

CHILDREN'S LONG-TERM SUPPORT PROGRAM OUTLIER RATE REQUEST INSTRUCTIONS

Background Many of the supports and services available through Wisconsin's Children's Long-Term Support (CLTS) Program are subject to a uniform, statewide rate schedule set by the Wisconsin Department of Health Services (DHS). The purpose of uniform rates is to comply with the federal Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) requirements for state-based rates for CLTS. Most CLTS participants' service needs will fit within the set rate schedule.

Outlier Rate Definition

There may be some situations that will call for an exception to the set rate for any service included in the statewide rate schedule. Exceptions to the rate schedule are called outlier rates.

Considerations

Any consideration of an outlier rate for one or more services must be based on a participant's unique circumstances including one of the following:

- The complexity or intensity of the individual's care needs and the provider's ability to meet those needs; or
- Provider access issues.

Instructions for Requesting an Outlier Rate

When a CWA identifies that a CLTS participant may need an outlier rate for one or more services, the CWA must submit a CLTS Rate Setting Outlier Request (CRSOR) to DHS using the online solution. The "CLTS Rate Setting Outlier Request Processing Application User Guide" provides step-by-step instructions for accessing the online solution and completing the CRSOR. This guide can be found in the ForwardHealth Portal under the "Waiver Agency" tab.

The CRSOR must be submitted by an authorized representative of the CWA who has the authority to request and allocate resources on behalf of the agency. DHS' expectation is that requests are based on joint decision-making by the CWA and the child and family who worked in partnership to determine support needs and the appropriate services for the individual participant. The CWA will fill out or choose the following information on the form:

Service Category:

- Select the service that most appropriately fits what is required to meet the participant's unique needs and identified outcomes. Note: If Respite Care or Personal Supports are chosen as the service and Individual Care Need is the reason for the request, the participant's level of care must be assessed as "High" to be eligible for an outlier rate.

Federal Procedure Code, CLTS Rate Schedule Amt, and CLTS Rate Unit Type:

- Apply the appropriate codes and amounts associated with the service chosen using the State uniform rate schedule and code crosswalk.

Individual Care Need:

- Choose yes or no. Choose no if the outlier request is due only to Provider Access. Choose yes if the complexity or intensity of an individual's care needs exceeds what is common among CLTS participants and the chosen individual or agency provider has the necessary qualifications to meet those needs. Consider whether the participant:
 - Exhibits significant behaviors that require frequent intervention or near-constant supervision.
 - Has physical or mental health diagnoses that require intensive intervention or care.
 - Has ongoing involvement with multiple systems (such as juvenile justice, substance abuse treatment, hospitalizations, or institutionalizations).
 - Does the child have a diagnosis for which few trained individuals can deliver care?
 - Does the child have multiple diagnoses that add to the complexity of their situation?

- Does the child require intensive therapeutic care or care for medical fragility?
- Is the child undergoing intense active treatment where they might need additional care at home or in the community?
- Does the child's situation require added training to multiple caregivers on an ongoing basis to provide care?
- Does the child need frequent or constant supervision or more than one staff at a time to remain safe in their environment?

Provider Access:

- Choose yes or no. Choose no if the outlier request is due only to Individual Care Need. Choose yes when access to a service is limited by there not being a CLTS provider located within a reasonable distance of the participant. An exception for provider access would be requested in situations where a participant needs a service that is not available from a CLTS provider in their local community, and a provider is willing to provide this service from a location outside of the participant's local community. Additional expenses for provider access that could be allowable in addition to the CLTS Statewide Uniform Rate are as follows:
 - Mileage and transportation costs associated with travel to and from the participant that are outside the provider or caregiver's typical local service area.
 - Staff travel time (indirect time spent on behalf of the participant, not face-to-face) outside the provider or caregiver's typical local service area.

Billing Provider Name and Billing Provider Tax ID:

- Add provider agency information or when an individual family-chosen provider is being paid through an FMS Agency, this should be the FMS agency information.

Rendering Provider Name:

- Add the provider performing the servicing. If using a provider agency, this will be the same as the Billing Provider Name. When an individual family-chosen provider is being paid through an FMS Agency, this should be the name of the family-chosen provider.

Outlier Request Rate Amt, Outlier Request Unit Type, Number of Units Requested Per Week:

- Add your requested information. The entries in these fields should match what is appropriate based on the service chosen, the federal procedure codes, and the appropriate unit type based on that code (i.e., 15 mins. versus hourly). Enter the number of units requested per week. Example: If your request is 6 days per month, enter 1.5.

Rationale for Outlier:

- Enter a detailed reason for the outlier rate request including participant's disabilities and why the rate is necessary to meet the participant's outcome. How does the complexity or intensity of this participant's care needs exceed what is common among other CLTS participants?
 - If the request is for Personal Supports or Respite Care, confirm the participant's level of care.
 - If the request is due to Provider Access, indicate what efforts were made to identify a CLTS provider within a reasonable distance to meet the needs of the participant.
 - If the request is for Child Care and the participant is under 12 years old, provide the basic cost of care used in the calculation of your outlier rate amount.

The CWA must attach the [Cost-Based Outlier form, F-02538A](#), completed by the individual provider or provider agency, to their CRSOR before submitting it to DHS. This document has instructions and examples on how to fill out the form on tab one and the form is on tab two. The CWA must review the F-02358A form from the provider before submitting it to DHS. The CWA should review the following:

- Verify any dollar amounts listed in fields in section 5. "Outlier Rate Calculation" have corresponding explanations/reasons entered in section 4. "Exception Request Information."
- If in section 4. "Exception Request Information – Wages," the provider indicates that they have degrees, licenses, or certifications, you must supply a copy of those to DHS. Please obtain prior to submitting the CRSOR and attach it.
- In all other explanations indicated in section 4. "Exception Request Information" and dollar amounts in section 5. "Outlier Rate Calculation," verify the justifications match and meet the needs and outcomes identified for the participant.

DHS Responses and Reviewing Approved Rates

DHS will complete the review and provide approval, denial, or notice of missing information decision within 10 business days of receiving the request. Below is a list of the potential DHS responses to an outlier request and any required review of an approved rate.

1. DHS approves the outlier rate request:

- a) DHS approves the outlier request and rate as proposed by the CWA, and the CWA is responsible for review.
 - The approved rate is effective for up to 12 months from the DHS determination date.
 - If within that 12-month period, or other approved timeframe, the participant's situation changes causing the outlier status to change the CWA must submit a new outlier request. An example is if the requested service units increase or decrease *substantially*, or the service provider changes.
 - The CWA must submit a new request (CRSOR and F-02538A) to DHS for review and approval **45 days prior** to the expiration date of an approved outlier rate to ensure continuity of care. This request is considered a new request; therefore, all materials must be submitted again, providing updated information for the current timeframe.
 - At the time of the annual ISP review, the CWA must review the outlier status and rate and determine if there is any change to the original request.
 - If there is no change, the CWA documents this fact in the participant's file. No new outlier request is needed until the expiration date.
 - If there is a change, the CWA must submit a new request (CRSOR and F-02538A) to DHS for review and approval.

- b) DHS approves the outlier request with a modified rate, and the CWA is responsible for review.
 - The approved rate is effective for up to 12 months from the DHS determination date.
 - The CWA informs the provider of approval with a modified outlier rate.
 - If the provider does not accept the rate, the CWA pursues other providers to meet the participant's service needs.
 - If the provider accepts the rate, the CWA proceeds to authorization.
 - If within the 12-month period, or other approved timeframe, the participant's situation changes causing the outlier status to change the CWA must submit a new outlier request. An example is if the requested service units increase or decrease *substantially*, or the service provider changes.
 - The CWA must submit a new request (CRSOR and F-02538A) to DHS for review and approval **45 days prior** to the expiration date of an approved outlier rate to ensure continuity of care. This request is considered a new request; therefore, all materials must be submitted again, providing updated information for the current timeframe.
 - At the time of the annual ISP review, the CWA must review the outlier status and rate and determine if there is any change to the original request. If there is no change, the CWA documents this fact in the participant's file. No new outlier request is needed until the expiration date. If there is a change, the CWA must submit a new request (CRSOR and F-02538A) to DHS for review and approval.

- c) Effective dates: All approvals will be effective on the DHS Determination Date on the Request Form (CRSOR). Under certain circumstances, DHS may allow the rate to be back-dated *no more than 30 days* from the DHS Determination Date. The CWA must request special consideration within the "CWA Notes" section on the CSOR.

2. DHS denies the outlier rate request:

- a) DHS will include a denial reason on the CSOR.
 - A denial notification email will be sent to the CWA.
 - CWA will communicate the status of denial with the provider, including the reason for denial.

- If the provider will not deliver services at the State uniform rate, the CWA will work with the participant to secure other services to meet the participant's needs.
- A denial of an outlier rate request does not require a Notice of Action (NOA) and is not appealable.
- A new request can be submitted at any time with updated or additional information that supports an outlier rate request.

3. DHS requests additional information:

- a) DHS will return the CRSOR to the CWA for additional information.
 - DHS will indicate the needed information in the "DHS Notes" field, place the CRSOR in the CWA rework queue, and send a notification email to the CWA.
 - The CWA will compile the missing information which may include reaching out to the provider.
 - CWA will provide requested information, either in the "CWA Notes" field or by attaching forms on the CRSOR and submit it to DHS for review.
 - The outlier rate request will be held for up to 21 business days for additional information. If after 21 days the information is not received, DHS will archive the request as a denial.
 - If the CWA wishes to pursue the outlier request after denial, they must submit a new CRSOR to initiate a new request.

Additional Information

Waiver agencies should submit any questions to the [BCS Technical Assistance Center](#) or the [CLTS Outlier Rate Coordinator\(s\)](#), including questions regarding how to determine whether an outlier rate request is appropriate for a participant. County Waiver agencies must work with DHS and follow the state's guidance to resolve any issues when they arise.

Approved outlier rates are subject to record review, corrective action plans, or financial disallowances upon a negative finding.