| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-02467 (01/2022) | | **STATE OF WISCONSIN** | | |
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| **Children’s Long-Term Support: Care Level Classification** | | | | |
| Respite and personal supports through the Children’s Long-Term Support (CLTS) Program require care level determinations that correspond to a statewide service rate schedule.  **NOTE:** Do not complete this form for camp, institutional respite, chore services, or personal care. These four supports are **exempt** from care level classification determinations.  **Instructions**   1. By being eligible for the CLTS program, all participants at least meet the low care level classification. 2. Work with the family to determine the degree of support that the CLTS participant and family require. Factors to consider include:  * Information gathered through the functional screen and assessment process. * The participant and family’s particular situation or circumstances (which may increase or lessen care level needs). * The intensity, type of support, or degree of professional experience that a participant’s health and/or behavior require. * The extent of training and/or experience a caregiver must have in order to safely and effectively work with the participant.  1. Under Service Category, check the service(s) that appear on the Individual Service Plan and the corresponding care level classification(s). Each service category care level must be assessed separately. A participant who receives both respite and personal supports may have different care level classifications for each service. 2. Document reasons supporting the determination under the appropriate care level classification. When the participant has more than one care level, indicate the service category along with the rationale. | | | | |
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| **PARTICIPANT INFORMATION** | | | | |
| Participant’s Name | | Date of Birth | | MCI |
|  | |  | |  |
| **WAIVER AGENCY INFORMATION** | | | | |
| Agency Name | | Support and Service Coordinator (SSC) Name | | |
|  | |  | | |
| SSC Email (optional) | | SSC Phone Number (optional) | | |
|  | |  | | |
| **SERVICE CATEGORY** | | | | |
| Service(s): | Care Level(s): | | Date | |
| Respite  Personal Supports | Low  Medium  High | |  | |
| **LOW CARE LEVEL** | | | | |
| Common participant characteristics may include:   * One diagnosis, of any type. * Up to two functional impairments within or among: bathing, grooming, dressing, eating, toileting, mobility, transfers. * Limited or minimal functional impairments within or among: communication (receptive or expressive), learning, social competency. * Up to one mental health-related service. * No significant behavioral issues.   Common caregiver characteristics may include:   * Basic skills and training related to the service category. * Some experience providing care for individuals with low-intensity care needs. * Some experience working with the particular CLTS participant. | | If the participant best fits and their care needs most appropriately reflect the low care level, provide information and reasons that support the determination here: | | |
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| **MEDIUM CARE LEVEL** | | | | |
| Common participant characteristics may include:   * Qualifying for one or two target groups. * One or two diagnoses, of any type. * Up to two health-related services. * Up to three functional impairments within or among: bathing, grooming, dressing, eating, toileting, mobility, transfers. * Substantial functional impairments within or among: communication (receptive or expressive), learning, social competency. * Up to two mental health-related services. * At least one significant behavioral issue.   Common caregiver characteristics may include:   * Specific skills, training, or experience related to the service category. * Experience providing care for individuals with medium-intensity care needs. * Moderate experience working with the particular CLTS participant. | | If the participant best fits and their care needs most appropriately reflect the medium care level, provide information and reasons that support the determination here: | | |
| **HIGH CARE LEVEL** | | | | |
| Common participant characteristics may include:   * Qualifying for one or two target groups. * Two or more diagnoses, of any type. * Three health-related services. * Four or more functional impairments within or among: bathing, grooming, dressing, eating, toileting, mobility, transfers. * Significant and/or multiple functional impairments within or among: communication (receptive or expressive), learning, social competency. * Two mental health-related services. * Two or more significant behavioral issues.   Common caregiver characteristics may include:   * Professional knowledge and education. * Experience providing care for individuals with high-intensity care needs. * Extensive experience working with the particular CLTS participant. | | If the participant best fits and their care needs most appropriately reflect the high care level, provide information and reasons that support the determination here: | | |
| If the participant’s care level needs exceed the high care level classification, an outlier rate may be appropriate.  Check this box to indicate an outlier rate has been or will be submitted to DHS for respite services.  Check this box to indicate an outlier rate has been or will be submitted to DHS for personal supports. | | | | |