

**WISCONSIN MEDICAID
CHILDREN'S LONG-TERM SUPPORT (CLTS) WAIVER PROGRAM
PROVIDER AGREEMENT AND ACKNOWLEDGEMENT OF TERMS OF PARTICIPATION
FOR FISCAL AGENTS MANAGING SELF-DIRECTED WAIVER SUPPORTS¹**

Completion of this form is required under Federal Law by the Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, under the Code of Federal Regulations 42 CFR 431.107.

Name of Provider Agency (Typed or Printed)	Tax ID	Phone Number	
Email Address			
Line 1 Street Address (physical address)		Line 2 Street Address	
Mailing Address (if applicable)	City	State	Zip Code

The fiscal agent provider's name, as listed above, must exactly match the name on file with the Wisconsin Department of Health Services (DHS), U.S. Internal Revenue Service (IRS) and/or Wisconsin Department of Revenue. The above-referenced fiscal agent provider hereby agrees and acknowledges it will:

1. Comply with federal and state Medicaid home and community-based services (HCBS) laws, regulations and policies, including those relating to § 1915(c) of the Social Security Act and Title XIX, those regulations pertinent to Wisconsin's Medicaid program, official written policy as transmitted to the provider through the CLTS Waiver Program's published memos, handbooks and other communicate, the standards for the specific CLTS waiver service the provider will deliver, and other requirements as defined in the Wisconsin Medicaid Home and Community-Based Waivers Manual. The provider acknowledges it is responsible for knowing the provisions of federal and state laws, regulations, the applicable CLTS Waiver Program policies, and for complying with all applicable federal and state laws as a condition of its participation as a provider of Wisconsin's Medicaid-funded CLTS Waiver Program.
2. Register and submit all required data to DHS, including its National Provider Identifier (NPI). The fiscal agent will submit information updates, as necessary, to ensure accurate data is on file with DHS. Re-registration and an updated signed *CLTS Waiver Program Medicaid Provider Agreement* form must be submitted every four years, at a minimum. The CLTS Waiver Program registration site is available at: <https://www.dhs.wisconsin.gov/clts/providers.htm>
3. Retain any records necessary to fully document the services delivered to participants, in accordance with 42 CFR § 431.107 of the federal Medicaid regulations, **for a period of seven years.**
4. Furnish to DHS, the Wisconsin Department of Justice Medicaid Fraud Control Unit, or the U.S. Department of Health and Human Services (DHHS) any information regarding CLTS Waiver Program services delivered and payments claimed by the provider, upon request. See DHS 106.02, Wis. Administrative Code for state policy related to provider record retention.
5. Comply with the disclosure requirements of 42 CFR Part 455, Subpart B in effect now, or as may be amended. To meet those requirements and address real or potential conflict of interest that may influence service provision, furnish to the CWA and upon request, to DHS in writing:
 - a. The names and addresses of all vendors of drugs, medical supplies or transportation, or other providers in which it has a controlling interest or ownership;
 - b. The names and addresses of all persons who own or have a controlling interest in the fiscal agent provider;
 - c. Whether any of the persons named in compliance with (a) and (b) above are related to any owner or to a person with a controlling interest as spouse, parent, child or sibling;
 - d. The names and addresses of any subcontractors who have had business transactions with the fiscal agent provider;
 - e. The identity of any person, named in compliance with (a) and (b) above, who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or Title XIX services programs since the inception of those programs.
6. Affirm the owner/operator and each employee delivering CLTS financial management services to eligible participants, hold current licenses, registrations, certifications and/or similar entitlements, or meets the qualifications

¹ Note: This agreement is intended for fiscal agents that process, report and issue wages, deductions for state and federal taxes, unemployment insurance and worker's compensation to direct care workers under CLTS waiver participants' self-directed support plans. The direct care workers are not employees of a provider agency that otherwise delivers services to waiver clients.

specified in the [CLTS Waiver Manual, P-02256](#), as required by federal or state statute, regulation, or rule for the provision of the service. In addition, a search of the [U.S. DHHS Office of Inspector General's List of Excluded Individuals/Entities \(LEIE\)](#) was conducted on all employees delivering financial management services, and a Wisconsin caregiver background check for employees or sub-contractors with regular, direct access to CLTS waiver participants.²

7. Consent to the use of statistical sampling and extrapolation as the means to determine the amounts owed by the provider to the CLTS Waiver Program as a result of an investigation or audit conducted by DHS, the Department of Justice Medicaid Fraud Control Unit, the U.S. Department of Health and Human Services, the Federal Bureau of Investigation, or an authorized agent of any of these entities.
8. Submit to the CWA or DHS, upon request, with information to ensure qualified providers and prior authorized CLTS waiver services are delivered as appropriate, to assess the health and safety of participants served by the direct care worker. Failure to supply the information requested by DHS may result in denial of CLTS Waiver Program payments or sanctions related to the fiscal agent's continued participation in the program.
9. Affirm any statement made in this document or during the DHS registration process and CWA qualified provider verification process, constitutes a statement or representation of a material fact made in an application for a benefit or payment, or made for use in determining rights to such benefit or payment, that is knowingly and willfully made or caused to be made by provider, within the meaning of Wis. Stat. § 49.49 (1)(a) 1 and 2, which imposes criminal penalties for fraud committed in connection with a Medicaid Program.
10. Process, file, submit taxes and other deductions to established state and federal accounts, and pay direct care workers who delivered allowable CLTS waiver services included on the participant's self-directed Individual Service Plan (ISP), and were prior authorized by the county waiver agency (CWA). The fiscal agent provider is prohibited from billing the CLTS Waiver Program participant, or the participant's parent/guardian, for any portion of the cost of the prior authorized waiver service.
11. Accept as payment in full, amounts paid in accordance with the CLTS rate schedule established by DHS for in-scope services: <https://www.dhs.wisconsin.gov/publications/p02184.pdf>.
12. Receive direct payments from the DHS third party administration (TPA) claims processing vendor, Wisconsin Physician Services (WPS) for prior authorized financial management services (basic or enhanced tiers), and the reimbursement of pass-through payments for issuance to direct care workers, pursuant to 42 CFR § 447.10(e). The payment is based on the CWA's prior authorization of the financial management service fee and the specified direct care waiver service for a specific eligible CLTS waiver participant.
13. Submit all claims to the TPA within 120 days from the date of service, or in the instance of a CLTS participant who is covered by a private insurance carrier or Medicare, the service claim must be submitted within 120 days from the date of the third party's explanation of benefit (EOB) statement.
14. Submit refunds to WPS for any overpayments identified by the CWA, WPS or DHS.
15. This agreement may be terminated as follows:
 - a. By the fiscal agent as detailed at s. DHS 106.05, Wisconsin Administrative Code.
 - b. By the Department upon grounds set forth at s. DHS 106.06, Wisconsin Administrative Code
 - c. Pursuant to terms set forth in the Wisconsin Medicaid Home and Community-Based Waivers Manual.
16. Unless terminated earlier, this agreement shall remain in full force and effect for a maximum of four years. This agreement shall not extend beyond the DHS four-year provider re-registration deadline. DHS will issue notification when the four-year re-registration requirement is due.

MODIFICATIONS TO THIS CLTS WAIVER PROGRAM PROVIDER AGREEMENT ARE NOT PERMITTED. THIS AGREEMENT IS NOT TRANSFERABLE OR ASSIGNABLE TO ANOTHER PARTY.

NAME – Fiscal Agent Provider (Typed or Printed)	Title – Owner/Operator
SIGNATURE – Fiscal Agent Provider	Date Signed

² Qualified provider screening and credential verification and approval is a local county waiver agency function, whereby every four years, at a minimum, the county waiver agency must assess and ensure the fiscal agent continues to meet all applicable CLTS Waiver Program service standards.