

TERMINATION OF CLTS WAIVER PARTICIPATION

This document addresses the procedures to be followed when a child or young adult currently participating in one of the Children’s Long-Term Support Waivers is terminated from the waiver. For children who have waiver Medicaid and whose waiver eligibility is terminated, counties are expected to understand and comply with all requirements of the Division of Disability and Elder Services **Action Memo Number 2005-18 Re: MEDICAID WAIVER SERVICES TERMINATION DATE**, which requires that waiver services and waiver Medicaid end on the same date. For your convenience, many of the relevant requirements are included in this document. Since many participants in the CLTS waivers have Medicaid eligibility through the Katie Beckett Program or some other source, these CLTS procedures are designed to create a **similar alignment** for all sources of Medicaid.

HOW TO USE THIS DOCUMENT

This document is separated into four major **Scenarios**. Each Scenario is similarly organized, with step-by-step instructions covering issues of notification, required actions, handling appeals, and impact on Medicaid eligibility. Details of instructions will vary, depending upon two variables:

- **The Reason For Termination, and**
- **The Child’s Source Of Medicaid.**

Find the Reason for Termination in the list below, go to the Scenario that addresses it, and follow the steps based upon the child’s source of Medicaid.

Reason for Termination	Scenario	Page
Level of Care Not Met.....	1	2
Not Eligible To Transition From Intensive In-Home Autism Treatment Services To Ongoing Services	2	6
No Longer a Wisconsin Resident	3	10
Over the Allowable Age	3	10
Over Income	3	10
Services Don’t Meet Health & Safety Criteria	3	10
Non-Eligible Setting	3	10
Child Has Died	3	10
Non-Compliance With Waiver Eligibility Requirements.....	3	10
No Waiver Service Need	4	14
Not Using Waiver Services as Planned	4	14
Over Assets (but divested/will divest).....	4	14
No Ongoing Unmet Service Need	4	14
Non-Payment of CLTS Parental Fee	4	14
Family Chose to Withdraw.....	4	14

References..... Page 18

Template to be Used for Termination Due to Level of Care..... Page 19

SCENARIO 1: PARTICIPANT NO LONGER MEETS FUNCTIONAL ELIGIBILITY (LEVEL OF CARE) REQUIREMENTS*

The County Agency follows the steps below to notify the family, Division of Hearings and Appeals, and Children's Services Section of termination and to process responses to appeals, if applicable.

I. Notification of Waiver Program Termination and Medicaid Termination (if applicable)**A. If Child Has Medicaid Through The Katie Beckett Program (KBP)**

1. The Katie Beckett Program has the same functional eligibility requirements as the CLTS Waivers, therefore KBP Medicaid will also terminate. Contact the Katie Beckett Program at 608-266-3236 to find out the Termination Date. The Termination Date is based upon the date on which you send the notice to the family, so you **MUST** tell the Katie Beckett Program the date that your notice will be sent, and you **MUST** send the notice on that date. If it is not sent on that date, please re-contact the Katie Beckett Program for revised information.
2. The Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure of the following:
 - a. On the "TO" line, if the child is a minor, or has a guardian, put the child's name "In Care Of" the parent or guardian's name(s).
 - b. Check Reason #2 and indicate that an explanation is attached.
 - c. Attach a termination letter using the template provided by the Children's Services Section and included at the end of this document. If you do not use the CSS template, your letter must have *all* the information included on the CSS template.
 - d. The "EFFECTIVE DATE" of termination for waiver services must match the termination date provided by the Katie Beckett Program.
 - e. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
 - f. Send the originals to the family; send copies to the Division of Hearings and Appeals and to the Children's Services Section (addresses and fax numbers are at the end of this document).
3. If the family is interested in pursuing Medicaid eligibility, the Support and Service Coordinator should explore the various forms of Medicaid to determine the most appropriate source for the family to pursue. This should be done in consultation with the county Economic Support Staff, who have expertise on the various sources of Medicaid and related eligibility criteria. Please note that in this Scenario, the child is not eligible for Katie Beckett Medicaid because s/he did not meet Level of Care criteria, so this will not be an appropriate referral.

B. If Child Has Medicaid Through The Waiver, Medicaid Waiver Eligibility Must Be Terminated Following The Steps Outlined In DDES Action Memo 2005-18

1. Termination of Medicaid waiver **services** must coincide with termination of Medicaid waiver **eligibility**.

* If this is a new application for CLTS Waiver Services, but the child currently has Katie Beckett Medicaid, follow the steps in this section (I.A.1.) to terminate KBP Medicaid. Use CLTS LOC Denial Letter template.

2. [DDES 2005-18, Step 1b] Support and Service Coordinator promptly completes and delivers an *Interagency Notification: Termination of Community Waiver Participation* (Form DDE-2637) to the county Economic Support Staff (ESS). Reason for Termination is "No longer meets functional/level of care eligibility."
3. [DDES 2005-18, Step 1b] ESS will generate an *Interagency Notification: Termination of Medicaid Waiver Eligibility for a Community Waiver Participant* (Form HCF 10142) and forward to the Support and Service Coordinator.
4. [DDES 2005-18, Step 2] When the Support and Service Coordinator receives the Form HCF 10142 from ESS, the Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure to:
 - a. On the "TO" line, if the child is a minor, or has a guardian, put the child's name "In Care Of" the parent or guardian's name(s).
 - b. Check Reason #2 and indicate that an explanation is attached.
 - c. Attach a termination letter using the template provided by the Children's Services Section and included at the end of this document. If you do not use the CSS template, your letter must have **all** the information included on the CSS template.
 - d. The "EFFECTIVE DATE" of termination for waiver services must match the termination date provided by the ESS on Form HCF 10142.
 - e. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
 - f. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children's Services Section (addresses and fax numbers are at the end of this document).
 - g. ESS also sends a termination notice to the child's parent/legal guardian.
5. If the family is interested in pursuing Medicaid eligibility, the Support and Service Coordinator should explore the various forms of Medicaid to determine the most appropriate source for the family to pursue. This should be done in consultation with the county Economic Support Staff, who have expertise on the various sources of Medicaid and related eligibility criteria. Please note that in this Scenario, the child is not eligible for Katie Beckett Medicaid because s/he did not meet Level of Care criteria, so this will not be an appropriate referral.

C. If child has Medicaid through SSI, SSI-E, 1619, Badgercare, Healthy Start, W-2

1. CLTS functional eligibility requirements do not pertain to these sources of income-based Medicaid. The Social Security Administration or county Economic Support Unit will continue to monitor the child's eligibility for this source of Medicaid.
2. The Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure to:
 - a. On the "TO" line, if the child is a minor, or has a guardian, put the child's name "In Care Of" the parent or guardian's name(s).
 - b. Check Reason #2 and indicate that an explanation is attached.

- c. Attach a termination letter using the template provided by the Children's Services Section and included at the end of this document. If you do not use the CSS template, your letter must have *all* the information included on the CSS template.
- d. The "EFFECTIVE DATE" of termination for waiver services must be *at least ten (10) days after the date of the Form DDE-2638*.
- e. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
- f. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children's Services Section (addresses and fax numbers are at the end of this document).

II. Take Action to Terminate Eligibility (Note: if the termination is appealed, the action may need to be reversed.)

- A. Waiver Services: The Support and Service Coordinator should work with the family and their provider(s) as necessary to coordinate the termination of waiver services.
- B. Medicaid Eligibility: Medicaid waiver eligibility will be terminated by the County ESS; Katie Beckett Medicaid eligibility will be terminated by the Katie Beckett Program.
- C. HSRS: Close the child's slot in the Human Services Reporting System (HSRS).
 1. County-funded slots should be closed per county HSRS procedures.
 2. State-funded slots should be kept open until any and all appeal possibilities have been exhausted. At that time, the county HSRS staff should close all SPC's, slot and episode for the child as of the Termination Date (the county can still enter costs for the period of time prior to the Termination Date).

III. Respond to Appeal and Outcome of Appeal When Applicable - County

A. If the Family Appeals the Termination

1. The County Agency develops the written response to the appeal within the timeline required by the Division of Hearings and Appeals. The response and supporting documentation is submitted to DHA; send copies to the family and to the Children's Services Section.
2. The written response should be based upon the original termination letter which was attached to the *Notification of Waiver Program Termination* (Form DDE-2638). Expand upon the details of the Level of Care categories and specify the materials used in making the original determination.
3. The written response must indicate whether or not the county intends to be present at the hearing. The preference is that the county attend the hearing.
4. If the Appeal Notification directs that the "action being appealed" not be taken, the county agency must continue the child's waiver eligibility.
 - a. If child has KBP Medicaid, the county should notify the Katie Beckett Program that the child's eligibility should be reactivated for the duration of the appeal.
 - b. If the child has Medicaid through the Waiver, the county ESS will be informed by DHA to continue Medicaid eligibility for the duration of the appeal.

B. When Decision is Received from Division of Hearings and Appeals

1. **Appeal Dismissed** - the Hearing Officer agreed with the decision to terminate eligibility.
 - a. County Support and Service Coordinator should contact the Children's Services Section and confirm the results.
 - b. Eligibility is terminated effective the date of the Decision.
2. **Appeal Upheld** - the Hearing Officer determined that the child meets Level of Care requirements and the child's eligibility is affirmed. The case is "remanded" back for further action.
 - a. County Support and Service Coordinator should contact the Children's Services Section and confirm the results.
 - b. Child's waiver eligibility continues as well as Medicaid eligibility.
 - c. The DHA notification will specify which agency must respond and certify that they have complied with the order contained within the Hearing Officer's decision.
 - i. The agency required by DHA to respond should check with any associated programs to ensure that the Hearing Officer's order has been followed (e.g., check with the county ESS or the Katie Beckett Program to ensure that Medicaid eligibility has been restored).
 - ii. The agency required by DHA to respond must submit to DHA the Certification of Action (DHA-18) within the timeline specified. A copy of the submitted form should be kept with the county's records.
 - d. The Support and Service Coordinator should determine whether or not the child is due for annual recertification or any other required action.

SCENARIO 2: CHILD DOES NOT MEET CRITERIA TO TRANSITION FROM INTENSIVE IN-HOME AUTISM TREATMENT SERVICES TO ONGOING SERVICES

The County Agency follows the steps below to notify the family, Division of Hearings and Appeals, and Children's Services Section of termination. DHFS handles appeals, if applicable.

I. Notification of Waiver Program Termination and Medicaid Termination (if applicable)**A. If Child Has Medicaid Through The Katie Beckett Program (KBP)**

1. The Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure to:
 - a. On the "TO" line, if the child is a minor, put the child's name "In Care Of" the parent or guardian's name(s).
 - b. Check Reason #4 and write in the explanation that the "Child did not meet the criteria to transition from intensive treatment services to ongoing services." Attach a copy of the related policy, *Required Criteria For Transition to Ongoing Services From Intensive In-Home Autism Treatment Services*.
 - c. The "EFFECTIVE DATE" of termination for waiver services must be *at least ten (10) days after the date of the Form DDE-2638*.
 - d. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
 - e. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children's Services Section (addresses and fax numbers are at the end of this document).
2. After the Support and Service Coordinator has completed all paperwork required for waiver termination and the information is verified, the child's KBP Medicaid eligibility is reactivated by the Children's Services Section, with annual Medicaid recertification responsibility returning to the KBP staff.

B. If Child Has Medicaid Through The Waiver, Medicaid Waiver Eligibility Must Be Terminated Following The Steps Outlined In The DDES Action Memo 2005-18.

1. Termination of Medicaid waiver **services** must coincide with termination of Medicaid waiver **eligibility**.
2. [DDES 2005-18, Step 1b] Support and Service Coordinator promptly completes and delivers an *Interagency Notification: Termination of Community Waiver Participation* (Form DDE-2637) to the county Economic Support Staff (ESS). Reason for Termination is "Failed to Meet Post-Eligibility Requirements."
3. [DDES 2005-18, Step 1b] ESS will generate an *Interagency Notification: Termination of Medicaid Waiver Eligibility for a Community Waiver Participant* (Form HCF 10142) and forward to the Support and Service Coordinator.
4. [DDES 2005-18, Step 2] When the Support and Service Coordinator receives the Form HCF 10142 from ESS, the Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure to:

- a. On the "TO" line, if the child is a minor, put the child's name "In Care Of" the parent or guardian's name(s).
 - b. Check Reason #4 and write in the explanation that the "Child did not meet the criteria to transition from intensive treatment services to ongoing services." Attach a copy of the related policy, *Required Criteria For Transition to Ongoing Services From Intensive In-Home Autism Treatment Services*.
 - c. The "EFFECTIVE DATE" of termination for waiver services must match the termination date provided by the ESS on Form HCF 10142.
 - d. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
 - e. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children's Services Section (addresses and fax numbers are at the end of this document).
 - f. ESS also sends a termination notice to the child's parent/legal guardian.
5. If the family is interested in pursuing Medicaid eligibility, the Support and Service Coordinator should explore the various forms of Medicaid to determine the most appropriate source for the family to pursue. This should be done in consultation with the county Economic Support Staff, who have expertise on the various sources of Medicaid and related eligibility criteria.
- a. If the child is eligible for Medicaid through the Social Security Administration or through the county Economic Support Unit, the family should be referred to the appropriate agency to apply for Medicaid.
 - b. If the child is not eligible for any other source of Medicaid, and if the Katie Beckett Program is determined to be the most appropriate option, the county Support and Service Coordinator may request to have the child's waiver Medicaid converted to KBP Medicaid following the process outlined in the CLTS document *Termination of Children's Waiver Eligibility or Participation And Coordination With Katie Beckett Program Medicaid*.

C. If Child Has Medicaid Through SSI, SSI-E, 1619, Badgercare, Healthy Start, W-2

1. Criteria for transitioning from intensive in-home autism treatment services to ongoing services do not pertain to these sources of income-based Medicaid. The Social Security Administration or county Economic Support Unit will continue to monitor the child's eligibility for this source of Medicaid.
2. The Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure to:
 - a. On the "TO" line, if the child is a minor, put the child's name "In Care Of" the parent or guardian's name(s).
 - b. Check Reason #4 and write in the explanation that the "Child did not meet the criteria to transition from intensive treatment services to ongoing services." Attach a copy of the related policy, *Required Criteria For Transition to Ongoing Services From Intensive In-Home Autism Treatment Services*.

- c. The "EFFECTIVE DATE" of termination for waiver services must be *at least ten (10) days after the date of the Form DDE-2638*.
- d. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
- e. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children's Services Section (addresses and fax numbers are at the end of this document).

II. Take Action to Terminate Eligibility (Note: if the termination is appealed, the action may need to be reversed.)

- A. Waiver Services:** The Support and Service Coordinator should work with the family and their provider(s) as necessary to coordinate the termination of waiver services.
- B. Medicaid Eligibility:** Medicaid waiver eligibility will be terminated by the County ESS.
- C. HSRS:** Close the child's slot in the Human Services Reporting System (HSRS).
 1. County-funded slots should be closed per county HSRS procedures.
 2. State-funded slots should be kept open until any and all appeal possibilities have been exhausted. At that time, the county HSRS staff should close all SPC's, slot and episode for the child as of the Termination Date (the county can still enter costs for the period of time prior to the Termination Date).

III. Respond to Appeal and Outcome of Appeal When Applicable - DHFS

A. If the Family Appeals the Termination

1. DHFS develops the written response to the appeal within the timeline required by the Division of Hearings and Appeals. The response and supporting documentation is submitted to DHA, with copies sent to the family and to the County/Agency.
2. If the Appeal Notification directs that the "action being appealed" not be taken, the county agency must continue child's waiver eligibility as well as Medicaid waiver eligibility for the duration of the appeal.

B. When Decision is Received from Division of Hearings and Appeals

1. **Appeal Dismissed** - the Hearing Officer agreed with the decision to terminate eligibility.
 - a. County Support and Service Coordinator should contact the Children's Services Section and confirm the results.
 - b. Eligibility is terminated effective the date of the Decision.
2. **Appeal Upheld** - the Hearing Officer determined that the child should have been approved for transition to ongoing services and the child's eligibility is affirmed.
 - a. County Support and Service Coordinator should contact the Children's Services Section and confirm the results.
 - b. Child's waiver eligibility continues as well as Medicaid eligibility.
 - c. The DHA notification will specify which agency must respond and certify that they have complied with the order contained within the Hearing Officer's decision.

- i. The agency required by DHA to respond should check with any associated programs to ensure that the Hearing Officer's order has been followed (e.g., check with the county ESS or the Katie Beckett Program to ensure that Medicaid eligibility has been restored).
- ii. The agency required by DHA to respond must submit to DHA the Certification of Action (DHA-18) within the timeline specified. A copy of the submitted form should be kept with the county's records.
- iii. The County Support and Service Coordinator should work with the family and provider to develop a plan for transition to ongoing services and share this information with their Children's Services Specialist (CSS).

SCENARIO 3: PARTICIPANT NO LONGER ELIGIBLE FOR EITHER WAIVER SERVICES OR KATIE BECKETT MEDICAID

Circumstances that would lead to this situation:	On Form DDE-2638, check Reason # shown (include an explanation)
Child is no longer a Wisconsin resident.	1
Child is over the allowable age.	2
Child no longer meets financial eligibility criteria because of being over income .	1
Services do not meet health and safety criteria.	1
Child has been placed in a non-waiver eligible setting.	3
Child has died.	6
Non-compliance with waiver eligibility requirements, e.g.: <ul style="list-style-type: none"> • annual recertification process not completed • refusal to sign ISP • refusal to meet with support/service coordinator • refusal to comply with other waiver standards <i>Note: The family could reapply for the CLTS Waivers if able to comply with requirements in the future.</i>	4

County Agency follows the steps below to notify the family, Division of Hearings and Appeals, and Children’s Services Section of termination. DHFS handles appeals, if applicable.

I. Notification of Waiver Program Termination and Medicaid Termination (if applicable)

A. If Child has Medicaid through the Katie Beckett Program

1. The Katie Beckett Program has the same eligibility requirements as the CLTS Waivers for the situations in this Scenario, therefore KBP Medicaid will also terminate. Contact the Katie Beckett Program at 608-266-3236 to find out the Termination Date. The Termination Date is based upon the date on which you send the notice to the family, so you **MUST** tell the Katie Beckett Program the date that your notice will be sent, and you **MUST** send the notice on that date. If it is not sent on that date, please re-contact the Katie Beckett Program for revised information.
2. The Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child’s parent/legal guardian. Be sure to:
 - a. On the “TO” line, if the child is a minor, or has a guardian, put the child’s name “In Care Of” the parent or guardian’s name(s).
 - b. Check the appropriate Reason (from the chart above) and include an explanatory sentence.
 - c. The “EFFECTIVE DATE” of termination for waiver services must match the termination date provided by the Katie Beckett Program.
 - d. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.

- e. Send the originals to the family; send copies to the Division of Hearings and Appeals and to the Children's Services Section (addresses and fax numbers are at the end of this document).
 - f. The Katie Beckett Program also sends a termination notice to the child's parent/legal guardian.
3. If the family is interested in pursuing Medicaid eligibility, the Support and Service Coordinator should explore the various forms of Medicaid to determine the most appropriate source for the family to pursue. This should be done in consultation with the county Economic Support Staff, who have expertise on the various sources of Medicaid and related eligibility criteria. Please note that in this Scenario, the child is not eligible for Katie Beckett Medicaid, so this will not be an appropriate referral.

B. If Child Has Medicaid Through The Waiver, Medicaid Waiver Eligibility Must Be Terminated Following The Steps Outlined In The DDES Action Memo 2005-18

1. Termination of Medicaid waiver **services** must coincide with termination of Medicaid waiver **eligibility**.
2. [DDES 2005-18, Step 1b] Support and Service Coordinator promptly completes and delivers an *Interagency Notification: Termination of Community Waiver Participation* (Form DDE-2637) to the county Economic Support Staff (ESS).
3. [DDES 2005-18, Step 1b] ESS will generate an *Interagency Notification: Termination of Medicaid Waiver Eligibility for a Community Waiver Participant* (Form HCF 10142) and forward to the Support and Service Coordinator.
4. [DDES 2005-18, Step 2] When the Support and Service Coordinator receives the Form HCF 10142 from ESS, the Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure to:
 - a. On the "TO" line, if the child is a minor, or has a guardian, put the child's name "In Care Of" the parent or guardian's name(s).
 - b. Check the appropriate Reason (from the chart above) and include an explanatory sentence.
 - c. The "EFFECTIVE DATE" of termination for waiver services must match the termination date provided by the ESS on Form HCF 10142.
 - d. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
 - e. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children's Services Section (addresses and fax numbers are at the end of this document).
 - f. ESS also sends a termination notice to the child's parent/legal guardian.
5. If the family is interested in pursuing Medicaid eligibility, the Support and Service Coordinator should explore the various forms of Medicaid to determine the most appropriate source for the family to pursue. This should be done in consultation with the county Economic Support Staff, who have expertise on the various sources of Medicaid and related eligibility criteria. Please note that in this Scenario, the child is not eligible for Katie Beckett Medicaid, so this will not be an appropriate referral.

C. If Child Has Medicaid Through SSI, SSI-E, 1619, Badgercare, Healthy Start, W-2

1. The Social Security Administration or county Economic Support Unit will continue to monitor the child's eligibility for this source of Medicaid.
2. The Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure to:
 - a. On the "TO" line, if the child is a minor, put the child's name "In Care Of" the parent or guardian's name(s).
 - b. Check the appropriate Reason (from the chart above) and include an explanatory sentence.
 - c. The "EFFECTIVE DATE" of termination for waiver services must be *at least ten (10) days after the date of the Form DDE-2638* [Exception: if an individual moves to an ineligible living arrangement, termination may be initiated without advance notice. See 42 CFR 431.213 (c) for details.]
 - d. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
 - e. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children's Services Section (addresses and fax numbers are at the end of this document).

II. Take Action to Terminate Eligibility (Note: if the termination is appealed, the action may need to be reversed.)

- A. Waiver Services:** The Support and Service Coordinator should work with the family and their provider(s) as necessary to coordinate the termination of waiver services.
- B. Medicaid Eligibility:** Medicaid waiver eligibility will be terminated by the County ESS; Katie Beckett Medicaid eligibility will be terminated by the Katie Beckett Program.
- C. HSRS:** Close the child's slot in the Human Services Reporting System (HSRS).
 1. County-funded slots should be closed per county HSRS procedures.
 2. State-funded slots should be kept open until any and all appeal possibilities have been exhausted. At that time, the county HSRS staff should close all SPC's, slot and episode for the child as of the Termination Date (the county can still enter costs for the period of time prior to the Termination Date).

III. Respond to Appeal and Outcome of Appeal When Applicable - DHFS**A. If the Family Appeals the Termination**

1. DHFS develops the written response to the appeal within the timeline required by the Division of Hearings and Appeals. The response and supporting documentation is submitted to DHA, with copies sent to the family and to the County/Agency.
2. If the Appeal Notification directs that the "action being appealed" not be taken, the county agency must continue child's waiver eligibility as well as Medicaid waiver eligibility for the duration of the appeal.

B. When Decision is Received from Division of Hearings and Appeals

1. **Appeal Dismissed** - the Hearing Officer agreed with the decision to terminate eligibility.
 - a. County Support and Service Coordinator should contact the Children's Services Section and confirm the results.
 - b. Eligibility is terminated effective the date of the Decision.
2. **Appeal Upheld** - the Hearing Officer determined that the termination was not appropriate.
 - a. County Support and Service Coordinator should contact the Children's Services Section and confirm the results.
 - b. Child's waiver eligibility continues as well as Medicaid eligibility.
 - c. The DHA notification will specify which agency must respond and certify that they have complied with the order contained within the Hearing Officer's decision.
 - i. The agency required by DHA to respond should check with any associated programs to ensure that the Hearing Officer's order has been followed (e.g., check with the county ESS or the Katie Beckett Program to ensure that Medicaid eligibility has been restored).
 - ii. The agency required by DHA to respond must submit to DHA the Certification of Action (DHA-18) within the timeline specified. A copy of the submitted form should be filed with the county's records.

SCENARIO 4: PARTICIPANT NO LONGER ELIGIBLE FOR WAIVER, BUT MAY BE ELIGIBLE FOR OTHER SOURCE OF MEDICAID

Circumstances that would lead to this situation:	On Form DDE-2638, check Reason # shown (include an explanation)
Child has no waiver service need.	1
Non-utilization of waiver services (e.g., no follow-through on services listed on ISP).	1
Child no longer meets financial eligibility criteria because of being over assets, but family has divested or is planning to divest.	1
Child has no ongoing unmet service need.	1
Non-payment of CLTS parental fee.	4
Family has chosen to withdraw from the waiver.	5

County Agency follows the steps below to notify the family, Division of Hearings and Appeals, and Children’s Services Section of termination. DHFS handles appeals, if applicable.

I. Notification of Waiver Program Termination and Medicaid Termination (if applicable)

A. If Child Has Medicaid Through The Katie Beckett Program (KBP)

1. The Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child’s parent/legal guardian. Be sure to:
 - a. On the “TO” line, if the child is a minor, put the child’s name “In Care Of” the parent or guardian’s name(s).
 - b. Check the appropriate Reason (from the chart above) and include an explanatory sentence.
 - c. The “EFFECTIVE DATE” of termination for waiver services must be *at least ten (10) days after the date of the Form DDE-2638.*
 - d. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
 - e. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children’s Services Section (addresses and fax numbers are at the end of this document).
2. After the Support and Service Coordinator has completed all paperwork for waiver termination and the information is verified, the child’s KBP Medicaid eligibility is reactivated by the Children’s Services Section, with annual Medicaid recertification responsibility returning to the KBP staff.

B. If Child Has Medicaid Through The Waiver, Medicaid Waiver Eligibility Must Be Terminated Following The Steps Outlined In The DDES Action Memo 2005-18.

1. Termination of Medicaid waiver **services** must coincide with termination of Medicaid waiver **eligibility.**

2. [DDES 2005-18, Step 1b] Support and Service Coordinator promptly completes and delivers an *Interagency Notification: Termination of Community Waiver Participation* (Form DDE-2637) to the county Economic Support Staff (ESS).
3. [DDES 2005-18, Step 1b] ESS will generate an *Interagency Notification: Termination of Medicaid Waiver Eligibility for a Community Waiver Participant* (Form HCF 10142) and forward to the Support and Service Coordinator.
4. [DDES 2005-18, Step 2] When the Support and Service Coordinator receives the Form HCF 10142 from ESS, the Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure to:
 - a. On the "TO" line, if the child is a minor, put the child's name "In Care Of" the parent or guardian's name(s).
 - b. Check the appropriate Reason (from the chart above) and include an explanatory sentence.
 - c. The "EFFECTIVE DATE" of termination for waiver services must match the termination date provided by the ESS on Form HCF 10142.
 - d. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
 - e. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children's Services Section (addresses and fax numbers are at the end of this document).
 - f. ESS also sends a termination notice to the child's parent/legal guardian.
5. If the family is interested in pursuing Medicaid eligibility, the Support and Service Coordinator should explore the various forms of Medicaid to determine the most appropriate source for the family to pursue. This should be done in consultation with the county Economic Support Staff, who have expertise on the various sources of Medicaid and related eligibility criteria.
 - a. If the child is eligible for Medicaid through the Social Security Administration or through the county Economic Support Unit, the family should be referred to the appropriate agency to apply for Medicaid.
 - b. If the child is not eligible for any other source of Medicaid, and if the Katie Beckett Program is determined to be the most appropriate option, the county Support and Service Coordinator may request to have the child's waiver Medicaid converted to KBP Medicaid following the process outlined in the CLTS document *Termination of Children's Waiver Eligibility or Participation And Coordination With Katie Beckett Program Medicaid*.

C. If Child Has Medicaid Through SSI, SSI-E, 1619, Badgercare, Healthy Start, W-2

1. The Social Security Administration or county Economic Support Unit will continue to monitor the child's eligibility for this source of Medicaid.
2. The Support and Service Coordinator issues a *Notification of Waiver Program Termination* (Form DDE-2638) to the child's parent/legal guardian. Be sure to:
 - a. On the "TO" line, if the child is a minor, put the child's name "In Care Of" the parent or guardian's name(s).

- b. Check the appropriate Reason (from the chart above) and include an explanatory sentence.
- c. The "EFFECTIVE DATE" of termination for waiver services must be *at least ten (10) days after the date of the Form DDE-2638*.
- d. Include Page 2 of the Form DDE-2638, which outlines all appeal rights.
- e. Send the originals to the family; send copies to the Division of Hearings and Appeals and the Children's Services Section (addresses and fax numbers are at the end of this document).

II. Take Action to Terminate Eligibility (Note: if the termination is appealed, the action may need to be reversed.)

A. Waiver Services: The Support and Service Coordinator should work with the family and their provider(s) as necessary to coordinate the termination of waiver services.

B. Medicaid Eligibility: Medicaid waiver eligibility will be terminated by the County ESS.

C. HSRS: Close the child's slot in the Human Services Reporting System (HSRS).

1. County-funded slots should be closed per county HSRS procedures.
2. State-funded slots should be kept open until any and all appeal possibilities have been exhausted. At that time, the county HSRS staff should close all SPC's, slot and episode for the child as of the Termination Date (the county can still enter costs for the period of time prior to the Termination Date).

III. Respond to Appeal and Outcome of Appeal When Applicable - DHFS

A. If the Family Appeals the Termination

1. DHFS develops the written response to the appeal within the timeline required by the Division of Hearings and Appeals. The response and supporting documentation is submitted to DHA, with copies sent to the family and to the County/Agency.
2. If the Appeal Notification directs that the "action being appealed" not be taken, the county agency must continue child's waiver eligibility as well as Medicaid waiver eligibility for the duration of the appeal.

B. When Decision is Received from Division of Hearings and Appeals

1. **Appeal Dismissed** - the Hearing Officer agreed with the decision to terminate eligibility.
 - a. County Support and Service Coordinator should contact the Children's Services Section and confirm the results.
 - b. Eligibility is terminated effective the date of the Decision.
2. **Appeal Upheld** - the Hearing Officer determined that the termination was not appropriate.
 - a. County Support and Service Coordinator should contact the Children's Services Section and confirm the results.
 - b. Child's waiver eligibility continues as well as Medicaid eligibility.

- c. The DHA notification will specify which agency must respond and certify that they have complied with the order contained within the Hearing Officer's decision.
 - i. The agency required by DHA to respond should check with any associated programs to ensure that the Hearing Officer's order has been followed (e.g., check with the county ESS or the Katie Beckett Program to ensure that Medicaid eligibility has been restored).
 - ii. The agency required by DHA to respond must submit to DHA the Certification of Action (DHA-18) within the timeline specified. A copy of the submitted form should be filed with the county's records.

REFERENCES AND CONTACT INFORMATION

RELATED RESOURCES

DDES 2005-18 Action Memo

http://dhfs.wisconsin.gov/dsl_info/NumberedMemos/DDES/CY_2005/NMemo2005-18.htm

Form DDE-2637 <http://dhfs.wisconsin.gov/forms/DDES/dde2637.pdf>

Form DDE-2638 <http://dhfs.wisconsin.gov/forms/ddes/DDE2638.pdf>
(fillable version at the Forms page <http://dhfs.wisconsin.gov/forms/ddes/DDE2638.doc>)

Form HCF 10142 <http://dhfs.wisconsin.gov/forms/DHCF/HCF10142.pdf>

LOC Termination Letter Template - see next page of this document.

LOC Intial Denial Letter Template

CLTS Ongoing Services Policy: *Required Criteria For Transition to Ongoing Services From Intensive In-Home Autism Treatment Services*

Converting Waiver Medicaid to Katie Beckett Program Medicaid: *Termination of Children's Waiver Eligibility or Participation And Coordination With Katie Beckett Program Medicaid*

CONTACT INFO

Children's Services Section
<p><i>Mailing Address:</i> Connie Vehlow DHFS/DDES/Children's Services Section PO Box 7851 Madison, WI 53707-7851</p> <p><i>FAX:</i> 608-261-8884</p> <p><i>Phone or E-Mail Consult:</i> Please contact the Children's Services Specialist for your county.</p> <p><i>Katie Beckett Program:</i> 608-266-3236</p>

Division of Hearings and Appeals
<p><i>Mailing Address:</i> Division of Hearings and Appeals P.O. Box 7875 Madison, WI 53707-7875</p> <p><i>FAX:</i> 608-264-9885</p> <p><i>Phone:</i> 608-266-7709</p>

<Sample Letter, Level of Care Termination
Insert County Letterhead Here>
<Remove CLTS Header and Footer Information>

DATE (This date must be at least 10 calendar days before the end date in Option 1 or 2 below, taking into account mailing time, weekends and/or holidays).

FAMILY NAME
ADDRESS
ADDRESS
ADDRESS

Dear **NAME**:

This letter is to inform you that your <son/daughter>, <child's full name here>, no longer meets the Level of Care requirement necessary to be eligible for the Children's Long-Term Support Medicaid Home and Community-Based Services Waiver (CLTS Waiver).

COUNTY: *PICK Option 1 or 2, DELETE other option. Please see "Termination of CLTS Waiver Participation (CLTS Policy 200.99)" on how to establish end dates.*

OPTION 1: Your child's CLTS Waiver services and your child's eligibility for Wisconsin Medicaid will end on: < **DATE.**>

OPTION 2: Your child's CLTS Waiver services will end on : < **DATE.** > Your <son's/daughter's> Wisconsin Medicaid eligibility will continue through <**PROGRAM NAME, for example, BadgerCare**>.

The determination of Level of Care is based on Federal Medicaid institutional admission criteria for hospitals, nursing facilities, psychiatric or developmental disabilities institutions. These Level of Care requirements are reflected in the Wisconsin Department of Health and Family Services (DHFS) 2003 CLTS Waiver application to the Centers for Medicaid and Medicare Services and the 2005 CLTS Waiver amendments. These criteria state that the child must have substantially compromised functional capacity across multiple major life domains, and require long-term nursing, restorative, or substantial treatment supports or services. These criteria are integrated into the Level of Care determination process. The criteria for each of the Levels of Care are described in part below.

Children with Physical Disabilities (*Hospital or Nursing Home Level of Care*):

- The *Hospital Level of Care* is intended only for those children with severe life threatening conditions, requiring daily active interventions to sustain life. These are children with a complex, unstable condition, requiring direct observation, monitoring or performance of specific nursing procedures e.g. intravenous nutrition, ventilator support and/or skilled oxygen care.

- The *Nursing Home Level of Care* includes the child with complex and long-term condition(s) with a high risk for sudden changes in medical status. The child must also require complex nursing care or rehabilitative services from others on a daily basis. This Level of Care is intended for the child whose long-term illness or physical disability has reached a relatively stable state but who continues to need basic and direct medical or restorative nursing services from others to maintain stability. These children's physical or medical needs require frequent and complex interventions throughout the day.

Children with Developmental Disabilities:

- The *Intermediate Care Facilities for the Mentally Retarded (ICF-MR) Levels of Care* require that a child have at a minimum a developmental disability that results in both a substantial cognitive impairment that manifests itself in substantial functional limitations when compared to age appropriate activities in at least two additional developmental domains, in addition to the need for active treatment. Active treatment is defined as the child's need for a combination and sequence of interdisciplinary special or generic supports that are individually planned and coordinated and are of lifelong or extended duration. For treatment to be categorized as active it must be continuous and pervasive throughout the child's daily routines and carry over from home to school to community.

Children with Mental Health Disabilities

- The *Severe Emotional Disturbance* Level of Care is based upon admission criteria for Medicaid-funded psychiatric institutions. The child must have a mental health diagnosis in addition to acute psychiatric symptoms (e.g. psychoses, suicidality, violence or life-threatening eating disorders), or have substantial behavioral issues or functional impairment in multiple domains. The intensity of the child's mental health needs must be of such severity as to put the child at risk for long-term psychiatric hospitalization. This determination must be supported by allowable documentation from the child's psychiatrist or psychologist.

Your child's eligibility was reviewed against these criteria using information provided by **<list sources of information here, such as county staff, family, school, medical providers, social service providers, etc.>**

You have the right to appeal this decision. You may request a county grievance by:

<Insert County Procedure here.>

You may also request a fair hearing by writing to the Wisconsin Division of Hearings and Appeals. The Division of Hearings and Appeals (DHA) must receive your **written** request **no later than 45 days from the CLTS Waiver Services end date above**. The hearing would take place as close as possible to your area of residence. If you request a hearing **before** the CLTS Waiver services end date above, you child's services may continue if so you choose until a hearing decision is reached; please indicate to the DHA if you want services to continue until the hearing decision is reached.

Please Note: Per the Code of Federal Regulations 42 CFR § 431.230, if you choose to request a hearing on this termination and the hearing decision upholds the termination, you may be required to reimburse the DHFS for the services provided during the period of the hearing process.

The address for submitting a written hearing request is:

Division of Hearings and Appeals
5005 University Avenue, Ste. 201
Madison, WI 53705-5400

If you have questions, please contact **<county staff person name, phone & e-mail.>**

Sincerely,

<County Staff Name>

<Title>

cc: Children's Services Section, Department of Health and Family Services
Division of Hearings and Appeals