

Tony Evers
Governor

Kirsten L. Johnson
Secretary



State of Wisconsin
Department of Health Services

Division of Medicaid Services
201 E. Washington Ave.
PO Box 309
Madison, WI 53701-0309
Phone: 608-266-8922
Fax: 608-266-1096
TTY: 711

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To: County Department of Human Services Directors
County Department of Social Services Directors
County Department of Community Programs Directors
Children's Long-Term Support Supervisors and Leads

From: Bill Hanna, Medicaid Director
Division of Medicaid Services

Qualifying Types of Medicaid for Participation in the Children's Long-Term Support Waiver Program

PURPOSE

This memo clarifies policy about Medicaid coverage requirements for Children's Long-Term Support (CLTS) Waiver Program eligibility and provides operational guidance on the associated actions that county waiver agencies (CWAs) must take to ensure CLTS Waiver Program applicants and participants obtain and maintain Wisconsin Medicaid full-benefit coverage.

This memo outlines the following:

1. The qualifying Medicaid coverage that applicants and participants must obtain and maintain for participation in the CLTS Waiver Program.
2. The associated actions CWAs must take when working with income maintenance (IM) agencies and families to ensure applicants and participants obtain and maintain qualifying Medicaid coverage for CLTS Waiver Program participation.

BACKGROUND

To participate in the CLTS Waiver Program, individuals must first have Wisconsin Medicaid full-benefit coverage. However, not all types of Medicaid coverage satisfy this waiver program requirement.¹

CWAs are responsible for ensuring that CLTS applicants and participants are enrolled in qualifying Medicaid coverage. This means that:

1. When a CLTS Waiver Program applicant is not enrolled in qualifying Medicaid coverage, CWAs must work with IM agencies and families to ensure CLTS-eligible children also enroll in qualifying Medicaid coverage.
2. When a CLTS Waiver Program participant is losing a qualifying Medicaid coverage, CWAs must work with the IM agency and the family to help them apply for and enroll with another type of qualifying Medicaid coverage.
3. When a CLTS Waiver Program participant completes each annual recertification, CWAs are required to confirm participants are enrolled in qualifying Medicaid coverage.

POLICY

To participate in the CLTS Waiver Program, individuals must also enroll in Wisconsin Medicaid full-benefit coverage. Not all types of Medicaid coverage satisfy this waiver program requirement.

The following types of Medicaid coverage are qualifying and satisfy this waiver program requirement:

- Supplemental Security Income (SSI) Medicaid
- SSI-Related Medicaid
- Medicaid Met Deductibles (Deductibles or Deductible Medicaid)
- Foster Care Medicaid (includes adoption assistance, subsidized guardianship, and court-ordered kinship care)
- Katie Beckett Medicaid
- Medicaid Purchase Plan (MAPP)
- Home and Community-Based Services (HCBS) Waiver Medicaid²
- Medicaid-funded categories of BadgerCare Plus³

The following types of Medicaid coverage do **not** satisfy this waiver program requirement:

- Children's Health Insurance Program (CHIP)-funded categories of BadgerCare Plus⁴
- Institutional Medicaid

¹ See [Section 2.1](#) of the Medicaid Home and Community-Based Services (HCBS) Waiver Manual for the CLTS Waiver Program.

² Children who are determined eligible for the CLTS Waiver Program through HCBS Waiver Medicaid cannot also be enrolled in BadgerCare Plus.

³ BadgerCare Plus includes both Medicaid and the Children's Health Insurance Program (CHIP) coverage groups. Individuals covered through CHIP do not qualify for the CLTS Waiver Program.

⁴ A child whose household income exceeds Medicaid limits may qualify for CHIP based on their income and age. To determine whether a BadgerCare Plus child is T21/CHIP-funded, refer to section 51.1 of the BadgerCare Plus handbook or check the medical status code in ForwardHealth/Interchange.

OPERATIONAL GUIDANCE

CWAs are responsible for ensuring that a CLTS applicant or participant is enrolled in Medicaid coverage at initial application and at annual recertification. If the applicant or participant is not enrolled in a qualifying type of Medicaid coverage, the CWA must help them enroll.

For applicants or participants who are enrolled in BadgerCare Plus Medicaid coverage, CWAs must pursue HCBS Waiver Medicaid eligibility by working with the IM agency. This process streamlines enrollment into the CLTS Waiver Program and lessens the burden on CWAs to confirm whether an applicant or participant's BadgerCare Plus is Medicaid or CHIP funded. For applicants and participants that are enrolled in another type of qualifying Medicaid coverage, no further action is needed for the purposes of satisfying this CLTS Waiver Program eligibility criteria.

CWAs can use the following systems to look up the health care enrollment status of any applicant or participant (note that these systems and reports will not show if the BadgerCare Plus is Medicaid or CHIP funded):

- ForwardHealth Waiver Agency portal
- interChange (iC Functionality)
- The Weekly CLTS Waiver Member Enrollment Report available in the SAS Enterprise Data Warehouse and Data Analytics and Reporting (EDW/DAR)

Find detailed guidance in the scenarios below.

Scenario 1: At initial application

When a child applies for the CLTS Waiver Program and has no current Medicaid coverage, is enrolled in a type of Medicaid that is not qualifying for CLTS Waiver Program participation, or is enrolled in BadgerCare Plus, CWAs must pursue HCBS Waiver Medicaid. This process streamlines enrollment into the CLTS Waiver Program and lessens the burden on CWAs to confirm whether an applicant's BadgerCare Plus is Medicaid or CHIP funded.

CWAs must complete and submit the following to IM agencies:

- [Home and Community-Based Services Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program Form, F-02319 \(PDF\)](#)
- [Medicaid Waiver Eligibility and Cost Sharing Worksheet, F-20919 \(PDF\)](#)
- Verification of the child's income, if any.⁵
- If the CLTS applicant is not currently enrolled in HCBW Medicaid, a valid application for health care (refer to the MEH, Section 2.4, Valid Application), including the [Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application, F-10129 \(PDF\)](#)

⁵ Financial eligibility for the CLTS Waiver Program is based solely on the income of the CLTS Waiver Program applicant or participant and must be verified if there is any. This includes any child support or death benefits received on behalf of the child. There is no asset test.

IM agencies will process the information CWAs provide about the applicant to determine Medicaid eligibility and enrollment.

- If the child is eligible for HCBS Waiver Medicaid, they can participate in CLTS. The child's BadgerCare Plus enrollment must end.
- If the child is financially ineligible for HCBS Waiver Medicaid or their income level is such that it creates a prohibitively high cost share for HCBS Waiver Medicaid, the child can remain enrolled in BadgerCare Plus (not CHIP-funded) and participate in CLTS.

Medicaid Coverage	CLTS Participation
HCBS Waiver Medicaid	The child can participate in CLTS.
BadgerCare Plus Medicaid (CHIP-funded)	The child cannot participate in CLTS.
BadgerCare Plus Medicaid (Medicaid-funded)	The child can participate in CLTS.
Another type of qualifying full-benefit coverage Medicaid	The child can participate in CLTS.

After IM determines eligibility, families will receive a case summary in the mail. For children who do not have existing Medicaid coverage, families must review the case summary for accuracy and either: (1) sign and return to their IM agency or (2) call to provide a telephonic signature. Instructions are included with the case summary.

CWAs can verify the Medicaid enrollment begin date by checking interChange or, in accordance with privacy and confidentiality protections, confirming enrollment with IM agencies.

Scenario 2: At annual Medicaid renewal

Children currently enrolled in the CLTS Waiver Program with BadgerCare Plus must be tested for HCBS Waiver Medicaid at their next annual Medicaid renewal by the IM agency. This process lessens the burden on CWAs to confirm whether a participant's BadgerCare Plus is Medicaid or CHIP funded.

CWA staff will complete and submit the following documents to the IM agency:

- [Home and Community-Based Services Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program Form, F-02319 \(PDF\)](#)
- [Medicaid Waiver Eligibility and Cost Sharing Worksheet, F-20919 \(PDF\)](#)
- Verification of the child's income, if any.
- If the CLTS participant is not currently enrolled in HCBW Medicaid, a valid application for health care (refer to the MEH, Section 2.4, Valid Application), including the [Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application, F-10129 \(PDF\)](#)

The IM agency will then process the information provided by the CWA to determine HCBS Waiver Medicaid eligibility.

- If the child is eligible for HCBS Waiver Medicaid, their BadgerCare Plus enrollment must end.

- However, the child may remain in Medicaid-funded categories of BadgerCare Plus and participate in the CLTS Waiver Program when they are financially ineligible for HCBS Waiver Medicaid, or their income level is such that it creates a prohibitively high cost share for HCBS Waiver Medicaid. Enrollment in CHIP-funded categories of BadgerCare Plus does not satisfy the CLTS Waiver Program requirement.

Additionally, children already enrolled in the CLTS Waiver Program with a qualifying Medicaid source should complete the annual Medicaid renewal as instructed to maintain current and existing Medicaid coverage.

CWAs should be aware that the CLTS Waiver Program recertification and Medicaid renewal dates may not align. CWAs can verify the Medicaid enrollment begin date by checking interChange or, in accordance with privacy and confidentiality protections, confirming enrollment with the IM agency.

Scenario 3: At annual CLTS Waiver Program recertification

CWAs are required to confirm that participants are enrolled in a qualifying type of Medicaid coverage at each annual CLTS Waiver Program recertification.

CWAs can use the following systems to look up the health care enrollment status of any applicant or participant (note that these systems and reports will not show if the BadgerCare Plus is CHIP-funded):

- ForwardHealth Waiver Agency portal
- interChange (iC Functionality)
- The Weekly CLTS Waiver Member Enrollment Report available in the SAS Enterprise Data Warehouse and Data Analytics and Reporting (EDW/DAR)

If the participant has no current Medicaid coverage, is enrolled in a type of Medicaid coverage that is not qualifying for CLTS Waiver Program participation, or is enrolled in BadgerCare Plus, CWAs must pursue HCBS Waiver Medicaid. This process lessens the burden on CWAs to confirm whether a participant's BadgerCare Plus is Medicaid or CHIP funded.

CWA staff will complete and submit the following documents to the IM agency:

- [Home and Community-Based Services Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program Form, F-02319 \(PDF\)](#)
- [Medicaid Waiver Eligibility and Cost Sharing Worksheet, F-20919 \(PDF\)](#)
- Verification of the child's income, if any.
- If the CLTS participant is not currently enrolled in HCBW Medicaid, a valid application for health care (refer to the MEH, Section 2.4, Valid Application), including the [Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application, F-10129 \(PDF\)](#)

The IM agency will then use the information provided by the CWA to determine HCBS Waiver Medicaid eligibility.

- If the child is eligible for HCBS Waiver Medicaid, their BadgerCare Plus enrollment must end.
- However, the child may remain in Medicaid-funded categories of BadgerCare Plus and participate in the CLTS Waiver Program when they are financially ineligible for HCBS Waiver Medicaid, or their income level is such that it creates a prohibitively high cost share for HCBS Waiver Medicaid. Enrollment in CHIP-funded categories of BadgerCare Plus does not satisfy the CLTS Waiver Program requirement.

CONTACTS

CWAs are encouraged to direct any questions to the Wisconsin Medicaid Bureau of Children's Services (BCS) Technical Assistance Center: DHSBCSTAC@dhs.wisconsin.gov.