child abuse and/or child neglect, child welfare workers may share the outcome of the child welfare assessment with CLTS Waiver Program staff under the authority provided by law if they fall within the provisions set forth in Wis. Stat. §§ 48.981(7)(a)2 or 5.

9.3.7 Tracking and Trending Incidents

A CWA's incident management protocol, policy, and procedures must enable the tracking and trending of incidents. Recognizing patterns in the types of incidents that occur across different participants as well as trends of incidents that occur to a particular participant helps to identify particular circumstances that can be modified to prevent future incidents. Examples of modifications include but are not limited to:

- Increased frequency of or changes to the content of contacts and communication between service systems, such as the CWA and CPS.
- Increased frequency of or changes to the content of contacts and communication between the CWA and service providers.
- Educational information from the CWA to participants and providers about seasonal changes that increase certain types of risks to participants' well-being.

9.4 Restrictive Measures

DHS maintains that all children and youth are entitled to live their best life and must be treated with respect regardless of complex behavioral needs. A foundational assumption is that every behavior has a purpose or meaning for the child or youth. Techniques involving coercion, including restrictive measures, are the least desirable way of addressing such behavior. Restrictive measures should be considered the method of last resort and only after less intrusive, alternate strategies to address the participant's dangerous behavior have been determined ineffective.

Restrictive measures encompass any type of manual restraint, isolation, seclusion, protective equipment, or mechanical restraint for behavioral purposes or medical purposes.

Children and youth who are receiving services for mental illness, developmental disabilities, alcoholism, or drug dependency and enrolled in the CLTS Waiver Program are covered by the provisions in [Wis. Stat. § 51.61](#) and have the right to be free of restraints, including the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of a child from their living area, use of physical restraining devices on a child, or the provision of unnecessary or excessive medication to a child. It does not include the use of these methods or devices in entities regulated by DHS if the methods or devices are used in conformance with state and federal standards governing confinement and restraint.

9.4.1 Scope of Requirements

These requirements apply to items, services, and supports using CLTS Waiver Program funds, regardless of who administers the restrictive measure, including unpaid caregivers who request to purchase items or fund services or supports through CLTS where there is a restrictive component.

An unpaid caregiver is one whose services are not paid by or arranged through DHS or the county, often a parent, legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), or relative. The use of restrictive measures by an unpaid caregiver not using CLTS Waiver Program funds is not subject to the patient's rights protections set forth in [Wis. Stat. § 51.61](#) and the required approval process under [Wis. Admin. Code ch. DHS 94.10](#). It is the responsibility of the CWA and provider staff to alert DHS to possible problematic uses of restrictive measures to ensure participant safety.

Moreover, the inappropriate use of restrictive measures by unpaid caregivers in settings not covered by [Wis. Admin. Code ch. DHS 94.10](#) may be considered to be abuse or neglect under [Wis. Stat § 48.02](#). Children and youth who are receiving services for mental illness, developmental disabilities, alcoholism, or drug dependency and enrolled in the CLTS Waiver Program are also covered by the provisions in [Wis. Stat. § 51.61](#) and have the right to be free of

restraints. To address inappropriate, at-risk, or abusive situations, please see the DCF [Report Child Abuse and Neglect webpage](#).

In settings not covered by [Wis. Admin. Code ch. DHS 94.10](#), the requirement for departmental approval for the use of restrictive measures with children and youth who are receiving services for mental illness, developmental disabilities, alcoholism, or drug dependency and are enrolled in CLTS arises from [Wis. Stat. §§ 50.02\(2\)](#) and [51.61 \(1\)\(i\)](#); [Wis. Admin. Code ch. DHS 94.10](#); and the federal requirements set forth by the Centers for Medicare & Medicaid Services (CMS) which under § 1915(c) of the Social Security Act requires state agencies that administer Home and Community-Based Waivers to ensure the health and welfare of waiver participants.

Failure to obtain approval for the use of restrictive measures according to the process and criteria contained in these instructions will be considered to be a violation of the child or youth's rights under [Wis. Stat. §§ 51.61](#) and [50.09](#) and [Wis. Admin. Code ch. DHS 94](#) and [ch. DHS 83](#), as applicable, by DHS. Such failure will also be considered a violation of the terms and conditions of the state and county contract under [Wis. Stat. § 46.031](#) and may result in a disallowance for some or all costs associated with serving the waiver participant.

9.4.2 Prohibited Practices

The following maneuvers, techniques, or procedures may not be used in any circumstances:

- Any maneuver or technique that does not give adequate attention and care to protection of the head.
- Any maneuver or technique that places pressure or weight on the chest, lungs, sternum, diaphragm, back, or abdomen.
- Any maneuver or technique that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway, such as straddling or sitting on the torso, or any type of choke hold.
- Any maneuver or technique that involves pushing into a person's mouth, nose, or eyes.
- Any maneuver or technique that utilizes pain to obtain compliance or control, including punching, hitting, hyperextension of joints, or extended use of pressure points.
- Any maneuver or technique that forces a person to remain in a prone (face down) position.
- Any maneuver or technique that forcibly takes a person from a standing position to the floor or ground. This includes taking a person from a standing position to a horizontal (prone or supine) position or to a seated position on the floor.
- Any maneuver or technique that creates a motion causing forcible impact on the person's head or body, or forcibly pushes an individual against a hard surface.
- Any use of seclusion in which the child or youth is physically set apart by staff from others through the use of locked doors or the door to the room would remain locked without someone having to remain present to apply constant pressure or control to the locking mechanism.
- Any use of isolation in which the child or youth is involuntarily physically or socially separated from others by the actions or direction of staff, contingent upon behavior.

9.4.3 Emergency Use of Manual Restraints

If an emergency occurs, provider staff should first follow emergency or crisis procedures and employ de-escalation strategies to the extent possible. De-escalation strategies are a series of steps including techniques such as offering choices, respecting personal space, allowing time for decisions, response blocking, providing redirection, graduated physical guidance, and modifying demands.

The use of manual restraint is prohibited except in very limited, emergency circumstances in which:

- The participant's behavior places the participant or any other person at imminent, significant risk of physical injury;
- The measure used is the least restrictive approach possible, and;
- The manual restraint is used for the shortest time possible

A manual restraint includes physical holds and escorts and involves one or more people holding the limbs or other parts of the body of the child or youth to restrict or prevent their movement.

CWAs are responsible for ensuring that providers meet the following requirements to use emergency manual restraint:

- **Written policy:** Each provider agency must have a written policy describing the process used in the event that emergency manual restraint is needed. The policy must identify the specific person or type of staff position that is authorized to initiate and use manual restraint in an emergency and how the participant's response to the manual restraint will be monitored. Written policy must also outline the process for documenting the details of an incident.
- **Continuous monitoring:** The participant's health and well-being must be continuously monitored during the emergency use of manual restraint. The restraint must be immediately terminated if the participant displays any signs of adverse physical reaction.
- **Time limits:** The use of a manual restraint in an emergency may not exceed 15 minutes. After 15 minutes, the provider must assess the degree that the emergency situation is still present. In the event that an emergency still present, a continuation of the manual restraint may not exceed 15 minutes.
- **Release criteria:** The provider has established release criteria for an emergency. Release criteria must include termination of the manual restraint when the imminent risk of physical harm is diminished, if the maximum time limit of 15 minutes has been reached or if the participant displays any signs of adverse physical reaction to the manual restraint. Any threats to a child or youth's health or well-being caused by the measure during its application require the immediate release from the manual restraint and notification of medical personnel (if the child or youth requires immediate medical care), supervisory personnel, and the CLTS Waiver Program.

9.4.4 Incident Reporting and Remediation for an Unapproved Use of a Restrictive Measure

The use of an unapproved restrictive measure by a service provider is a reportable incident, including the emergency use of a manual restraint. A child's or youth's family and/or legal representative(s) (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.), caregivers, and providers are all responsible for reporting threats to the child's or youth's safety or wellbeing to the CWA. In turn, the CWA must notify DHS of any incident according to the requirements listed in Chapter 9. DHS staff review each incident of an unapproved restrictive measure. Use of a protective equipment or mechanical restraint in the manner approved by DHS does not need to be submitted as an incident report.

The unapproved use of a restrictive measure is remediated by the county waiver agency at the individual incident level. When an unapproved restrictive measure is used, the SSC should discuss the incident with the provider, the family, and the participant (as appropriate) as soon as possible or no longer than five business days from the use of an unapproved restrictive measure to gain their perspective on:

- The events preceding, during, and following the use of unapproved restrictive measures, including:
 - Did the participant's behavior place the participant or any other person at imminent, significant risk of physical injury?
 - Was the restrictive measure the least restrictive approach possible?
 - Was the restrictive measure used for the shortest time possible?
- How to prevent the need for unapproved restrictive measures, including factors that may have contributed to the escalation of behaviors.
- Alternatives to unapproved restrictive measures, such as de-escalation techniques and other possible interventions.

If an unapproved restrictive measure is used for the first time in six months, the team—which includes the SSC, provider, family, and participant (when appropriate)—must review the ISP to determine if additional resources are needed. Incident debriefing, remediation, and prevention activities must be documented in the incident report.

If an unapproved restrictive measure is used two or more times in six months, the full team must meet to evaluate and make changes to the support plan, ISP, and/or the manner in which the child's services are being delivered and identify other resources to prevent the need for restrictive measures. This meeting should ensure that the support plan includes the appropriate positive behavioral interventions, supports, and other strategies to address the behavior of concern and that adequate referrals or connections are made to supports and services for the provider, participant, and/or family.

The team meeting to fully evaluate the ISP and/or support plan may occur in person, on the phone, or with audio-visual video conferencing. The participant may provide their perspective in the meeting, verbally, in writing, or decline to participate.

Initiation of the team evaluation of the ISP and/or support plan must be documented in the incident report. DHS may request additional information about the results of the evaluation or documentation of the substantive changes made to prevent the further use of unapproved restrictive measures.

9.4.5 Definition of Restrictive Measures Eligible for DHS Approval for Planned Use

Mechanical restraints and protective equipment are the only types of restrictive measures that are eligible for DHS approval for planned use.

Mechanical Restraint

Mechanical restraint is the use of a device within the environment or applied to any part of a child or youth's body that restricts or prevents voluntary movement within the environment or normal use or functioning of the body or body part that cannot be easily removed by the child or youth and is above and beyond typical safety measures used for same aged peers. The following ***are not considered*** mechanical restraints:

- Medical restraints
- Mechanical supports
- Seat belts, bed rails and transportation safety devices such as stretcher belts, intended to prevent a child or youth from accidentally falling during transport
- Devices authorized by an appropriate health care professional to aid in the treatment of an acute medical condition such as a cast or brace
- Items recommended by an appropriate health care professional intended for a child or youth with multiple medical, mobility, and developmental needs for the purpose of preventing injury while the child or youth is sleeping

Protective Equipment

Protective equipment includes devices that do not restrict movement but do limit access to one's body and are applied to any part of a child or youth's body for the purpose of preventing tissue damage or other physical harm that may result from their behavior. Protective equipment may include ***but is not limited to*** the following:

- Helmets
- Gloves or mitts
- Goggles
- Pads worn on the body
- Clothing designed or modified to restrict access to a body part

For more information about restrictive measures eligible for DHS approval and the conditions under which those measures would be considered for approval, refer to the [Instructions and](#)

9.4.6 Submitting an Application for Mechanical Restraints or Protective Equipment

Restrictive measures are used rarely as part of the CLTS Waiver Program, and CWAs must have written policy and protocol barring the use of restrictive measures unless such measures are approved by DHS.

Requests for the use of a protective equipment or mechanical restraint must be preceded by documented attempts to use alternative behavioral strategies and investigation into the functions of and reasons behind the child or youth's behavior. Service providers and CWAs may only consider protective equipment or mechanical restraints after less restrictive support strategies have been determined ineffective in preventing the child or youth's dangerous behavior.

The required components of an application for planned use of a protective equipment and mechanical restraint are in Section 2 of the [Instructions and Requirements for the Use of Protective Equipment and Mechanical Restraints in Children's Long-Term Support Programs \(P-02616\)](#). The county must approve and support the application before an application can be submitted to DHS.

CWAs must follow the [Instructions and Requirements for the Use of Protective Equipment and Mechanical Restraints in Children's Long-Term Support Programs \(P-02616\)](#) to submit an [Application for the Use of Protective Equipment or Mechanical Restraint \(F-00926\)](#).

CWAs are required to maintain documentation of any application for and/or use of a protective equipment or mechanical restraint for participants.

9.4.7 Transition From Children's to Adult Long-Term Care

When a participant has an approved CLTS protective equipment or mechanical restraint application at the time of transition to adult long-term care, the following procedures must be completed:

- The CWA must inform the adult long-term care program of the approved CLTS protective equipment or mechanical restraint application.
- When the young adult transitions to an adult long-term care program (from CLTS to Family Care, Partnership or IRIS), the CLTS approval is valid for 90 days after enrollment.
- If the provider intends to continue to use the approved protective equipment or mechanical restraint, the Managed Care Organization (MCO) or IRIS Consultant Agency (ICA) will work with the provider to gather necessary information to submit a request for adult long-term care approval, during the initial 90 days of enrollment. All applications for adult long-term

care programs must follow the procedures and meet the approval criteria as described in the [Restrictive Measures Guidelines and Standards](#) for adult long-term care programs.

The CWA and adult long-term care program must work together to ensure a smooth transition between the approved CLTS protective equipment or mechanical restraint application and the approval process for the adult restrictive measures application. The CLTS protective equipment or mechanical restraint plan ends when the young adult has an approved adult restrictive measure application. Refer to Chapter 10 for additional information about transition requirements for restrictive measures.

9.5 Resources

- [Application for the Use of Protective Equipment or Mechanical Restraint \(F-00926\)](#)
- [Child Protective Services and Children's Long-Term Support Waiver Program Collaboration \(DMS, DCF Information Memo 2019-03\)](#)
- [Children with Disabilities: Preventing Abuse and Neglect \(DCF-P 5324\)](#)
- [Children's Incident Tracking and Reporting \(CITR\) System](#)
- [Children's Incident Tracking and Reporting User Guide \(P-02617\)](#)
- [Family Guide to Incident Reporting \(P-00069A\)](#)
- [Instructions and Requirements for the Use of Protective Equipment and Mechanical Restraints in Children's Long-Term Support Programs \(P-02616\)](#)
- [Mandated Reporter Online Training](#)
- [Wisconsin Stat. § 48.981](#)
- [Wisconsin Stat. § 51.61](#)

Chapter 10—Transition

10.1 Support and Service Coordinator Responsibilities Relating to Transition

When working with participants and families on transition issues, support and service coordinators (SSCs) are expected to:

- Maintain a working relationship with participant, the participant's family, adult long-term care programs, and other community supports to ensure a smooth transition from one program to another for youth.
- Take reasonable steps to help participants know what to expect with regard to adult services.
- Support the transition planning process with participants and their families throughout their enrollment in the CLTS Waiver Program and document identified services and outcomes in the Individual Service Plan (ISP).

Transition planning to begin *on or shortly after the youth's 14th birthday*

Discussions about the transition planning process should begin by the time the participant is age 14 and continue to transition to adult programming. The SSC responsibility is to:

- Maximize the participant's independence with instrumental activities of daily living (such as money management) and activities of daily living (such as bathing, dressing, eating, meal prep).
- Discuss with participants and their families how parents' legal authority to make decisions for their child changes when that child turns 18 years old.
- Provide information about supportive decision making for families and provide support to families and participants, as appropriate.
- Provide information about guardianship for families and prepare paperwork for families and participants who feel this is the best option for them, as appropriate.
- Discuss healthcare decisions, including who do you want on your care team.
- Discuss with the participant and the family the participant's disability determination and Medicaid source if it is anticipated the participant will transition to an adult long-term care program.
- Facilitate discussions with families around what support and services the participant is currently using and help the participant and family understand different types of supports and services available through Adult Long-Term Care. The Children's Long-Term Support and Adult Long-Term Care Programs resource ([P-02570A](#)) can help in aiding this conversation.
- Work with school transition officials to support Individualized Education Plan (IEP) modifications with a goal of transitioning to adulthood with goals and action steps, for participants with an IEP.
- Work with Division of Vocational Rehabilitation (DVR), on both employment and educational goals, for participants interested in work.

Transition action steps to begin at age 17 years 6 months

- Secure paperwork for supportive decision making, if family chooses to pursue this option
- Secure paperwork for guardianship, if family chooses to pursue.
- Communicate the high risk or vulnerable status of the participant to the adult long-term care system and coordinate the provision of heightened information sharing for these participants.
- Refer participant to Aging and Disability Resource Center (ADRC) for options counseling.
 - Prepare families for eligibility determination process or benefits counseling through the ADRC by using the Children's Long-Term Support Program and Adult Long-Term Care Programs resource ([P-02570A](#)).
- Coordinate and communicate with the ADRC about delineating roles and responsibilities to facilitate the final transition process, and to stay up to date on plans and decisions as they are released pertaining to transition.
- Refer participant to Disability Determination Bureau at 17 years and 9 months for adult disability determination.

Transition to an Adult Long-Term Care Program for eligible participants at 18 years of age

Young adult participants, at age 18, who are determined functionally and financially eligible for adult long-term care program must be enrolled in those programs without delay. Limited exceptions to this exist, including when a court has ordered placement for an 18-year old residing in a licensed children's foster home and the home is not able to be licensed as an adult family home.

If a participant is transitioning to an adult long-term care program, CWAs must share the relevant documents with the applicable adult long-term care program as part of the transition process, which typically include:

- A copy of the participant's Functional Screen
- The participant's most recent ISP assessment
- A copy of the participant's current ISP
- Current crisis or emergency plans
- A copy of the most recent behavior support plan, if applicable, and
- The approved restrictive measures application, if applicable (refer to Chapter 9).

If a participant with an intellectual and or physical disability at 18 years or older is referred to the CLTS Waiver Program, they must be referred to the ADRC for long-term care services.

Transition to other community supports and services for participants 18-21 years of age ineligible for Adult Long-Term Care Program

CLTS provides services to young adults through 21 years of age who are found ineligible for adult care programs but who remain eligible for CLTS Waiver Program services as evidenced by a current CLTS functional screen.

SSCs should refer participants not eligible for adult long-term care to other programs that can support the participant after they leave the CLTS Waiver Program. If a participant does not meet the eligibility criteria for adult waiver services, then transition planning to other community supports and services must be considered such as adult mental health programs, county-specific programs, and dually eligible programs which provide the best supports for outcomes.

10.2 Resources

- [Approved § 1915\(b\)\(4\) Application for Selective Contracting: Support and Service Coordination Requirements Eligibility and Enrollment \(P-02049\)](#)
- [Children's Long-Term Support Program and Adult Long-Term Care Programs resource \(P-02570A\)](#)
- [Medicaid § 1915\(c\) Home and Community-Based Services Children's Long-Term Support Waiver Application](#)

Appendix A – Change Log

DHS will update the manual at least two times per year, and more frequently as needed to stay current and consistent with evolving federal and state policy. Substantive changes are recorded in the table below.

Ongoing manual updates will be announced via DHS Email Updates. Sign up for email updates or access your subscriber preferences at

public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_591.

October 2025	
Chapter	Change
1	§ 1.1: change to clarify by replacing “legal guardian” with “legal representative” and adding definition of legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.).
2	§ 2.4.1: change to clarify by replacing “legal guardian” with “legal representative” and adding definition of legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.). § 2.8.1: change to clarify by adding definition of legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.).
3	None
4	§§ 4.2.1, 4.3.2.1, 4.6.2.1, 4.6.3.2, 4.6.3.3, 4.6.3.5, 4.6.5.1, 4.6.8.1, 4.6.8.5, 4.6.11.5, 4.6.13.1, 4.6.13.2, 4.6.13.4, 4.6.14.3, 4.6.15.2, 4.6.20.5, 4.6.23.6, 4.6.24.3, 4.6.26.1, 4.6.27.4, and 4.6.30.1: change to clarify by replacing “legal guardian” or “authorized representative” with “legal representative” and adding definition of legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.). §§ 4.5.3.1 and 4.5.3.2: clarification of method to submit one time high-cost submissions by replacing “email to dhscltshighcost@dhs.wisconsin.gov ” with “the CLTS High-Cost Request Processing Application in the ForwardHealth Portal.”

October 2025	
Chapter	Change
	<p>§ 4.6.15.1: clarification of the Financial Management Services service definition by</p> <ul style="list-style-type: none"> ○ Changing “Train caregivers on the requirements for providing financial management services” to “Train caregivers on the service requirements, limitations, and exclusions for the CLTS Waiver Program service(s) the caregiver will directly provide to the participant, as outlined in the applicable service description(s) in § 4.6” ○ Specifying the frequency the Fiscal Agent should “complete screening activities for caregivers by conducting US Office of the Inspector General List of Excluded Individuals and Entities” by adding “when the caregiver is hired and at a minimum each time the FMS provider renews their CLTS Waiver Program Medicaid Waiver Provider Agreement and Acknowledgement of Terms of Participation (F-03344) with DHS” ○ Adding information about what the FMS provider needs to do to verify caregiver qualifications: “For the specific CLTS service the caregiver will directly provide to the participant, the FMS provider must confirm and verify any required certification, license, education, or experience documentation is valid, current, and meets applicable service description requirements per § 4.6 in the CLTS Program Manual. <p>CLTS Waiver Program funds may not pay for services provided by persons who have been denied a professional license, certification, or enrollment by the Department of Health Services, Department of Safety and Professional Services, Department of Children and Families, or Department of Workforce Development. In addition, services may not be provided by persons whose credentials have been suspended or revoked, or who have been denied the renewal of their professional license or certification.”</p> <p>§ 4.6.29.5: clarification by updating the title of the DHS support and service coordinator training course to “CLTS Program Training for Support and Service Coordinators.”</p>
5	None
6	<p>§§ 6.1 and 6.1.1.1: change to clarify by replacing “legal guardian” with “legal representative” and adding definition of legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.).</p>
7	<p>§§ 7.1, 7.3, 7.4, 7.4.2.1, and 7.5: change to clarify by replacing “legal guardian” with “legal representative” and adding definition of legal representative (A legal representative is someone with court-ordered authority to act on behalf</p>

October 2025	
Chapter	Change
	of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.). § 7.6: removed Authorized Representative Designation form (F-20987).
8	§ 8.1: change to clarify by replacing “legal guardian” with “legal representative” and adding definition of legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.).
9	§ 9.1, 9.2.2, 9.3.3, 9.4.1, 9.4.4: change to clarify by replacing “legal guardian” with “legal representative” and adding definition of legal representative (A legal representative is someone with court-ordered authority to act on behalf of the child to make major medical decisions and/or consent to CLTS Waiver Program enrollment and services; the CWA must retain a copy of the court order.).
10	§ 10.1: added new resource, “The Children’s Long-Term Support and Adult Long-Term Care Programs,” to support participant transition from the CLTS Waiver Program to adult long-term care programs.

April 2025	
Chapter	Change
1	None
2	None
3	None
4	§ 4.2.3.1: added reference to new § 4.7.4 which has a comprehensive list of serious crimes that are barring offenses for providers. § 4.4.5: added new subsection “HCBS Settings Requirements.” § 4.6.4.2: added Children’s Foster Care service requirements and operational guidance associated with HCBS settings requirements for level 5 exceptional treatment foster home agency providers. § 4.6.4.5: changes to clarify qualifications for level 5 exceptional treatment foster home agency providers of Children’s Foster Care services, including a new requirement for a written compliance determination from DHS within the last four years to evidence the foster home meets all requirements of the federal HCBS Settings Rule.

April 2025	
Chapter	Change
	<p>§ 4.6.9.5: clarification of qualifications for hippotherapist and equine-assisted therapist providers of CLTS Counseling and Therapeutic Services; removed specification that hippotherapists and equine-assisted therapists “may be licensed in accordance with Wis. Stat. ch. 440.”</p> <p>§ 4.6.22.3: removed Participant and Family-Direction Broker Services limitation that the broker “...must be independent of any other waiver service provider.”</p> <p>§ 4.6.26.5: changes to clarify qualifications for level 5 exceptional treatment foster home agency providers of Respite Care services, including a new requirement for a written compliance determination from DHS within the last four years to evidence the foster home meets all requirements of the federal HCBS Settings Rule.</p> <p>§ 4.7.4: added new subsection “Barring Offenses for CLTS Caregivers.”</p>
5	None
6	None
7	None
8	§ 8.2.2: added operational guidance and resources for entering end dates in the online Eligibility and Enrollment system to ensure timely notice of adverse action for eligibility termination.
9	None
10	None

February 2025	
Chapter	Change
1	None
2	None
3	None
4	<p>§§ 4.1-4.2.2: replaced references to a “registration system” for providers with “enrollment system,” and uses of “register” with “enroll.”</p> <p>§§ 4.1, 4.1.1, 4.2, 4.2.1-4.2.3, 4.2.3.1-4.2.3.2, 4.6: changes to reflect that DHS holds sole responsibility for deeming providers willing and qualified, and CWA responsibilities associated with authorizing providers to deliver CLTS Waiver Program services. Removed references to “initially,” “fully,” and “jointly” qualifying providers.</p>

February 2025	
Chapter	Change
	<p>§§ 4.1, 4.7.1: replaced CLTS Waiver Program Medicaid waiver provider agreement and acknowledgement of terms of participation for fiscal agents managing self-directed waiver supports (F-02365) and service provider agencies (F-02363) with the CLTS Waiver Program Medicaid Waiver Provider Agreement and Acknowledgement of Terms of Participation (F-03344).</p> <p>§ 4.2.2: added “CWAs are prohibited from requiring signed agreements or contracts with providers for CLTS Waiver Program services or as a pre-condition for CLTS Waiver Program service authorization.”</p> <p>§§ 4.2.3-4.2.3.2: changes to reflect that DHS, and not a CWA, is responsible to ensure a Wisconsin caregiver background check is completed for all persons meeting the definition of a caregiver.</p> <p>§4.5: clarification that service authorization is required before a provider may render services.</p> <p>§ 4.6: replaced references to “CWA” as the entity responsible for approving a provider’s qualifications with “DHS.”</p>
5	None
6	None
7	None
8	None
9	§ 9.3.3: clarification of contracted entities by changing “Any provider that violates these requirements has breached their contract with the CWA and is subject to disallowance...” to “Any provider that violates these requirements has breached their contract with DHS and is subject to disallowance...”
10	None

October 2024	
Chapter	Change
1	None
2	§ 2.5: clarification that verifying non-financial eligibility for MA is handled outside of the CLTS Waiver Program, and removed “If the participant is eligible for a type of non-Client Assistance for Re-employment and Economic Support System (CARES) MA, such as Foster Care MA, Adoption Assistance MA, SSI MA, or Katie Beckett MA, the participant is not referred to IM.”
3	None

October 2024	
Chapter	Change
4	<p>§ 4.6.4.1: added the children’s foster care service must be operationalized in accordance with Memo 2024-01 “Children’s Long-Term Support Program Funding Guidance for Children’s Foster Care Services”</p> <p>§ 4.6.2: clarification that approval only from the Department of Children and Families (DCF) Exceptions Panel is required for the placement of any Children’s Long-Term Support (CLTS) Waiver Program participant in a level 5 foster home.</p> <p>§ 4.6.4.4: added the following children’s foster care service exclusion:</p> <ul style="list-style-type: none"> ○ The basic maintenance rate is excluded and may not be billed to the CLTS Waiver Program. <p>§ 4.6.4.6: removed referral to the Children’s Long-Term Support (CLTS) Waiver Program Treatment Foster Care Administrative Rates (P-00700), associated with the children’s foster care service documentation requirement for the CWA to maintain documentation that clearly describes the individual room and board, care, and supervision costs in the facility and shows that CLTS Waiver Program funds do not reimburse room and board costs.</p> <p>§ 4.6.25.1: clarification that relocation services include supports and essential items needed to establish a community living arrangement for children or youth who are relocating from an institution or other provider-operated congregate living arrangement (examples include but are not limited to a foster home, group home, or homeless shelter), or who are moving out of the family home to a more independent setting.</p> <p>§ 4.6.25.1: clarification that relocation services may include the purchase of allowable supports and essential items when necessary, specifically for the participant, to prepare the selected living arrangement for their occupancy.</p> <p>§ 4.6.25.1: clarification that relocation services covers only initial costs to prepare the living arrangement.</p> <p>§ 4.6.25.3: added the following relocation services limitations:</p> <ul style="list-style-type: none"> ○ Coverage of security deposits is limited to relocations involving only the participant. ○ Coverage is limited to supports and items other than those a participant’s natural supports (e.g. participant’s family) would typically cover for a relocation involving a minor child or youth who does not receive Medicaid home and community-based services. ○ This service covers only supports and items needed specifically for the participant in order to prepare the selected living arrangement for their occupancy; supports and items needed or used by any other individuals are not covered. <p>§ 4.6.25.4: added the following relocation services exclusion:</p>

October 2024	
Chapter	Change
	<ul style="list-style-type: none"> ○ This service excludes any ongoing costs associated with covered supports and items.
5	<p>§ 5.2.2: edited to read “Administrative costs apply only to participants residing in a level 3, 4, or 5 treatment foster home. CWAs must comply with the standards outlined in Memo 2024-01 “Children’s Long-Term Support Program Funding Guidance for Children’s Foster Care Services” for coverage of administrative costs through the CLTS children’s foster care service.”</p> <p>§ 5.5: removed</p> <ul style="list-style-type: none"> ○ Calculating Expenses for a CLTS Foster Home Using Actual Expenses (F-01715) ○ Calculating Expenses for a CLTS Foster Home Using the Uniform Foster Care Brochure (F-01716) ○ CLTS Program Approved 2023 CLTS Treatment Foster Care Administrative Rates (P-00700) ○ Instructions—Calculating CLTS Foster Care Room and Board Expenses (F-01721)
6	§ 6.2: removed requirement for CWAs to notify the functional screen inbox of a late functional screen.
7	None
8	None
9	None
10	None

May 2024	
Chapter	Change
1	§ 1.5 Program Quality Measures: added
2	<p>§ 2.8.1: added condition for enrollment termination: Participant requests to end their enrollment; and retitled condition “The participant fails to meet post-eligibility program requirements” to “The participant fails to meet responsibilities outlined in the Participant Rights and Responsibilities Notification (F-20985) section G., ...”</p> <p>§ 2.8.2.1 Considerations for Medicaid Continuous Coverage: added</p>
3	None

May 2024	
Chapter	Change
4	<p>§ 4.2.1: clarification that to initially qualify agency providers, DHS collects certification, license, education, or experience that is required at the agency level</p> <p>§ 4.2.2: clarification that to fully qualify agency providers, CWAs verify any certification, license, education, or experience that is required for rendering providers employed by the agency, to fully meet the selected service description</p> <p>§ 4.5.2: added referral to Chapter 5 for information about the exceptional expense process for a participant who resides in or is being placed in a level 5 foster home</p> <p>§§ 4.5.3.1 and 4.5.3.2: removed requirement to update high-cost submissions when the project is delayed to another calendar year</p> <p>§ 4.5.4: added instructions for accessing the CLTS Rate Setting Outlier Request Processing Application User Guide in the ForwardHealth portal</p> <p>§ 4.6.2.3: added assistive technology service limitation about billing for rendered services, for the purchase of service dogs</p> <p>§ 4.6.4.2: added children's foster care service requirement for prior approval from DHS for payment of costs through this service when the cost for a participant in a level 5 foster home exceeds the maximum amount of the highest Residential Care Center (RCC) facility on the Wisconsin Department of Children and Families' RCC daily rate schedule</p> <p>§ 4.6.4.4: added children's foster care service exclusion prohibiting claims for the cost of basic care and supervision for participants who reside in or are being placed in a level 5 foster home</p> <p>§ 4.6.18.3: added home modifications service limitation about billing for rendered services</p>
5	<p>§ 5.2: clarifications related to determining allowable costs for children's foster care services and adult family home services</p> <p>§ 5.2.1: clarifications related to allowable costs of care and supervision for participants who reside in or are being placed in a level 5 foster home</p>
6	None
7	None
8	§ 8.2.2: added NOA requirements for failure to meet participant responsibilities
9	<p>§ 9.3: clarified incident definition of alleged abuse or neglect</p> <p>§ 9.3.3: added incident notification requirements for participants 18 years old or older who do not have a legal representative</p> <p>§§ 9.4.1-9.4.7: reordered to group sections about specific topics together</p>

May 2024	
Chapter	Change
	§ 9.4.5: added examples of protective equipment that must be considered for DHS approval for planned use, and a reference to Instructions and Requirements for the Use of Protective Equipment and Mechanical Restraints in Children's Long-Term Support Programs (P-02616) for more information about definitions of restrictive measures eligible for approval and conditions under which those measures would be considered for approval
10	None

October 2023	
Chapter	Change
1	None
2	None
3	None
4	§ 4.5.4: changes related to how to submit an outlier rate request to DHS § 4.6.3.2: updated resource and guidance for calculating the basic cost of child care, when child care is not provided in a community child care setting and the provider does not have a basic cost of child care § 4.6.3.4: clarification that the basic cost of child care is the rate charged by and paid to a child care provider rather than a child care center, to align with the definition of the basic cost of child care in other sections of the service description
5	None
6	§§ 6.1.1.3 and 6.1.4: changed timeframe to enroll enrollable participants, from 30 calendar days to 45 calendar days § 6.1.3: updated contact information for DHS BCS Technical Assistance Center (TAC)
7	§ 7.4: updated contact information for DHS BCS Technical Assistance Center (TAC)
8	None
9	None
10	None

April 2023	
Chapter	Change
1	None
2	None
3	§ 3.4: added hyperlink to informational resource for participants about parental payment limit, Parental Payments for CLTS and CCOP (P-03342) , required to be distributed by CWAs to participants annually
4	<p>§ 4.5.3: added adaptive driving training costing equal to or greater than \$2,000, through Daily Living Skills Training, is subject to high-cost notification</p> <p>§ 4.5.4: added section, Authorization for Outlier Rates</p> <p>§ 4.6.13.1 and § 4.6.14.1: clarification to Empowerment and Self-Determination Supports and Family/Unpaid Caregiver Supports and Services service definitions that these services cover training content that is not a real-time or live interaction between the participant and provider</p> <p>§ 4.6.13.2: removed service requirement for providers of empowerment and self-determination supports to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 because these services do not include services delivered by caregivers (persons who have regular, direct contact with the participant)</p>
5	None
6	None
7	None
8	None
9	None
10	None