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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-02749i (02/2023) |  | **STATE OF WISCONSIN** |
| **CHILDREN’S LONG-TERM SUPPORT (CLTS) EXCEPTIONAL EXPENSE NOTIFICATION**  **INSTRUCTIONS** | | |
| **Instructions** | | |
| **General Instructions**  County Waiver Agencies complete [F-02749](https://www.dhs.wisconsin.gov/forms/f02749.docx) when a child’s CLTS costs are expected to meet or exceed the exceptional expense tiered threshold ranges provided by DHS. For all Tier 2 submissions, the participant’s Individualized Service Plan (ISP) must be included. For participants residing in a Level 4 or 5 home, additional information may be requested by DHS. The exceptional expense includes current daily service costs but does not include start-up or one-time costs.  DHS will review and respond to Tier 2 submissions within 14 calendar days of receipt of a completed F-02749. For timely response, all appropriate sections of F-02749 must be completed when the request is submitted.  The exceptional expense notification form is divided into six sections. Completed exceptional expense notifications should be emailed to [dhscltshighcost@dhs.wisconsin.gov](mailto:dhscltshighcost@dhs.wisconsin.gov) with a subject line identifying: Exceptional Expense, Tier level, and your County Waiver Agency name. A response from DHS is required prior to authorization of Tier 2 submissions only.  Please contact your [regional CLTS program specialist](https://www.dhs.wisconsin.gov/publications/p00996.pdf) with additional questions.  **Instructions by Section**   1. **Participant Details**   Enter participant-specific information, including living arrangement.   1. **Exceptional Expense Notification Details**   When reviewing and submitting notifications for exceptional expense ISPs:  **Determine if the ISP,** [**F-20445**](https://www.dhs.wisconsin.gov/node/14076/898/898/898/898/898?search=F-20445&field_document_type_term_tid=All)**, meets Tier 1 or Tier 2 criteria; Exclude total start-up or one-time costs, if any, from the submitted Exceptional Expense daily rate.**  Indicate if the request is a Tier 1 or Tier 2 request and complete the corresponding sections of the form.   * **Tier 1**: The county waiver agency (CWA) completes first three sections and submits F-02749 when:   + - * The ISP’s current total cost/day, Box 14, is equal to or greater than $162.45/day.   No approval is required from DHS for Tier 1 Exceptional Expense ISP notifications.   * **Tier 2**: CWAs submits F-02749 fully completed and a copy of the ISP when   + - * The ISP’s current total cost/day, Box 14, is equal to or greater than $287.67/day.  1. **Narrative Summary – Tier 2 Notifications Only**   Provide a summary of the exceptional expense ISP submission, including description of:   * + 1. Describe the child and family’s goals, current needs and concerns based on the Deciding Together conversation.     2. 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.     3. Describe the participant’s daily schedule. How do all the services on the ISP work together to support the child/family?     4. Describe efforts to find the most cost-effective services, including efforts made to obtain coverage from other funding sources as appropriate.  1. **Support and Service Coordinator (SSC) Approval**    * The SSCs signature indicates that the [Deciding Together](https://www.dhs.wisconsin.gov/library/p-02246c.htm) process was utilized to collaboratively identify issues/goals, creatively thought about and weighed options in development of the identified support plan. 2. **Approving County Waiver Agency Representative Attestation**    * The authorizing county waiver agency representative considers the appropriateness of the ISP in achieving the plan outcomes and reviews to ensure the Exceptional Expense notification is complete, aligns with CLTS policies, and appropriate state and federal procedure code requirements. The attestation indicates support for the request and assures the CLTS per diem reflects current support and service costs.    * In the attestation section, the authorizing representative is often a different staff than the support and service coordinator. | | |
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