Chapter 1 – Overview and Administration

1.01 Wisconsin Children’s Long-Term Support (CLTS) Waiver Program

The CLTS Waiver Program provides a structure within which Medicaid funding is available to support children and youth who live at home or in the community and have substantial limitations in multiple daily activities as a result of one or more of the following disabilities:

- Intellectual and/or developmental disabilities
- Severe emotional disturbances
- Physical disabilities

This program is one of Wisconsin’s Home and Community Based Services (HCBS) Medicaid Waiver programs, federally authorized under § 1915(c) of the Social Security Act. These HCBS waiver programs were authorized by Congress in 1981 and implemented in Wisconsin in 1983. HCBS waivers are called “waivers” because they permit certain federal Medicaid regulations to be waived, and funding to be used, in a home and community setting rather than an institutional setting.

The CLTS Waiver Program is built on a foundation of primary program values. These values support individual choice; enhancing relationships; building accessible, flexible service systems; achieving optimum physical and mental health for the participant; and promoting presence, participation, optimal social functioning, and inclusion in the community. The CLTS Waiver Program seeks to ensure children and families are treated with respect and assure that service systems empower the individual, build on their strengths, enhance individual self-worth, and supply the tools necessary to achieve maximum independence and community participation.

Policies described in this manual are grounded in Title 42 of the Code of Federal Regulations, Wisconsin Statutes, the Wisconsin Department of Health Services (DHS) administrative rules, memos and policy instruction, and provisions in the CLTS Waiver Program application, submitted to and approved by the federal Centers for Medicare & Medicaid Services (CMS).

1.02 State Medicaid Agency Authority

CMS requires statewide policies and procedures related to Medicaid waivers. In compliance with federal direction, the state Medicaid agency, DHS, assumes and exerts sole authority in all Medicaid waiver policy and program administration. County waiver agencies (CWAs) may not change or disapprove any administrative decision of DHS or otherwise substitute their judgment with respect to the application of policies, procedures, rules, and regulations issued by DHS.
1.03 Waiver Mandate

The waiver mandate is intended to increase the total resources available to serve participants while maximizing the use of federal funds to support the provision of community-based services.

Waiver funds must be used when:
- The applicant is enrolled or can be enrolled in the CLTS Waiver Program (i.e., comes to the top of the waitlist or can be enrolled due to circumstances that meet the crisis criteria).
- CLTS Waiver Program resources are available.
- The services to be provided are covered by the CLTS Waiver Program.

Refer to the Children’s Community Options Program (CCOP) Procedures Guide, P-01780 for information about applying the waiver mandate to coordinate use of the CLTS Waiver Program and CCOP.

1.04 Registering Potentially Eligible Applicants

CWAs must register applicants who, based on a preliminary review of functional eligibility, are likely to meet criteria for the CLTS Waiver Program but who are not yet enrolled. The purpose of registering these applicants is to build a statewide registry containing standardized information that may be used for effective program planning, waitlist management, and enrollment.

Note: Currently, registration is completed in the CLTS Waitlist module in the Program Participation System (PPS).

1.05 Waitlist

Waitlist Policy

The only permissible circumstance in which a waitlist may be established is when all available CLTS Waiver Program funds (statewide) have been used. Any applicant denied immediate enrollment for this reason must be provided the opportunity to be placed on the waitlist. CWAs may not create or adopt a waitlist policy or prescribe and enforce waitlist priorities that deviate from this policy.

Procedures for Placing Children on the Waitlist

CWAs must use the following procedures when placing an applicant’s information on the CLTS waitlist:
1. Complete the applicant’s functional eligibility determination via the CLTS Functional Screen. (Refer to Chapter 2, Waiver Eligibility, for more information.)
2. Check the applicant’s enrollment status in Wisconsin Medicaid.
   Note: Enrollment in a qualifying source of Medicaid is not required for placement on the waitlist; however, the time of placement on the waitlist is an opportunity for the CWA to
assist applicants who are not enrolled in a qualifying Medicaid program. (Refer to Chapter 3, Financial Eligibility, for more information.)

3. Document contact with the child or youth and their family or other referral source and register the applicant.
   Note: Currently, CWAs register eligible applicants in the CLTS Waitlist module in PPS.

4. Explore options that may be available through other programs (such as CCOP), schools, community resources, and the child’s or youth’s natural support systems (e.g., friends, family, and community).

Procedures for Enrolling Children from the Waitlist

When CLTS Waiver Program resources become available, enrollment and service planning processes must occur for the next child or youth on the waitlist who wishes to enroll. The only exception to the “first come, first served” standard are children and youth who meet crisis criteria.

Exception to the First-Come, First-Served Waitlist Policy: Crisis Needs

The only exception that can be made to the first-come, first-served CLTS Waiver Program waitlist policy allowing a child or youth to bypass the waitlist is when they meet one of the crisis need criteria. These criteria must be applied in all such circumstances and may not be modified or expanded by the CWA. The only permissible reasons a child or youth may be served out of first-come, first-served order are as follows:

- Crisis conditions are present in the child’s or youth’s life situation. The need must be classified as a crisis if an urgent need is identified as a result of any of the following:
  - Substantiated abuse, neglect, or exploitation of the child or youth in their current living situation.
  - The death of the child’s or youth’s primary caregiver or the sudden inability of that caregiver or a support person to provide necessary supervision and support and no alternate caregiver is available.
  - The lack of an appropriate residence or placement for the child or youth due to a loss of housing.
  - The child or youth has a documented terminal illness and has a life expectancy of less than six months, based on the opinion of a medical professional appropriately qualified to make such a determination.
  - A sudden change in the child’s or youth’s behavior or the discovery that they have been behaving in a manner that places anyone with whom the child or youth shares a residence or in the community at large at risk of harm.
- The CWA finds the health and safety of the child or youth is in jeopardy due to their primary caregiver’s physical or mental health status.
- The CWA determines the child or youth is at imminent risk of a more restrictive placement in an intermediate care facility for individuals with intellectual disabilities, nursing home, or other institutional setting.
• The CWA finds other emergency or urgent conditions exist that place the child or youth at risk of harm.
• The CWA finds the child or youth is a vulnerable child who is either eligible for more than one of the three target groups served by the CLTS Waiver Program (intellectual and/or developmental disability, physical disability, or severe emotional disturbance), as determined by the CLTS FS or has a high level of life-sustaining needs (nutrition, fluids, or medical treatment) with a limited informal support network. In addition, at least one of the following must apply:
  o The child is isolated with limited or no adult contact outside the home and is not available to be observed.
  o The child is nonverbal and has limited ability to communicate.
  o The child is medically complex, requires significant care from a caregiver or parent, and is highly dependent on others to meet basic needs.
  o The child is the subject of current or historical child abuse and neglect reports.
  o The child has a primary caregiver who is actively abusing substances.
  o The child is dependent on caregivers or parents with limited cognitive, emotional, and/or behavioral capacity to provide for these needs.

Determining a Variance to the Waitlist Policy

CWAs determine when a variance to the wait list policy is justified based on the criteria listed above. When it is determined that an applicant meets crisis-need criteria, the CWA completes a variance to the wait list policy. A variance may be determined prior to or as part of the application process.

The CWA is required to use the system, as directed by DHS, to electronically submit a variance to the waitlist for the child. The completed variance includes a narrative summary, clearly describing the specific nature of the crisis situation for the child or youth involved, for the requested exception.

Note: Currently, variances are submitted in the CLTS Waitlist module in PPS.

The CWA must maintain documentation of the variance request. Adherence to the DHS waitlist variance policy is subject to monitoring by state quality assurance record review and program audit processes.

1.06 Resources

• Children’s Community Options Program Procedures Guide, P-01780 (pdf)
• Medicaid § 1915(c) Home and Community-Based Services Children’s Long-Term Support Waiver Application
• Medicaid § 1915(b)(4) Waiver Fee-for-Service Selective Contracting Program Application