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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-02749 (02/2023) |  | **STATE OF WISCONSIN** |
| **CHILDREN’S lONG-tERM sUPPORT (CLTS) exceptional expense Notification** |
| Name – Participant | Age | Date of Birth | Date of Submission |
|       |       |       |       |
| Living Arrangement |
| [ ]  Natural or Adoptive Home | [ ]  Children’s Foster Home | [ ]  Other, specify:       |
| **EXCEPTIONAL EXPENSE NOTIFICATION DETAILS (F-02749i)** |
| [ ]  **Tier 1 Notification**CLTS Per Diem ≥$162.45/day (excluding start-up or one-time costs) | [ ]  **Tier 2 Notification (DHS Approval Required)**CLTS Per Diem ≥ $287.67/day (excluding start-up or one-time costs). Individual Service Plan Attached: [ ]  Yes [ ]  NoIs participant residing in a Level 4 or Level 5 home:[ ]  Yes [ ]  No |
| **For Both Tier 1 and Tier 2 Report Anticipated Costs:**CLTS cost/day:      Estimated Service Start Date:       |
| **NARRATIVE SUMMARY – TIER 2 NOTIFICATIONS ONLY** |
| 1. Describe the child and family’s goals, current needs and concerns based on the Deciding Together conversation.
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| 1. Describe anticipated on-going needs of participant and a description of how the identified services on the ISP meet the identified outcomes and needs of the child. Include any recommendations provided by a qualified professional, as appropriate.
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| 1. Describe the participant’s daily schedule. How do all the services on the ISP work together to support the child/family?
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| 1. Describe efforts to find the most cost-effective services, including efforts made to obtain coverage from other funding sources as appropriate.
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| **APPROVALS** |
| Name – Care Manager / Service Coordinator      | Name – Agency / County      | Email Address      |
| **ATTESTATION** |
| As the authorizing county waiver agency representative, I support this request and attest it meets identified outcomes, all Medicaid Home and Community-Based Services Waiver Manual polices, and appropriate state and federal procedure code requirements: |
| Name – Authorizing Representative      | Name – Agency/County      | Email Address      |
| \*\*Please email completed form and necessary documentation to dhscltshighcost@dhs.wisconsin.gov using an **encrypted email** program or by entering [**Send Secure**] on the subject line. |