WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

P-03312A (12/2024)

Division of Medicaid Services

Children's Long-Term Support (CLTS)
Program Provider Registry

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."

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

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

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

Start New Registration

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

Billing Information

2. 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.

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.

Next

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).

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

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Services–Qualifications

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

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

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.

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.

If you choose **No** for the question "Do you have an NPI?" and click **Save & Continue,** then a confirmation message is displayed.
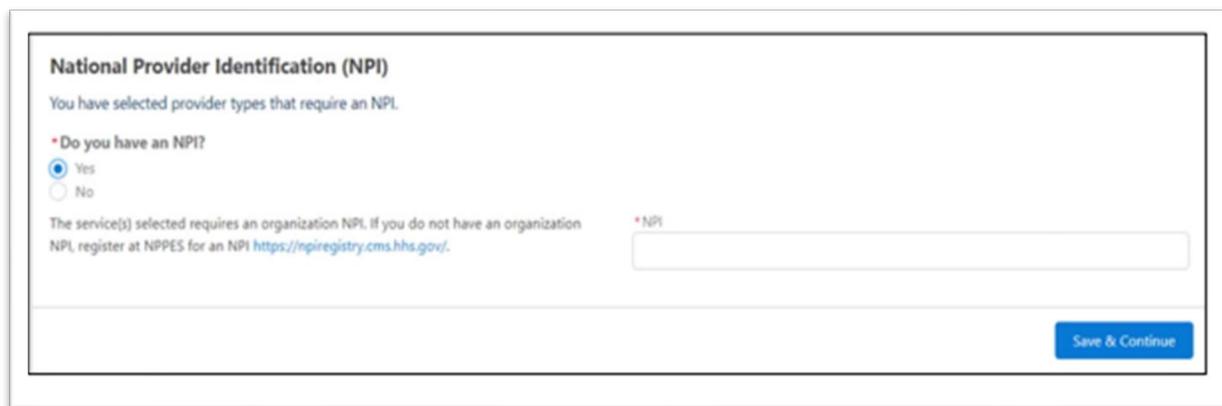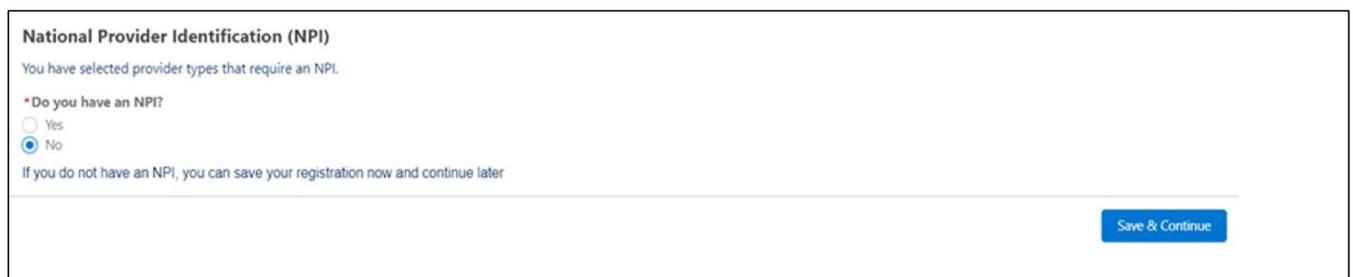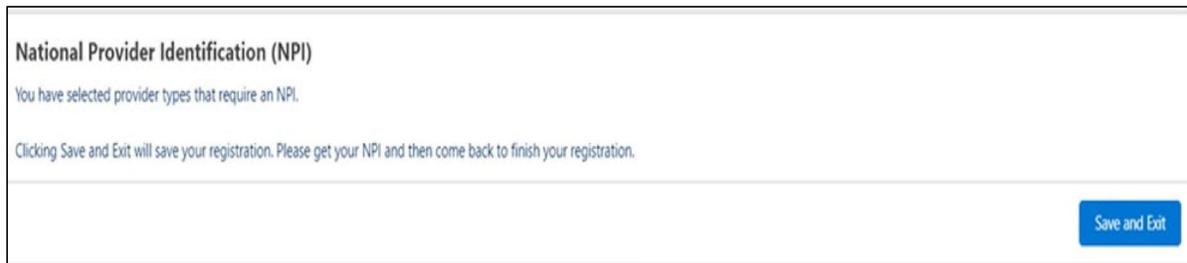
National Provider Identification (NPI)

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

8. 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?
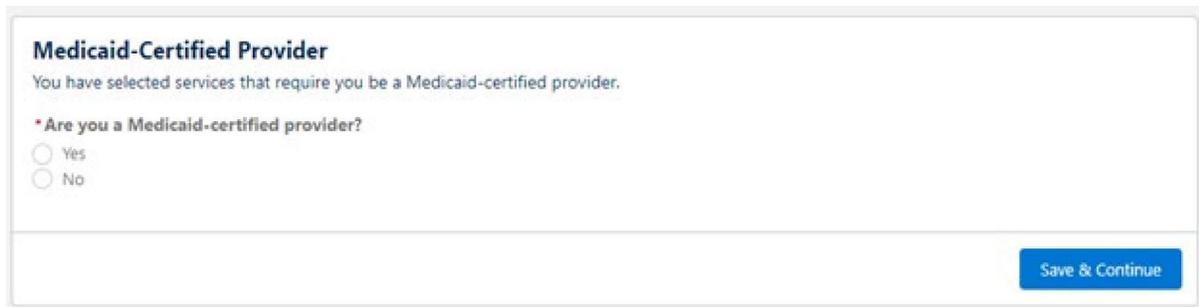
○ Yes
○ No

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.
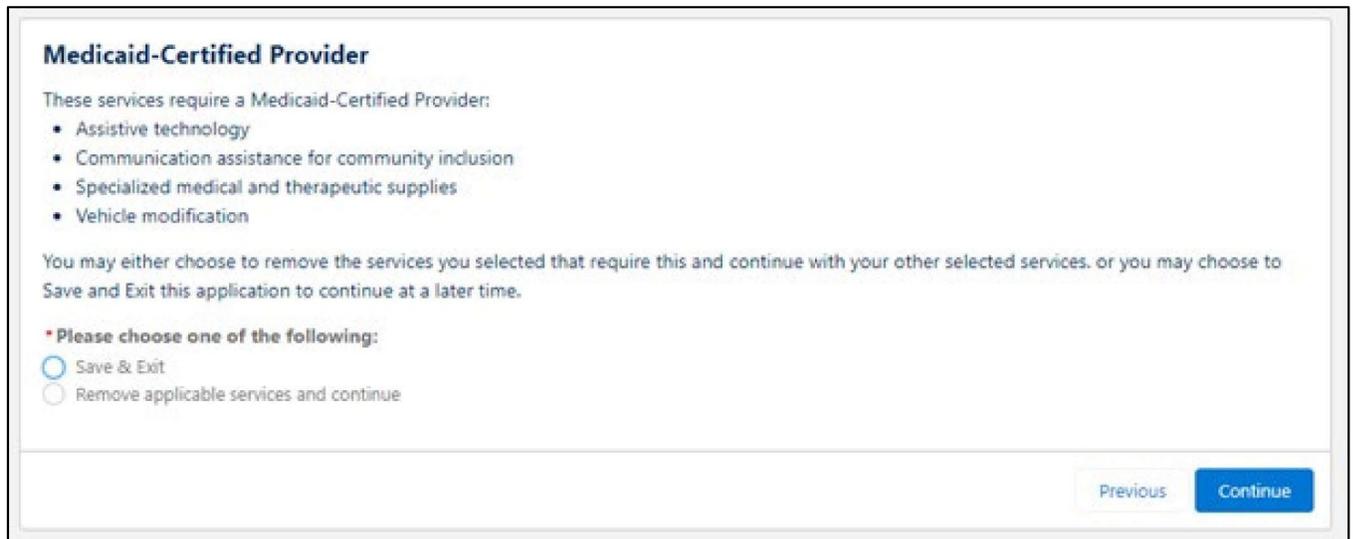
Medicaid-Certified Provider

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

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

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.

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.

Link to Agreement

11. Next, click the link to complete the CLTS Provider Agreement form online.
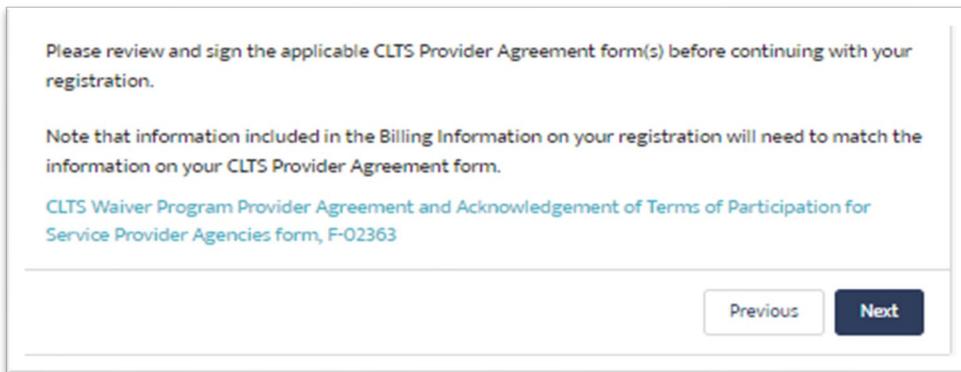
Please review and sign the applicable CLTS Provider Agreement form(s) before continuing with your registration.

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

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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.
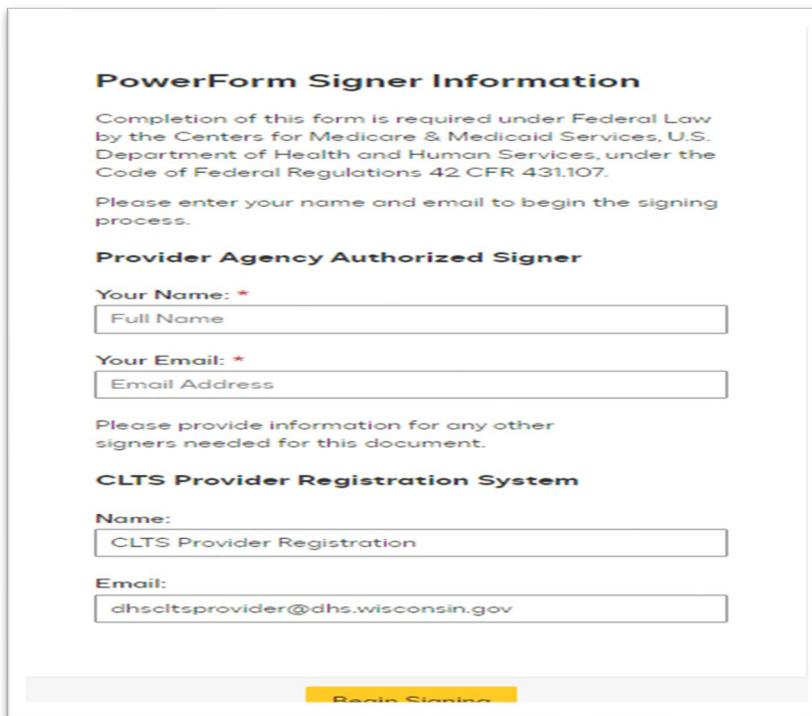
PowerForm Signer Information

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.
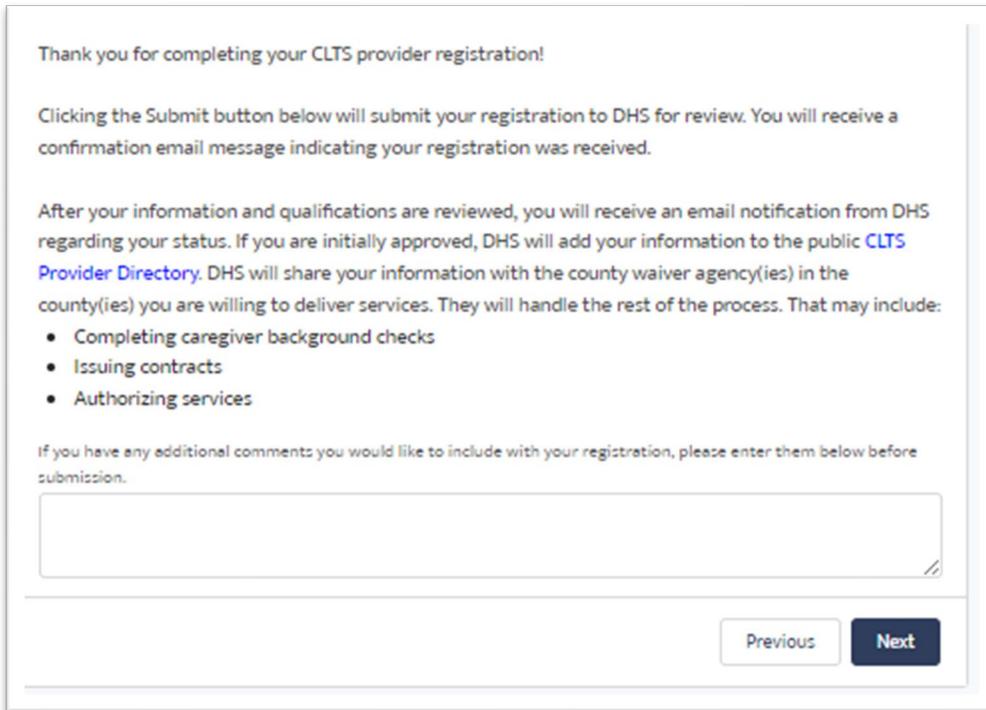
Just click **Submit!**

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.

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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.