



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

# **Children's Long-Term Support Waiver Provider Registration**

To protect and promote the health and safety of the people of Wisconsin



## Welcome to the CLTS Waiver Provider Registry!

Thank you for your interest in delivering services and supports to children with disabilities. Registering is the first step of DHS's requirements to become a qualified CLTS waiver provider.

This registration form collects basic information about providers offering to deliver waiver services. The information is also used to pay your claims according to federal regulations.

After you submit your registration, DHS forwards your information to your county waiver agency (CWA). Your CWA will manage the rest of the qualification process.

Note: Do **not** complete this registration process if you are a direct care employee of a provider or submit time sheets to a fiscal agent.

Next

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The online provider registration form is F-02341A.

## Wisconsin Children's Long-Term Support (CLTS) Waiver Provider Registration - F-02341A (06/2018)

### Instructions

Read all information on this page before you begin the registration process.

- The fields with asterisks (\*) must be completed to move forward to the next section of your registration.
- Please use the **back** and **next** buttons at the bottom of each screen to move backward and forward through the registration. Using your browser's "back" arrow will erase the information you entered in the registration, requiring you to start over.
- Filling out this registry does not mean you are a qualified CLTS waiver provider. You must be approved by your CWA first. See steps below.

### Steps to Becoming a Provider

Both new and re-registering providers must complete these four steps. DHS requires providers to re-register every for years.

1. Gather your business information needed for the registration process (business name as reported to the IRS, tax ID number, national provider identifier).
2. Complete, sign and scan the appropriate Medicaid Waiver Provider Agreement form. If you are not sure which form you need, your county waiver agency ([CWA](#)) can help you decide which form to fill out.

Make sure the form is completely filled out and signed **before** you fill out the registry. You will upload the Agreement file as part of the provider registration process. Files can be up to 50 MB in any of the following formats: png, gif, jpg, jpeg, doc, docx, pdf, txt

If you missed the opportunity to complete the Medicaid Waiver Provider Agreement form on the Resources for Children's Long-Term Support Service (CLTS) Waiver Providers webpage, you can download the agreement that fits your business type from the list below. Fill it out, sign it, scan it, and then upload the electronic file.

### Note:

- Required fields will have asterisks (\*) next to them.
- Complete, sign, and scan the appropriate Medicaid Waiver Agreement before beginning the form. The form may time out without saving the information.
- If you open links in the same window or navigate using your browser's back and forward buttons, you will exit the form, and your information will not be saved.

If you missed the opportunity to complete the Medicaid Waiver Provider Agreement form on the Resources for Children's Long-Term Support Service (CLTS) Waiver Providers webpage, you can download the agreement that fits your business type from the list below. Fill it out, sign it, scan it, and then upload the electronic file.

- **Sole Proprietor:** CLTS Waiver Provider Agreement for Individual Providers
- **Provider Agency:** CLTS Waiver Provider Agreement for Provider Agencies
- **Fiscal Agent:** CLTS Waiver Provider Agreement for Financial Management Services
- **County Waiver Agency:** CLTS Waiver Provider Agreement for County Waiver Agencies

3. Complete the online Children's Long-Term Support Waiver Provider registration process. You will need to upload your completed Agreement file from Step 2 as a part of this process.

4. Contact the CWA(s) where you are interested in delivering services. They will complete screening activities, verify your credentials, and manage the rest of the provider approval process.

For more information see the Resources for Children's Long-Term Support Service (CLTS) Waiver Providers webpage.

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**1. Select your business type.**

**Choose your type from the list used for the Waiver Provider Registry:**

• **Sole Proprietor:**

A person or independent contractor who owns the business and is responsible for delivering authorized services to waiver participants. The sole proprietor does not employ direct care employees and typically files a 1040 Schedule C with the Internal Revenue Service (IRS) under his or her Social Security number (SSN). Examples include an individual music therapist, a carpenter, or a child care provider.

• **Provider agency:**

An agency responsible for delivering authorized services and responsible to employ, train, and supervise the direct care employees. Provider agencies include corporations, partnerships, and limited liability companies (LLCs) and typically files a 1065 with the IRS under a federal Employer Identification Number (EIN). Examples include a supportive home care agency, a respite agency, or a financial management service agency.

• **County Waiver Agency (CWA):**

County department of human/social/community services contracted by DHS to deliver service coordination and other specific services to CLTS waiver participants.

Select a provider type below:

- Sole Proprietor  
 Provider Agency  
 County Waiver Agency

Sole proprietors will be given the opportunity to opt in to the public directory later in the form. Otherwise, sole proprietors' information will not be included in the public directory.



Wisconsin Children's Long-Term Support (CLTS) Waiver Provider Registration - 2018

1. Provider business type definitions, as used by the CLTS Waiver Provider Registry: \*

- **Sole Proprietor:** A person or independent contractor who owns the business and is responsible for delivering authorized services to waiver participants. The sole proprietor does not employ direct care employees and typically files a 1040 Schedule C with the Internal Revenue Service (IRS) under his or her Social Security number (SSN). Examples include an individual music therapist, a carpenter, or a child care provider.

-- Please Select --

- ADAMS - HEALTH & HUMAN SERVICES DEPT
- ASHLAND - HEALTH & HUMAN SERVICES
- BARRON - DEPT OF HEALTH & HUMAN SERVICES
- BAYFIELD - DEPT OF HUMAN SERVICES
- BROWN - HUMAN SERVICES DEPT
- BUFFALO - DEPT OF HEALTH & HUMAN SERVICES
- BURNETT - HEALTH & HUMAN SERVICES DEPT
- CALUMET - DEPT OF HUMAN SERVICES
- CHIPPEWA - DEPT OF HUMAN SERVICES
- CLARK - COMMUNITY SERVICES
- § COLUMBIA - DEPT OF HEALTH & HUMAN SERVICES
- CRAWFORD - HUMAN SERVICES
- DANE - DEPT OF HUMAN SERVICES
- DODGE - HUMAN SERVICES & HEALTH DEPT
- DOOR - DEPT OF COMMUNITY PROGRAMS**
- DOUGLAS - HEALTH & HUMAN SERVICES DEPT
- DUNN - DEPT OF HUMAN SERVICES
- EAU CLAIRE - DEPT OF HUMAN SERVICES
- FAMILY SUPPORT & RESOURCE CENTER
- FLORENCE - HUMAN SERVICES DEPT
- 2. FOND DU LAC - DEPT OF COMMUNITY PROGRAMS
- FOREST - HUMAN SERVICE CENTER
- GRANT - DEPT OF SOCIAL SERVICES
- GREEN - DEPT OF HUMAN SERVICES
- GREEN LAKE - DEPT OF HEALTH & HUMAN SERVICES
- IOWA - DEPT OF SOCIAL SERVICES
- IRON - DEPT OF HUMAN SERVICES

for delivering authorized services and responsible to employ, train, and provider agencies include corporations, partnerships, and limited liability 65 with the IRS under a federal Employer Identification Number (EIN). e agency, a respite agency, or a financial management service agency. partment of human/social/community services contracted by DHS to deliver services to CLTS waiver participants.

by from the list below:

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3. **Is this the first time you have registered as a CLTS Waiver Program service provider? \***

The information you enter into this form will replace any previous CLTS Waiver Provider Registry information.

**Note: CLTS Waiver Providers must re-register with DHS every four years and when key changes to the business information occur. Examples of reportable changes would be changing your business name, mailing or physical address, TIN, telephone numbers or email addresses.**

- Yes, this is my first time registering as a CLTS waiver provider
- No, I have registered as a CLTS waiver provider within the past four years.

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If you select "No," the entire form must be completed again. The information in this form will replace the entire previous record.

**4. Enter the Tax ID Number (TIN): County Waiver Agency \***

Enter the nine-digit Federal Employee Identification Number (EIN) used when filling out the county department's IRS return. Please enter only the number; no dashes are required.

  
Characters used: 9 (minimum 9).  
Characters used: 9 out of 12.

**5. Enter the National Provider Identifier (NPI): County Waiver Agency \***

If you have both business and individual NPI numbers, enter the 10-digit business NPI here.

For more information, access the link to the CMS National Provider Plan Enumerator website: <https://nppes.cms.hhs.gov/#/>.

This entry requires a valid number format; no dashes are required.

  
Characters used: 10 (minimum 10).  
Characters used: 10 out of 10.

Back Next



County waiver agencies are required to enter a Tax Identification Number and National Provider Identifier for the **AGENCY**, not the individual servicing provider.

**6. Enter the County Waiver Agency primary contact information**

Enter the contact information for the CLTS supervisor or lead for your county. General information, such as county, phone number, fax number, email, and website, will be displayed in an online directory available to the general public. The name and title of the primary contact will not display in the public online directory.

First Name (Optional)  Last Name (Optional)

Title (Optional)

Agency Name \*

Street Address plus apartment or suite \*

PO Box or mailing address

City \*  State \*  ZIP Code \*

This information will appear in the public directory. Please enter the phone number and email address used by the general public to contact the agency.

Email Address \*

Phone Number \*

This question requires a valid number format and dashes (xxx-xxx-xxxx).

Mobile Phone Number

This question requires a valid number format and dashes (xxx-xxx-xxxx).

Fax Number

This question requires a valid number format and dashes (xxx-xxx-xxxx).

Web Address

**Business or financial contact information**

CWA's Primary CLTS Waiver Provider Directory contact information is the same as the Business or Fiscal Contact information

CWA's Primary CLTS Waiver Provider Directory contact information is different from the Business or Fiscal Contact information

**7. Enter the Third Party Administration (TPA) service provider contact for your CWA.  
This information will not appear in the public online directory.**

First Name (Optional)  Last Name (Optional)

Title (Optional)

Agency Name \*

Street Address with apartment or suite \*

PO Box or mailing address

City \*  State \*  ZIP \*

The information in this screen will be used for enrolling your agency in third party administration and communication about authorizations, claims for service, and payment issues. This information will not be released publicly.

**Email Address \***

email@address.com

**Phone Number**

This question requires a valid number format and dashes (xxx-xxx-xxxx).

999-999-9999

**Mobile Phone Number**

This question requires a valid number format and dashes (xxx-xxx-xxxx).

**Fax Number**

This question requires a valid number format and dashes (xxx-xxx-xxxx).

**Web Address**

**8. Select the service(s) the CWA will deliver to CLTS waiver participants from the list below.**

All CWAs must deliver support and service coordination to their enrolled CLTS participants.

In addition, all states must ensure waiver case management has no conflict of interest with other waiver service, per 42 CFR 431.301(c)(1)(vi).

The only other services CWAs are permitted to deliver to CLTS participants and seek CLTS claim payment from DHS funding are:

- CLTS allowable component of foster care services
- Purchased products and supplies from third-party entities (typically web-based vendors) and the CWA receives no benefit from the vendor
- Allowable services where the CWA prepays the vendor

Children's foster care

Specialized medical and therapeutic supplies

Support and service coordination

All waiver agencies are required to provide support and service coordination.

**9. Upload the agreement form you downloaded from the instructions page or filled out earlier from the Resources for Children's Long-Term Support Service (CLTS) Waiver Providers webpage.**

\*

Make sure it is completely filled out and signed.

Click the Browse button to attach the electronic file of your signed provider agreement. Files can be up to 50 MB in any of the following formats: png, gif, jpg, jpeg, doc, docx, pdf, txt

If you missed seeing the instructions on the introduction page, you can download the agreement that fits your business type from the list below. Fill it out, sign it, scan it, and then upload the electronic file.

- Sole Proprietor: CLTS Waiver Provider Agreement for Individual Providers
- Provider Agency: CLTS Waiver Provider Agreement for Provider Agencies
- Fiscal Agent: CLTS Waiver Provider Agreement for Financial Management Services
- County Waiver Agency: CLTS Waiver Provider Agreement for County Waiver Agencies

Browse...

Please see the CLTS waiver provider page for more detailed definitions of the different provider types.

**Congratulations! You are ready to submit your CLTS Waiver Provider Registration!**

Prior to submitting your registration to DHS, you may click the **Back** button below to review your registration entries for accuracy.

When you are satisfied all your entries are correct, click the **Submit** button below.

Registering is the first step of DHS's requirements to become a qualified CLTS waiver provider.

- Once you click the Submit button, DHS will send you a confirmation email, indicating your CLTS waiver provider registration was received. A PDF copy of your registration information will be attached to the confirmation email for you to keep for your files.
- DHS will forward your information to your county waiver agency (CWA). Your CWA will manage the rest of the qualification process.

Filling out this registry does not mean you are a qualified CLTS waiver provider authorized to deliver services. You must be approved by your CWA first. See steps below.

The next steps require [county waiver agencies](#) to verify that you meet the following requirements:

- You are included in the 2018 updated CLTS Waiver Provider Registry.
- Verify your training and credential requirements (certification, registration, licensure), as appropriate for the specific CLTS waiver service(s).
- Conduct state and federal screening activities and background check requirements, as appropriate.

For more information about Wisconsin's CLTS waiver providers requirements, see the Chapter IV of DHS's Home and Community-Based Waiver Program Manual: <https://www.dhs.wisconsin.gov/clts/providers.htm>.

Please be careful to use the back and forward buttons at the bottom of the form, **not** the back and forward buttons on the browser at the top of the screen. If you use the browser buttons, you will exit the survey, and your information will not be saved.

**Wisconsin Children's Long-Term Support (CLTS) Waiver Provider Registration - F-02341A (06/2018)**

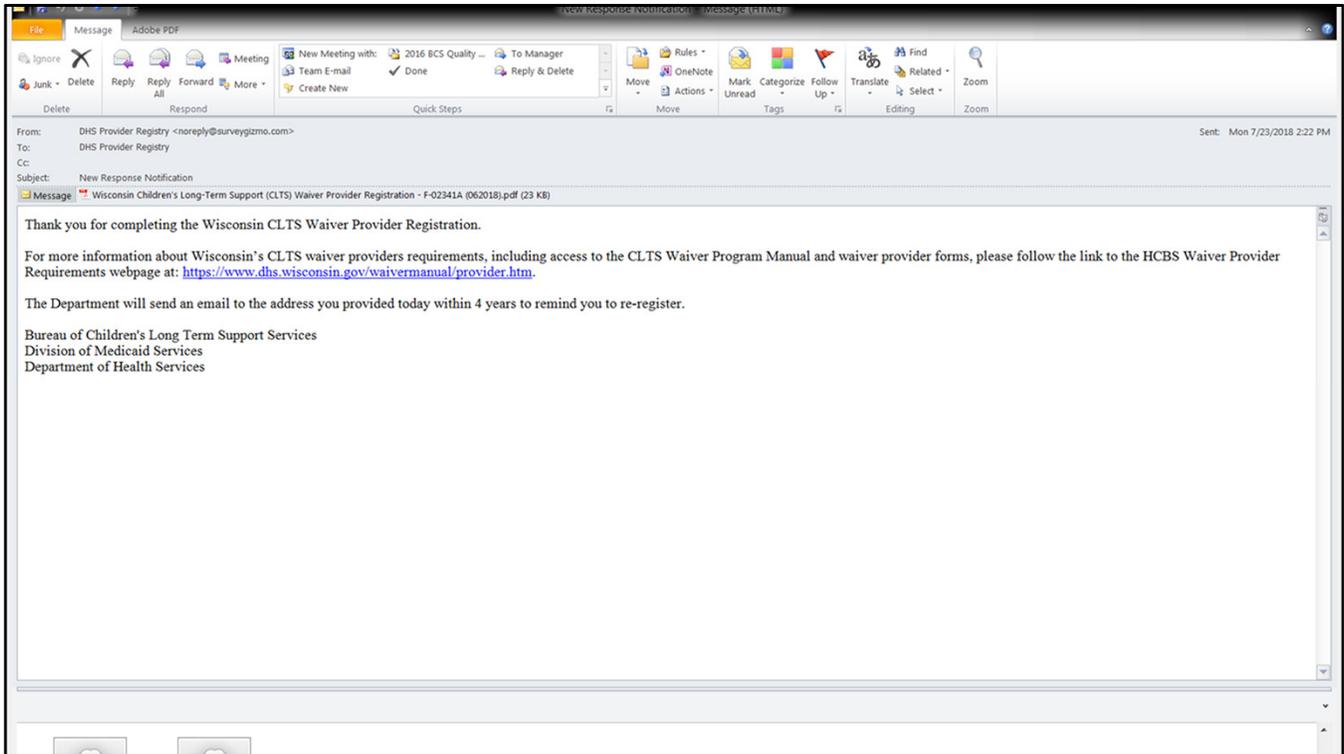
Thank you for completing the Wisconsin CLTS Waiver Provider Registration!

For more information about Wisconsin's CLTS waiver provider requirements, including access to the CLTS Waiver Program Manual and waiver provider forms, see the HCBS Waiver Provider Resource webpage at:  
<https://www.dhs.wisconsin.gov/waivermanual/provider.htm>.

Four years from your registration date, DHS will notify you via email to re-register as a CLTS waiver provider.

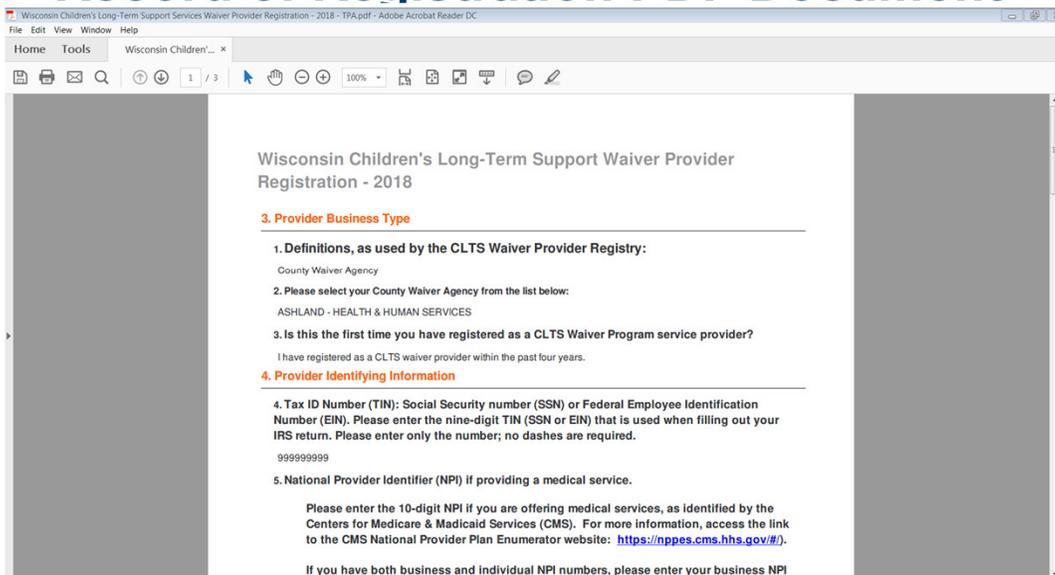
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Final Screen.



You will receive a confirmation email message with a PDF file of your survey responses.

# Record of Registration PDF Document



## **Public CLTS Waiver Provider Directory**

- Waiver provider information will be displayed in a public directory, which will be posted on the CLTS Waiver Program website.
- DHS will be phasing in implementation of the CLTS Waiver Provider Directory.

## Online CLTS Waiver Provider Information for County Waiver Agencies

- CLTS waiver provider information will be available to CWA staff through a SharePoint (SP) site
- Access to this site is limited to CWA staff with a business need for the information for their operational functions including:
  - Screening and approving qualified providers
  - Issuing provider contracts
  - Submitting TPA provider files and/or authorizations
  - Performing quality assurance check

## Accessing the CWA CLTS Waiver Provider SharePoint (SP) site

- Obtain a Wisconsin Logon Management System (WILMS) ID
- Complete the CLTS Waiver Provider SP survey to submit your contact information, title, and WILMS ID to access the site
- <https://www.surveygizmo.com/s3/4386514/TPA-Provider-Contact-CLTS-Waiver-Provider>



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

# **How To Request a State of Wisconsin Logon Management System (WILMS) ID**

To protect and promote the health and safety of the people of Wisconsin

# WILMS

Register for a State of Wisconsin ID, also known as a WILMS ID, at <http://register.wisconsin.gov>

**Note:** This is **not** the same as a WAMS ID

# Select "Self Registration"

wisconsin.gov home state agencies subject directory

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## DOA/Wisconsin Logon Management System

The DOA/Wisconsin Logon Management System allows authorized individuals to access many DOA Internet applications using a single ID and password. When access to information or services is restricted to protect your privacy or the privacy of others, you will be asked to provide your DOA/Wisconsin Logon and password. Your DOA/Wisconsin Logon and password verifies your identity so that we can provide you with access to your information and services and prevent access by unauthorized individuals.

### User Acceptance Agreement

Please note that only certain types of information will be stored in your user profile, as described in the [User Acceptance Agreement](#). Your user profile will never contain records such as driving history, tax information, unemployment compensation, vehicle registrations or prison records.

### Sign Up for your DOA/Wisconsin Logon

[Self Registration](#). (Request a DOA/Wisconsin Logon and Password.)  
Self Registration allows you to create **your personal** DOA/Wisconsin Logon. This is your key to doing secure business with DOA over the Internet.

### Change Account Information

[Profile Management](#) allows you to change your account information, e-mail address and other information.

### Change Password

[Password Management](#) allows you to change your password.

### Forgot Logon ID or Password?

[Logon ID/Password Recovery](#) allows you to recover a forgotten DOA/Wisconsin Logon and/or Password.

Updated February 9, 2011  
DET - Bureau of Business Applications Services  
Content Contact: [BBAS/BA](#)

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**Customer ID Menu**

- :: [Self Registration](#)
- :: [Profile Management](#)
- :: [Password Management](#)
- :: [Forgot your account information?](#)
- :: [User Acceptance Agreement](#)
- :: [SharePoint Registration Help](#)

# Accept the User Agreement

wisconsin.gov home state agencies subject directory

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## Self Registration

Welcome to the DOA/Wisconsin Logon self registration process. Self Registration allows you to create your personal DOA/Wisconsin Logon. This is your key to doing secure business with the Department of Workforce Development over the Internet.

### Requesting a DOA/Wisconsin Logon and Password

You will submit your contact information. Once authorized you will see a confirmation.

### Starting the Self Registration Process

To begin, you must read the User Acceptance Agreement below and click Accept at the bottom of the page to agree to the terms of the usage policy. If you do not agree to the terms, click Decline.

#### User Acceptance Agreement

DOA/WISCONSIN LOGON MANAGEMENT SYSTEM

USER ACCEPTANCE AGREEMENT

INTRODUCTION

Many State

Print Friendly Version

Wisconsin.gov | Search | Legal | DOA Home

**Customer ID Menu**

- Self Registration
- Profile Management
- Password Management
- Forgot your account information?
- User Acceptance Agreement

# Complete Your Profile

Account Creation

\* Indicates Required Field

**Profile Information**

First Name  \*

Middle Initial

Last Name  \*

Suffix

E-Mail  \*

Phone  ext.

Mailing Address

Street Address

City

State/Province

Zip Code

**Systems You Will Access**

Use your mouse to highlight the system that you want to access.

Systems  \*

\*

\*

\*

Your name and email address are required. Other information is optional.

Select "SharePoint."

# Complete Account Information

1. Choose and enter your Logon ID.

## Account Information

Your Logon ID must be between 5-20 characters and **CAN** be a combination of letters and numbers. Your Logon ID must not contain spaces or special characters.

Logon ID

Your Password must be 7-20 characters long and **MUST** contain a combination of letters and either numbers or special characters (except the @ / signs). Passwords are case sensitive. Your Password cannot contain the Logon ID.

Password

Re-enter Password

2. Enter and confirm your password.

3. Choose and enter your account recovery question and answer.

## Logon ID/Password Recovery

Enter a question and answer for use if you forget your DOA/Wisconsin Logon ID or Password. Your Secret Question and Secret Answer cannot contain your password.

Secret Question

Secret Answer

4. Verify the number displayed.

## Verification

This step helps prevent automated registrations.

If you cannot see the number below [click here](#).

38906 Please enter the number as it is shown in the box to the left.

5. Submit the request.

[Wisconsin.gov](#) | [Search](#) | [Legal](#) | [DOA Home](#)



Email your logon ID and the email address you registered under to [dhsproviderregistry@wisconsin.gov](mailto:dhsproviderregistry@wisconsin.gov). You will receive an email with the URL of the SharePoint site.

# Log In With Your ID

- Enter the URL into your browser.
- Agree to terms.
- Enter your user name and password.
- Recover forgotten user names or passwords at <http://register.wisconsin.gov/AccountManagement/acctrecovery/EmailEntry.aspx>.

### **County Waiver Agency's CLTS Waiver Provider Contact**

The Wisconsin Department of Health Services (DHS) will use information provided in this form to determine access for your county waiver agency (CWA) to the SharePoint site. The CLTS Waiver Provider Registry SharePoint site includes provider data and CLTS Medicaid Waiver Provider Agreement forms needed for third party administration (TPA) claims processing.

If approved, you will be granted access to the CLTS Waiver Provider Registry site. DHS will share information related to CLTS waiver provider registration with you on this site.

Each CWA must have at least two TPA provider contacts: a primary and a back-up. Staff who, as a part of their work, screen and determine qualified providers, authorize services, or manage quality assurance audits and reviews will be granted access.

If you no longer require access to this information due to changes in your job duties or employment, please notify the DHS Provider Registry immediately by completing this form.

County Waiver Agency Contact: Wisconsin Children's Long-Term Support (CLTS) Waiver Provider SharePoint Site, F-02341 (06/2018)

County Agency

Select your county waiver agency from the list below: \*

ADAMS - HEALTH & HUMAN SERVICES DEPT

1. Enter information below for the individual who requires new access or removal of access below: \*

First Name John

Last Name Smith

Position/Title TPA Provider Contact

Phone Number 999-999-9999

Email Address email@address.corp

**County Waiver Agency Contact: Wisconsin Children's Long-Term Support (CLTS) Waiver Provider  
SharePoint Site, F-02341 (06/2018)**

**County Agency Information**

**Enter information for your county agency below: \***

Address 1

Address 2

City

State

Zip code

Website

The individual must register with the Wisconsin Login Management System (WILMS) to be granted access to the CLTS Waiver Provider SharePoint site.

\*

**\*Note: This is not the same as a WAMS ID**

To register for a WILMS logon ID, please go to the following website: <http://register.wisconsin.gov>

Contact the DHS Provider Registry inbox, [dhsproviderregistry@dhs.wisconsin.gov](mailto:dhsproviderregistry@dhs.wisconsin.gov), if you need help registering.

**Enter your WILMS logon ID below:**

WILMS logon ID

2. **Please indicate whether permissions should be granted or removed for the contact person listed above. \***

- Granting permission for new staff
- Requesting permissions be removed for existing staff

**County Waiver Agency Contact: Wisconsin Children's Long-Term Support (CLTS) Waiver Provider SharePoint Site, F-02341 (06/2018)**

**Survey has been Completed**

Thank you for sending information about TPA provider contacts for your county waiver agency.

Please contact the DHS provider registry inbox ([DHSproviderregistry@dhs.wisconsin.gov](mailto:DHSproviderregistry@dhs.wisconsin.gov)) if you have questions about this process or your agency's access to the County Waiver Agency Provider SharePoint Site.

