



New Provider Users: Submit a New Registration

General Introduction

This guide explains how you can submit a new registration in the CLTS Provider Registry, including how to do the following:

- Start a new registration (or link to an existing one).
- Enter billing information.
- Select services (including providing qualifications, a National Provider Identifier (**NPI**), and status as a Medicaid-certified provider).
- Enter directory locations.
- Submit the registration.

Home Page

1. On the home page, click on “Create a new provider account or link to existing account.”

WISCONSIN DEPARTMENT of HEALTH SERVICES **CLTS Provider Registry**

Welcome to the Wisconsin Department of Health Service's (DHS) Children's Long-Term Support (CLTS) Program Provider Registry and Directory System

The Children's Long-Term Support (CLTS) Program helps children with disabilities and their families through supports and services that help children grow and live their best lives. It is a home and community-based service waiver. It uses a Medicaid waiver to fund services for kids with disabilities. A waiver lets states use Medicaid to fund additional non-medical services and supports not normally offered. The CLTS Program aims to keep kids at home instead of at an institution.

DHS administers the CLTS Provider Registry for the continuous, open enrollment of providers. DHS and CWAs share joint responsibility for deeming providers willing and qualified to deliver CLTS Program services. DHS maintains the online provider registration system, deems providers initially qualified, and places them on the public CLTS Provider Directory. CWAs fully qualify an initially qualified provider by accessing provider information and initial qualification documentation reconfirming the provider's credentials and ensuring the provider has met participant-specific training and other service description requirements prior to authorizing services.

Provider Registry Log-in Information

Providers of Service
Providers will have a username that will be appended with @cltspvdrregistry.wi.gov. Providers will use the username and password fields to log in. If providers forget their password, you can click on the "Forgot password" button and enter your username to receive an email that allows you to reset your password. If providers forget their username, you can call the CLTS Provider Contact Center at 833-940-1576 for assistance.

CWAs
CWAs will use your Wisconsin Web Access Management System (WAMS) ID to log in. CWAs will use "WAMS Login" button to log in. If a CWA forgets their WAMS ID or password, go to the Wisconsin Web Access Management System and choose Profile Management.

Providers enter your username + @cltspvdrregistry.wi.gov and password here to log in.

Username

Password

Log in

Forgot your password or username?
Create a new provider account OR link to existing account

County Waiver Agencies use WAMS Login button to log in.

WAMS Login

2. Continue to next page to complete the required information.

WISCONSIN DEPARTMENT of HEALTH SERVICES **CLTS Provider Registry**

Welcome to the Wisconsin Department of Health Service's (DHS) Children's Long-Term Support (CLTS) Program Provider Registry and Directory System

The Children's Long-Term Support (CLTS) Program helps children with disabilities and their families through supports and services that help children grow and live their best lives. It is a home and community-based service waiver. It uses a Medicaid waiver to fund services for kids with disabilities. A waiver lets states use Medicaid to fund additional non-medical services and supports not normally offered. The CLTS Program aims to keep kids at home instead of at an institution.

DHS administers the CLTS Provider Registry for the continuous, open enrollment of providers. DHS and CWAs share joint responsibility for deeming providers willing and qualified to deliver CLTS Program services. DHS maintains the online provider registration system, deems providers initially qualified, and places them on the public [CLTS Provider Directory](#). CWAs fully qualify an initially qualified provider by accessing provider information and initial qualification documentation reconfirming the provider's credentials and ensuring the provider has met participant-specific training and other service description requirements prior to authorizing services.

Provider Registry Log-In Information
Providers of Service
Providers will have a username that will be appended with @cltsproviderregistry.wi.gov.
Providers will use the username and password fields to log in.
If providers forget their password, you can click on the "Forgot password" button and enter your username to receive an email that allows you to reset your password.
If providers forget their username, you can call the CLTS Provider Contact Center at 833-940-1576 for assistance

CWAs
CWAs will use your Wisconsin Web Access Management System (WAMS) ID to log in.
CWAs will use "WAMS Login" button to log in.
If a CWA forgets their WAMS ID or password, go to the [Wisconsin Web Access Management System](#) and choose Profile Management.

Interested in becoming a registered CLTS Program provider, or linking yourself to an existing CLTS Program provider registration?
Create your account here.

First Name
Last Name
Email
Username

I'm not a robot 

[Already have an account?](#)

3. After all information is submitted, check your email to complete the registration. Once complete, click on "Back to Login"

WISCONSIN DEPARTMENT of HEALTH SERVICES **NOW, CHECK YOUR EMAIL**

Welcome to the Wisconsin Department of Health Service's (DHS) Children's Long-Term Support (CLTS) Program Provider Registry and Directory System

The Children's Long-Term Support (CLTS) Program helps children with disabilities and their families through supports and services that help children grow and live their best lives. It is a home and community-based service waiver. It uses a Medicaid waiver to fund services for kids with disabilities. A waiver lets states use Medicaid to fund additional non-medical services and supports not normally offered. The CLTS Program aims to keep kids at home instead of at an institution.

DHS administers the CLTS Provider Registry for the continuous, open enrollment of providers. DHS and CWAs share joint responsibility for deeming providers willing and qualified to deliver CLTS Program services. DHS maintains the online provider registration system, deems providers initially qualified, and places them on the public [CLTS Provider Directory](#). CWAs fully qualify an initially qualified provider by accessing provider information and initial qualification documentation reconfirming the provider's credentials and ensuring the provider has met participant-specific training and other service description requirements prior to authorizing services.

Provider Registry Log-In Information
Providers of Service
Providers will have a username that will be appended with @cltsproviderregistry.wi.gov.
Providers will use the username and password fields to log in.
If providers forget their password, you can click on the "Forgot password" button and enter your username to receive an email that allows you to reset your password.
If providers forget their username, you can call the CLTS Provider Contact Center at 833-940-1576 for assistance

CWAs
CWAs will use your Wisconsin Web Access Management System (WAMS) ID to log in.
CWAs will use "WAMS Login" button to log in.
If a CWA forgets their WAMS ID or password, go to the [Wisconsin Web Access Management System](#) and choose Profile Management.

NOW, CHECK YOUR EMAIL
Check the email account associated with your user name for instructions on resetting your password. Remember to look in your spam folder, where automated messages sometimes filter. If you still can't **log in, contact your administrator.**

[Back to login](#)

4. Enter your newly created username and password and click Log in.

WISCONSIN DEPARTMENT of HEALTH SERVICES **CLTS Provider Registry**

Welcome to the Wisconsin Department of Health Service's (DHS) Children's Long-Term Support (CLTS) Program Provider Registry and Directory System

The Children's Long-Term Support (CLTS) Program helps children with disabilities and their families through supports and services that help children grow and live their best lives. It is a home and community-based service waiver. It uses a Medicaid waiver to fund services for kids with disabilities. A waiver lets states use Medicaid to fund additional non-medical services and supports not normally offered. The CLTS Program aims to keep kids at home instead of at an institution.

DHS administers the CLTS Provider Registry for the continuous, open enrollment of providers. DHS and CWAs share joint responsibility for deeming providers willing and qualified to deliver CLTS Program services. DHS maintains the online provider registration system, deems providers initially qualified, and places them on the public CLTS Provider Directory. CWAs fully qualify an initially qualified provider by accessing provider information and initial qualification documentation reconfirming the provider's credentials and ensuring the provider has met participant-specific training and other service description requirements prior to authorizing services.

Provider Registry Log-in Information

Providers of Service
Providers will have a username that will be appended with @cltsproviderregistry.wi.gov.
Providers will use the username and password fields to log in.
If providers forget their password, you can click on the "Forgot password" button and enter your username to receive an email that allows you to reset your password.
If providers forget their username, you can call the CLTS Provider Contact Center at 833-940-1576 for assistance.

CWAs
CWAs will use your Wisconsin Web Access Management System (WAMS) ID to log in.
CWAs will use "WAMS Login" button to log in.
If a CWA forgets their WAMS ID or password, go to the [Wisconsin Web Access Management System](#) and choose Profile Management.

Providers enter your username + @cltsproviderregistry.wi.gov and password here to log in.

Username

Password

Log in

[Forgot your password or username?](#)
[Create a new provider account](#) [or link to existing account](#)

County Waiver Agencies use WAMS Login button to log in.

WAMS Login

Start New Registration

1. If you click Next for Start a New Registration, you start by choosing a registration type.

CLTS Provider Registry

Welcome to the Wisconsin Children's Long-Term Support (CLTS) Provider Online Registry.

Do not register here if you are employed by a provider agency or turn in timesheets to a fiscal agent. Ask your employer for more information, or contact your county Human Service Department.

Select your registration type:

- If you do not employ staff, you are a sole proprietor.
- If you employ staff to deliver your service, you are a provider agency.

Please note: you cannot register to be both a sole proprietor and a provider agency.

***Registration Type**

Provider Agency

Sole Proprietor

If you aren't sure what type of provider you are, you can find out. Call the CLTS Provider Contact Center at 833-940-1576.

Next

Billing Information

- Next, enter billing information including the business details, tax details, address, and contact person. Try to limit your billing address to 30 characters if possible.

Billing information

*** Business Name**

*** Is the business name above the same name that appears on your W9 income form?**
 Yes
 No

*** W9 Exempt Payee**
 Yes
 No

*** Business Type**
 Corporation
 Individual/Sole Proprietor
 Limited Liability Company (LLC)
 Partnership
 Tax-exempt not for profit organization
 Other

*** Tax ID Type**
 Employer ID Number
 Social Security Number

Billing Address

*** Billing Street**

*** City**

*** State**

*** Country**
 United States
 Canada

*** Zip Code**

Billing Contact

*** First Name**

*** Last Name**

Title

*** Email** 

*** Phone** 

Phone (mobile) 

Fax 

Website 

Note you will get a message if you enter the same information as a registration previously entered in the system.

It looks like you have entered information that may be a duplicate of an existing registration. We'll review and will contact you for next steps.

If you have questions, call the CLTS Provider Contact Center at 833-940-1576.

Services

3. Next, check the box for each service you intend to offer as a provider.

Services

Select the service(s) you are interested in delivering (check all that apply).

<input type="checkbox"/> Adult family home	<input type="checkbox"/> Health and wellness
<input type="checkbox"/> Assistive technology	<input type="checkbox"/> Home modifications
<input type="checkbox"/> Child care services	<input type="checkbox"/> Housing support services
<input type="checkbox"/> Children's Foster Care	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Communication assistance for community inclusion	<input type="checkbox"/> Participant and family-directed goods and services
<input type="checkbox"/> Community/competitive integrated employment-individual	<input type="checkbox"/> Participant and family-direction broker services
<input type="checkbox"/> Community/competitive integrated employment-small group	<input type="checkbox"/> Personal emergency response system (PERS)
<input type="checkbox"/> Community integration services	<input type="checkbox"/> Personal supports
<input type="checkbox"/> Counseling and therapeutic services	<input type="checkbox"/> Relocation services
<input type="checkbox"/> Daily living skills training	<input type="checkbox"/> Respite care
<input type="checkbox"/> Day services	<input type="checkbox"/> Safety planning and prevention
<input type="checkbox"/> Discovery and career planning	<input type="checkbox"/> Specialized medical and therapeutic supplies
<input type="checkbox"/> Empowerment and self-determination supports	<input type="checkbox"/> Transportation
<input type="checkbox"/> Family/unpaid caregiver supports and services	<input type="checkbox"/> Vehicle modifications
<input type="checkbox"/> Financial management services	<input type="checkbox"/> Virtual equipment and supports
<input type="checkbox"/> Grief and bereavement counseling	

[Previous](#) [Save & Continue](#)

Services—Additional Info N/A

Depending on the business type and service selected, you may not need to provide additional information.

Selecting the following services as a sole proprietor **does not** require additional information:

- Assistive technology
- Discovery and career planning
- Empowerment and self-determination support
- Family/unpaid caregiver supports and services
- Mentoring
- Participant and family-direction broker services
- Personal emergency response system (PERS)
- Transportation
- Virtual equipment and supports

Services–Additional Info Req.

Selecting the following services **does** require additional information:

- Child care
- Children’s Foster Care
- Day services
- Daily living skills training
- Discovery and career planning
- Adult family home
- Respite care
- Counseling and therapeutic services

4. When you select a service that requires additional information, additional questions will follow. Here are the additional questions that follow the selection of Day services. First, select options for the Provider Type.

Day services

*Select the agency type(s) based on the license held at the agency level. Do not make selections based on the organizations your agency contracts with to deliver child care.

Family child care center

Group child care center

[Previous](#) [Save & Continue](#)

Services–Qualifications

- After selecting services, you must enter information for the provider agency's accreditation, certification, and license.

Group child care center: Qualification

You have previously submitted qualification information for this provider type. Please upload all supporting documentation for this qualification. If you would like to make changes related to this provider type, you may do so below.

* Do you want to delete this qualification record?

Yes
 No

Please provide details of your license related to this service and upload supporting documentation.

* Qualification Type

License

Credential Number

Credentiating Agency

Credentiating State

Credentiating Agency Type

Federal
 State
 Other

Expiration Date

Click the Upload File button below to attach files regarding your qualification or experience.

Upload file

Or drop files

- And, depending on the Provider Type you select, you may need to upload qualifications related to education, experience, or training.

Supported employment: Experience - DVR Contract: Qualification

Describe your experience related to this service and upload supporting documentation.

* Qualification Type

Experience

Describe your experience.

Click the Upload File button below to attach files regarding your qualification or experience.

Upload file

Or drop files

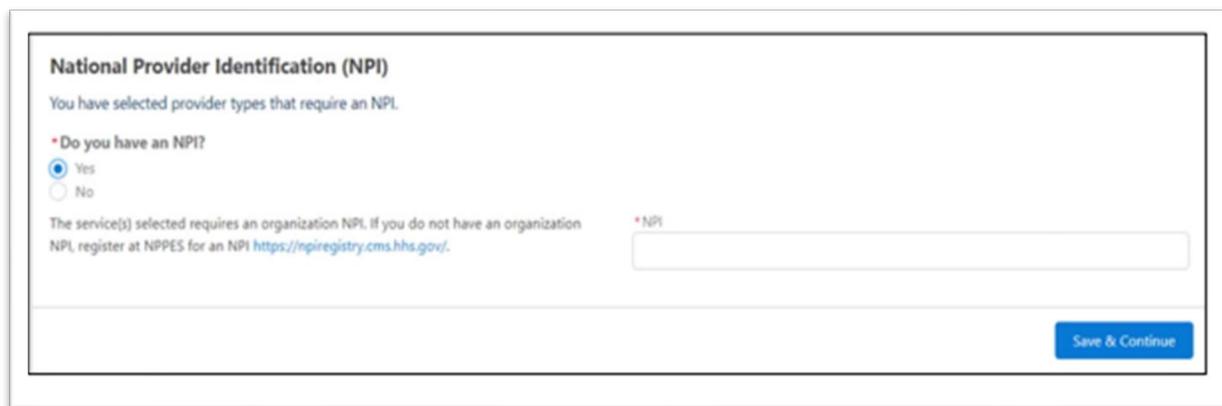
Services–NPI

7. After submitting details on qualifications, you must enter an NPI if you chose any of these Provider Types:
- Medical supplier
 - Licensed practical nurse
 - Nurse aide
 - Personal care worker
 - Registered nurse
 - Home health agency
 - Hospice
 - Sign language interpreter
 - Licensed psychologist

And you must submit an NPI if you choose Assistive technology as a Service Type and both of the following are true:

- Durable medical equipment supplier is the Provider Type.
- Medical supplies or services is selected.

If you choose **Yes** for the question "Do you have an NPI?", then a field is displayed to enter one.



National Provider Identification (NPI)
You have selected provider types that require an NPI.

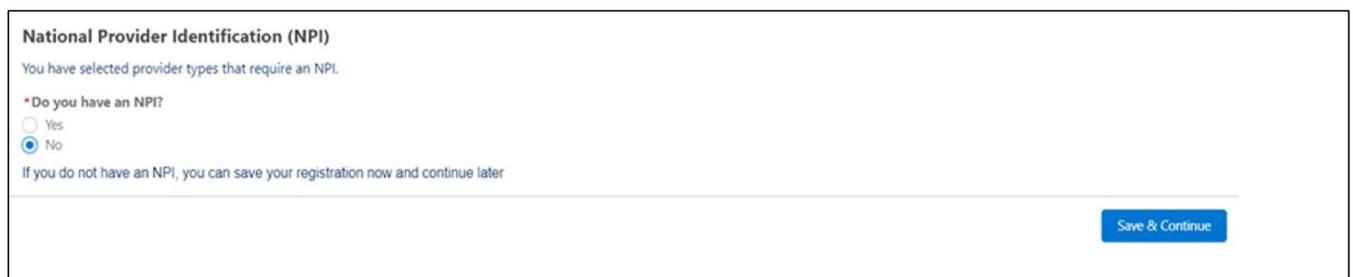
* Do you have an NPI?
 Yes
 No

The service(s) selected requires an organization NPI. If you do not have an organization NPI, register at NPES for an NPI <https://npiregistry.cms.hhs.gov/>.

* NPI

Save & Continue

If you choose **No** for the question "Do you have an NPI?", then a message is displayed noting the registration is saved and can be continued later.



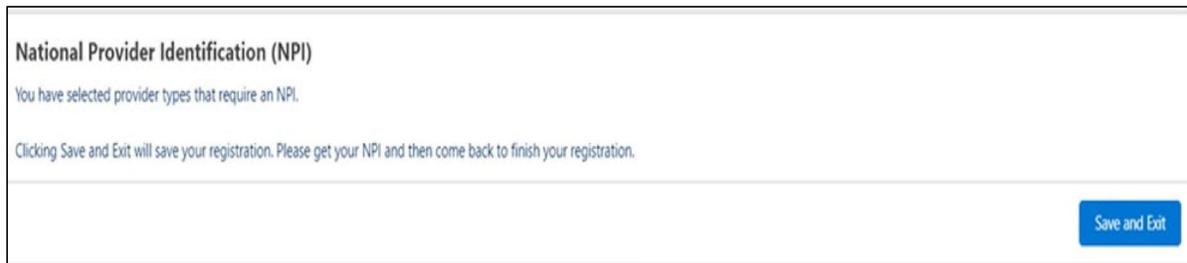
National Provider Identification (NPI)
You have selected provider types that require an NPI.

* Do you have an NPI?
 Yes
 No

If you do not have an NPI, you can save your registration now and continue later

Save & Continue

If you choose **No** for the question “Do you have an NPI?” and click **Save & Continue**, then a confirmation message is displayed.

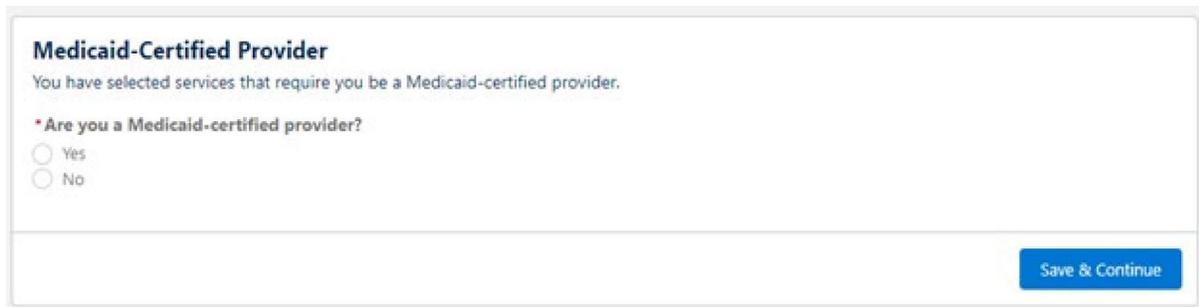


National Provider Identification (NPI)
You have selected provider types that require an NPI.
Clicking Save and Exit will save your registration. Please get your NPI and then come back to finish your registration.

Save and Exit

Services—Medicaid-Certified

- After entering an **NPI**, you must enter information for being a Medicaid-certified provider if you choose any of the following as a service: Durable medical equipment supplier, Personal care worker, or Medical supplier.



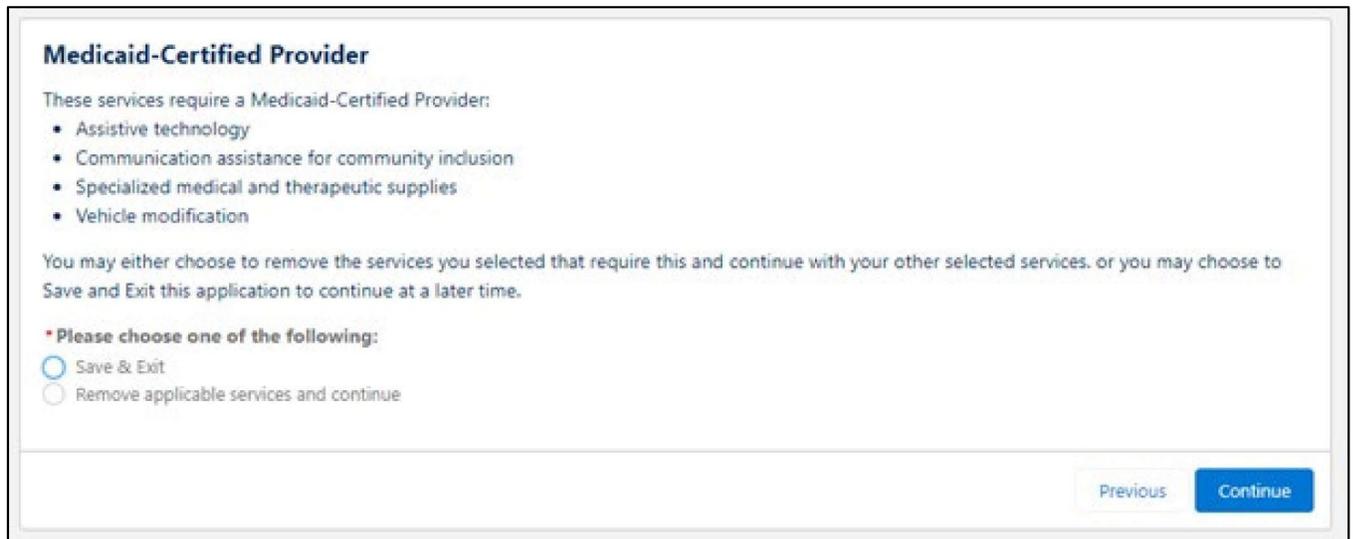
Medicaid-Certified Provider
You have selected services that require you be a Medicaid-certified provider.

* Are you a Medicaid-certified provider?

Yes
 No

Save & Continue

If you choose **No**, you have the option to save the registration and exit or go backwards in the application to remove the services that require being a Medicaid-certified provider.



Medicaid-Certified Provider

These services require a Medicaid-Certified Provider:

- Assistive technology
- Communication assistance for community inclusion
- Specialized medical and therapeutic supplies
- Vehicle modification

You may either choose to remove the services you selected that require this and continue with your other selected services, or you may choose to Save and Exit this application to continue at a later time.

* Please choose one of the following:

Save & Exit
 Remove applicable services and continue

Previous Continue

However, if you select **No**, and all the services selected require being a Medicaid-certified provider, the only option is to click **Save & Exit**.

Medicaid-Certified Provider

The services you selected require that you be a Medicaid-certified provider.

Clicking Save & Exit will save your registration. Please enroll as a provider with [ForwardHealth](#). And then come back to finish your registration.

[Save & Exit](#)

Notice the link to enroll as a provider with ForwardHealth.

Location Information

9. Select the County(ies) in which you provide services, or, if you provide services statewide, click the **“statewide”** radio button.

Directory Locations

You will now provide information regarding your office location(s) which will appear on the public CLTS Provider Directory.

If this is a renewal or if you have previously entered directory location(s), you can edit or remove those locations. You can add additional locations as well.

* Do you deliver services statewide?

Yes
 No

* Counties Served

<input type="checkbox"/> Adams	<input type="checkbox"/> Fond du Lac	<input type="checkbox"/> Marquette	<input type="checkbox"/> Sawyer
<input type="checkbox"/> Ashland	<input type="checkbox"/> Forest	<input type="checkbox"/> Menominee	<input type="checkbox"/> Shawano
<input type="checkbox"/> Barron	<input type="checkbox"/> Grant	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Sheboygan
<input type="checkbox"/> Bayfield	<input type="checkbox"/> Green	<input type="checkbox"/> Monroe	<input type="checkbox"/> Taylor
<input type="checkbox"/> Brown	<input type="checkbox"/> Green Lake	<input type="checkbox"/> Oconto	<input type="checkbox"/> Trempealeau
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Iowa	<input type="checkbox"/> Oneida	<input type="checkbox"/> Vernon
<input type="checkbox"/> Burnett	<input type="checkbox"/> Iron	<input type="checkbox"/> Outagamie	<input type="checkbox"/> Vilas
<input type="checkbox"/> Calumet	<input type="checkbox"/> Jackson	<input type="checkbox"/> Ozaukee	<input type="checkbox"/> Walworth
<input type="checkbox"/> Chippewa	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Pepin	<input type="checkbox"/> Washburn
<input type="checkbox"/> Clark	<input type="checkbox"/> Juneau	<input type="checkbox"/> Pierce	<input type="checkbox"/> Washington
<input type="checkbox"/> Columbia	<input type="checkbox"/> Kenosha	<input type="checkbox"/> Polk	<input type="checkbox"/> Waukesha
<input type="checkbox"/> Crawford	<input type="checkbox"/> Kewaunee	<input type="checkbox"/> Portage	<input type="checkbox"/> Waupaca
<input type="checkbox"/> Dane	<input type="checkbox"/> La Crosse	<input type="checkbox"/> Price	<input type="checkbox"/> Waushara
<input type="checkbox"/> Dodge	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Racine	<input type="checkbox"/> Winnebago
<input type="checkbox"/> Door	<input type="checkbox"/> Langlade	<input type="checkbox"/> Richland	<input type="checkbox"/> Wood
<input type="checkbox"/> Douglas	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Rock	
<input type="checkbox"/> Dunn	<input type="checkbox"/> Manitowoc	<input type="checkbox"/> Rusk	
<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Marathon	<input type="checkbox"/> Saint Croix	
<input type="checkbox"/> Florence	<input type="checkbox"/> Marinette	<input type="checkbox"/> Sauk	

[Save & Continue](#)

Directory Locations

10. Next, you can add directory locations for the account.

Note: This should only be your physical address. Cannot be a PO Box. Street address is limited to 30 characters.

Location Information
Please provide details about your office location(s).

* Business Name complete this field.

* Street

* City

* State

* Country
 United States
 Canada

* Zip Code

* Phone

Phone (mobile)

Fax

* Email

Website

* Services Offered (select all that apply)
 Health and wellness
 Transportation

* Counties Served
 Ashland

Save & Continue

Once location(s) are entered, you can hit Save & Continue. If you need to make change to a location, select it, and click Save & Continue.

Directory Locations

Listed are the directory locations entered for your registration.

If you wish to delete or make changes to a location, select it, and click Save & Continue. If you have no additional changes, select No changes, and click Save & Continue.

Please select from the following options:

Test - 123 Main St Madison, WI

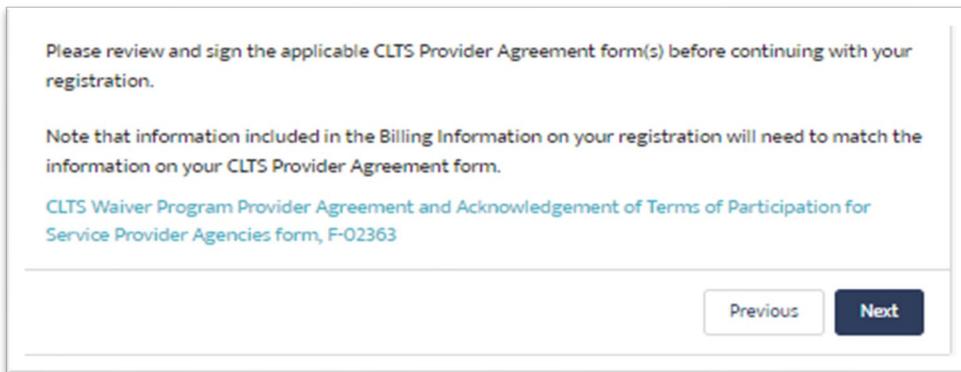
Add another location

No changes

Save & Continue

Link to Agreement

11. Next, click the link to complete the CLTS Provider Agreement form online.



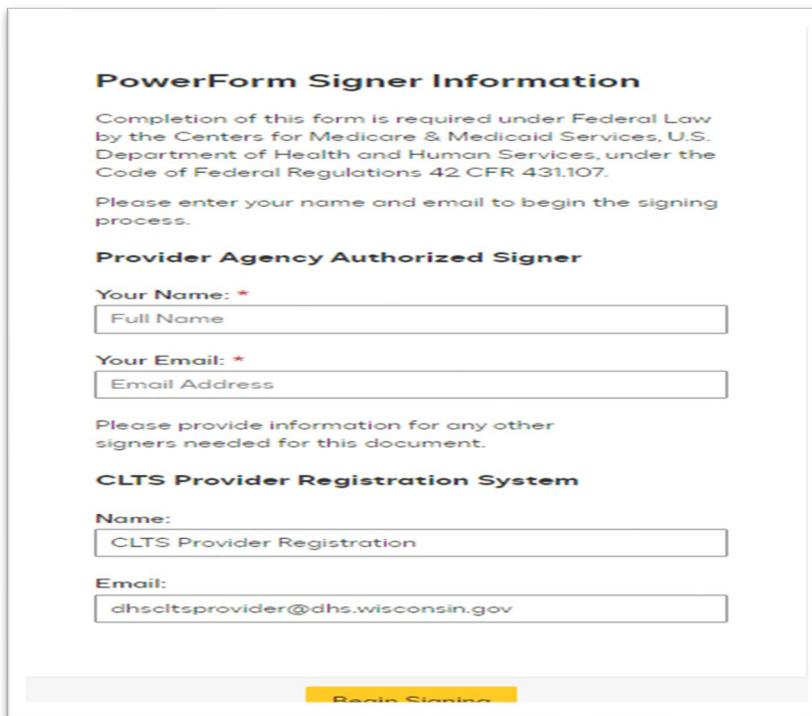
Please review and sign the applicable CLTS Provider Agreement form(s) before continuing with your registration.

Note that information included in the Billing Information on your registration will need to match the information on your CLTS Provider Agreement form.

[CLTS Waiver Program Provider Agreement and Acknowledgement of Terms of Participation for Service Provider Agencies form, F-02363](#)

Previous Next

Clicking the link will open a DocuSign form in a separate browser window. After electronically signing the form, manually switch back to the original browser window.



PowerForm Signer Information

Completion of this form is required under Federal Law by the Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, under the Code of Federal Regulations 42 CFR 431.107.

Please enter your name and email to begin the signing process.

Provider Agency Authorized Signer

Your Name: *
Full Name

Your Email: *
Email Address

Please provide information for any other signers needed for this document.

CLTS Provider Registration System

Name:
CLTS Provider Registration

Email:
dhscltsprovider@dhs.wisconsin.gov

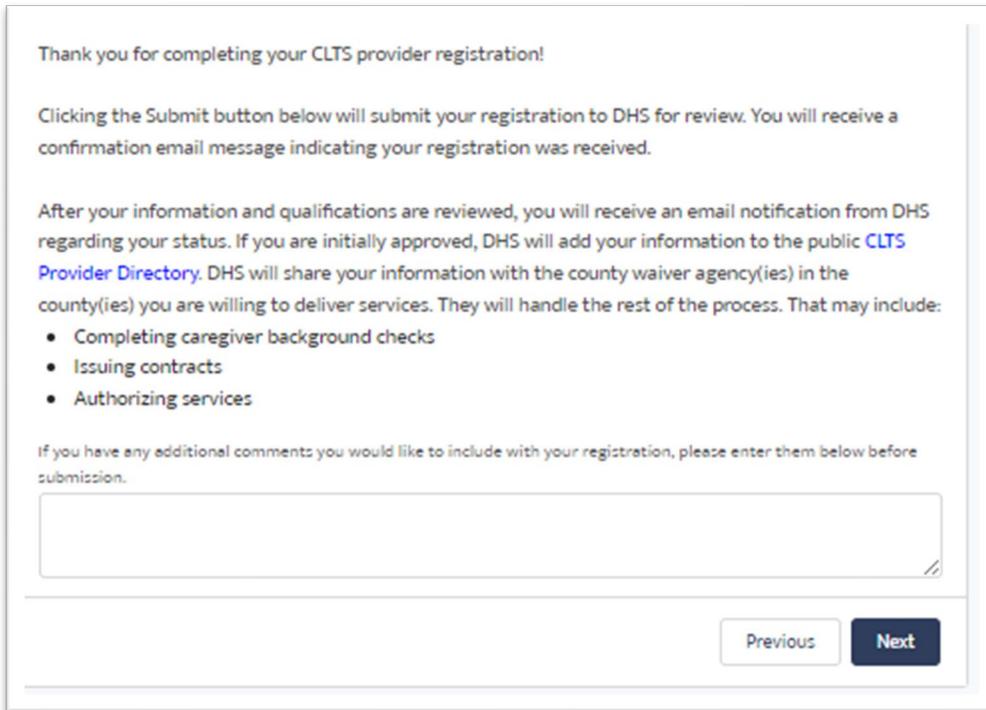
Begin Signing

Note: After you complete the DocuSign Agreement, you will need to go back to your registration to complete the submission.

Submit a New Registration

12. After selecting the services, entering qualifications, possibly reporting an NPI or Medicaid-certified provider status, and providing the directory location(s), you can submit the new registration.

Just click **Submit!**



Thank you for completing your CLTS provider registration!

Clicking the Submit button below will submit your registration to DHS for review. You will receive a confirmation email message indicating your registration was received.

After your information and qualifications are reviewed, you will receive an email notification from DHS regarding your status. If you are initially approved, DHS will add your information to the public [CLTS Provider Directory](#). DHS will share your information with the county waiver agency(ies) in the county(ies) you are willing to deliver services. They will handle the rest of the process. That may include:

- Completing caregiver background checks
- Issuing contracts
- Authorizing services

If you have any additional comments you would like to include with your registration, please enter them below before submission.

[Previous](#) [Next](#)

Questions

- If you have specific questions concerning how providers register for the CLTS Program, please call the CLTS Provider Contact Center at 833-940-1576.