



Children's Long-Term Support (CLTS) Waiver Program Eligibility and Enrollment Streamlining (EES) Implementation Interim Guidance Update

The Children's Long-Term Support (CLTS) Waiver Program requires participants to be continuously enrolled in Medicaid. This communication provides further information to help county waiver agencies (CWAs) meet this requirement.

Specifically, this guidance provides details on:

- Which subprograms are a valid source of Medicaid for CLTS
- When to refer a CLTS applicant or participant for HCBW ("Waiver MA")
- How to verify CLTS participants' Medicaid enrollment
- Two key reports for monitoring participants' Medicaid
- Answers to common questions about the HCBW application and renewal process
- Helping families understand what they must do to complete the process

Sources of Medicaid

A CLTS applicant or participant can have Medicaid through a variety of sources. The following Medicaid subprograms are considered "Group A" and **do not** require a cost share:

- SSI and SSI-related MA
- Foster Care MA
- Adoption Assistance MA
- Katie Beckett MA
- BadgerCare Plus

For the CLTS Waiver Program, there is one possible source of "Group B" Medicaid, which **does** require a cost share calculation:

- Home and Community-Based Waiver (HCBW) Medicaid (also known as "Waiver Medicaid" or "Waiver MA")

Important points about Medicaid for the waiver program:

- A CLTS applicant or participant must be enrolled in one of these Medicaid subprograms, but any one of them is permissible.
- When a child or youth is enrolled in one of the Group A subprograms, there is no need to change their source of Medicaid to HCBW.
- When a CLTS applicant does not have Medicaid, then the CWA works with the family to apply for HCBW.
- When a CLTS participant loses or will soon lose another source of Medicaid, the CWA must work with the family to apply for HCBW.



Confirming Medicaid Enrollment

CWAs can use the ForwardHealth Waiver Agency portal and/or interChange (iC Functionality) to look up the Medicaid status of any CLTS applicant or participant. InterChange shows the source of Medicaid, the effective enrollment dates, and when eligibility might end or need to be renewed.

Monitoring Medicaid Enrollment

While CWAs can use the portal or interChange to see an individual's Medicaid enrollment, agencies can use reports to monitor entire CLTS caseloads. Several different types of reports are available through Business Objects and in the ForwardHealth Portal. Two reports that can be particularly helpful for viewing and managing Medicaid enrollment for CLTS participants are the:

- CLTS Waiver Enrollment Report
- Predictive Disenrollment Report

CLTS Waiver Enrollment Report

The CLTS Waiver Enrollment Report is available as an Excel spreadsheet in each agency's folder through the [Business Objects Webi interface](#). These Data Warehouse reports are updated every Monday by 10:00 a.m. and provide a detailed list of an agency's participants for the previous week.

This report identifies up to three sources of Medicaid plus Katie Beckett for each CLTS participant, including the Medicaid start and end dates, which is useful for identifying (1) any CLTS participants who are without a current source of Medicaid and (2) when each participant's Medicaid is due to be renewed or might end.

Predictive Disenrollment Report

The monthly Predictive Disenrollment Report is available in the ForwardHealth Portal through the Reports link. It comes in a static text format that can be printed, but not sorted. It can be copied and pasted into Excel. Updated OnBase reports are available around the middle of each month, two days after adverse action (see the [CARES calendar](#) for these dates).

The Predictive Disenrollment Report is also generated weekly as an Excel spreadsheet in each agency's folder through the [Business Objects Webi interface](#).

Along with other information, the Predictive Disenrollment Report provides a list of CLTS participants who are losing Medicaid at the end of the current or next calendar month. This information is useful for:

- Identifying participants who need to be referred for HCBW due to losing another form of Medicaid.
- Tracking when the CWA needs to send income maintenance (IM) verification of functional eligibility and cost share determinations (see HCBW Renewals below).



- Working with families before a participant's Medicaid ends to ensure seamless enrollment, possibly including reminding parents or guardians to complete any required renewal paperwork.
- Partnering with agencies that are responsible for the source of Medicaid, as needed to maintain Medicaid enrollment.

HCBW Medicaid

CWAs must refer to [DMS Information Memo 2018-01](#) for the process to complete an HCBW application or renewal. The following clarifications address common questions that have arisen since the memo's release.

New HCBW Applications

Work with the family to complete an application for HCBW Medicaid when a child or youth (1) who is first applying for the CLTS Waiver Program does not have another source of Medicaid or (2) is a participant who is losing their current source of Medicaid.

For an HCBW application, complete and send the following to the IM agency:

- Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Service Registration Application ([F-10129](#)) with the parent/guardian's name as the applicant
- Home and Community-Based Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program ([F-02319](#)), which identifies the most recent date that functional eligibility was determined
- Medicaid Waiver Eligibility and Cost Sharing Worksheet ([F-20919](#)), identifying that the HCBW application is Group B Medicaid and whether the child has any income for a cost share determination
 - If there is a Wisconsin child support order, the CWA does not need to verify the income. IM has an automated system to verify in-state child support that is paid.
 - Verification of out-of-state child support must be provided. Most often, parents can go online to the child support agency and print a history of the support paid on behalf of the child.
 - Parents will receive information through the mail when other income verification is required. CWAs can offer to help facilitate getting this information to IM.
 - CWAs can work with the local IM agency to identify what kinds of documents are required to verify other forms of income.
 - If a cost share is calculated, send a copy of the F-20919 to your state technical assistance (TA) lead. The Bureau of Children's Services is tracking cost share calculations.

CWAs need to inform families that with the F-10129, a parent/guardian **must** review the case summary they receive in the mail and provide a "second signature" (either



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by signing and returning the paperwork or by calling IM to give a telephonic signature). Instructions are included on the case summary, but this step is absolutely necessary to complete the application process outlined above.

HCBW Renewals

When a CLTS participant is enrolled in HCBW (or BadgerCare Plus), IM will mail the family a Pre-Printed Renewal Form (PPRF) approximately six weeks before the Medicaid renewal is due. Parents/guardians must complete and return the PPRF, or they can call IM to complete the renewal over the phone. Instructions are included on the PPRF.

For HCBW renewals, the CWA must send IM an updated F-02319 (with the date of the most recent functional eligibility determination) and F-20919.

If a family did not receive or cannot find the PPRF, they can call IM to request another or to complete a renewal over the phone.

If a family does not complete the renewal by the due date, they have up to three months to reopen Medicaid before a new application is due.

If Medicaid is closed for three months, the CWA must work with the family to complete a new HCBW application.