WISCONSIN DEPARTMENT of HEALTH SERVICES

P-02049B (10/2019)

Children's Long-Term Support (CLTS) Waiver Program
Approved § 1915(b)(4) Waiver Application for Selective Contracting: Support and Service Coordination Requirements*
Desk Aid

* Division of Medicaid Services Numbered Memo 2017-CLTS-1

Timeline	Support and Service Coordination Requirement	Support and Service Coordination Standard of Practice
Referral		
10 calendar days	**Contact Family** Within 10 calendar days from the date of identification of referral to the CLTS Waiver Program or, when applicable, the date a child is able to be enrolled in the CLTS Waiver Program, the waiver agency staff makes contact with the family to schedule a home visit.	• Document the date of identification of referral to the waiver agency in the child's record. • Contact the family to schedule a home visit and discuss the following: ○ The role of the support and service coordinator (SSC) ▪ The SSC and family work collaboratively to identify each child's and family's unique strengths, goals, and needs. ▪ The SSC uses their knowledge of available programs, resources, and services to create an individualized plan that best supports the child and family in pursuit of their desired outcomes. ▪ Effective support and service coordination employs an outcome-based approach (rather than a service-driven approach), minimizes disruptions to the family and their routine, connects families to supports throughout the community, and promotes family members' self-determination and involvement in all facets of community life. ▪ The SSC assists the child and family to achieve an inclusive, interdependent, and self-empowered life and to realize their dreams. ○ The steps of the CLTS Waiver Program eligibility and enrollment processes, and specifically the first step, a home visit: ▪ The purpose of the home visit is to discuss pursuing home and community-based services and begin enrollment activities, including a Children's Long-Term Support Functional Screen (CLTS FS). ▪ The home visit must include the child and at minimum one parent or guardian.

Timeline	Support and Service Coordination Requirement	Support and Service Coordination Standard of Practice
		▪ The family may choose to have other people participate in any part of the eligibility and enrollment processes, including the home visit. ▪ People who know the child well can contribute to illustrating a comprehensive picture of the child. ▪ During the home visit: – The SSC meets and interacts with the child within the child's comfort level. – The SSC gathers information from the family to illustrate a complete picture of the child's skills, abilities, strengths, and support needs. – The SSC reviews documentation that is required to determine program eligibility. – The SSC conducts the CLTS FS. • Confirm a date and time for the home visit. • Provide the SSC's contact information to the family as well as other appropriate contact information.
Eligibility		
45 calendar days	**Complete Eligibility Determination** Within 45 days from the date of identification of referral to the CLTS Waiver Program or, when applicable, the date a child is able to be enrolled in the CLTS Waiver Program, the waiver agency must complete the applicant's functional eligibility determination via the CLTS FS.	• During the home visit with the child and family: ○ Engage the family in a discussion on pursuing home and community-based services. Explain the feasible alternatives available to the family and child through the CLTS Waiver Program. ○ Provide a copy of the CLTS Waiver Program Participant Rights and Responsibilities document, discuss the content of the document, address any questions the family may have, and complete the document by gaining signatures from the parent(s) or guardian(s) and the child (if 14 years old or older). ○ Complete the Informed Consent - Children's Long Term Support Functional Screen, F-21076 and then begin the applicant's CLTS FS and other enrollment activities. • Complete the Medicaid Waiver Eligibility and Cost Sharing Worksheet, F-20919, or current CARES Community Waivers Budget screens, as applicable. • Complete the Worksheet for Determination of Parental Payment Limit for CLTS, F-01337. • Gain written permission from the family (a signed consent for the release of information) for key professionals in the child's life to talk with the SSC regarding the child's skills, abilities, strengths, and support needs. • Discuss the next steps in the eligibility and enrollment processes, the timeline, and whom to

Timeline	Support and Service Coordination Requirement	Support and Service Coordination Standard of Practice

		contact with questions.
		• Provide eligibility determination results and notification of rights in writing and talk with the family to address any questions they may have.
		  ○ When applicable, discuss not functionally eligible (NFE) results with the family and ask if there is other documentation that may support an eligible finding.
		  ○ When the CLTS FS results for a new applicant indicate that a child who is applying for waiver services is NFE for the CLTS Waiver Program, the waiver agency may choose to have a second screener review the screen. They may also choose to have the Wisconsin Department of Health Services review the screen.
		  ○ If the child meets the functional eligibility requirements and the waiver agency has a wait list, the date of identification of referral becomes the applicant's CLTS wait list placement date.
		  ○ Refer families to other programs when appropriate.

Individual Service Plan		

60 calendar days	**Complete Enrollment**
	
	Within 60 calendar days from the date of identification of referral to the CLTS Waiver Program or, when applicable, the date a child is able to be enrolled in the CLTS Waiver Program, the child must be enrolled or placed on the wait list.
	
	A child is able to be enrolled in the CLTS Waiver Program on the earliest date the following
		• Complete a child-centered assessment by gathering current, comprehensive information about the child.
		  ○ The information gathered in the assessment informs the identification of outcomes and the supports and services in the ISP.
		  ○ Strive to understand the complete picture of the child's skills and support needs, including any that are unique to the child's environment.
		  ○ The assessment, ISP, and outcomes recognize the importance of family in the lives of children and that supports and services impact the entire family.
		• Work with the child and family to identify and record their desired outcomes (Individual Service Plan-Individual Outcomes, F-20445a).
		  ○ Individualized outcomes are child-specific and based on the child's and family's lifestyle, goals, ambitions, values, personal preferences, and priorities.
		  ○ Explore the child's and family's preferences for service delivery, living arrangement, medical care, and community participation.
		• Complete the ISP, working collaboratively with the family to determine which supports, services, and environmental modifications will benefit the child, build on the child's strengths, and maximize the child's independence and community participation.

Timeline	Support and Service Coordination Requirement	Support and Service Coordination Standard of Practice
	criteria are met: • The child is enrolled in Medicaid. • The child meets the CLTS Waiver Program functional eligibility requirements. • The SSC has initiated development of an individual service plan (ISP) for the child.	• The SSC and family come to agreement on the ISP and outcomes documents. • Schedule and authorize supports and services listed on the ISP.

Monthly	**Begin Monthly SSC Activities**
	
	The child's monthly support and service coordination services begin when the parent(s)/guardian(s) and child (if applicable) agree with the ISP.
		• The SSC has a primary responsibility to coordinate a full range of appropriate supports and services to maximize the child's independence and community participation and promote the child's safety and welfare.
		• On a monthly basis (at a minimum), the SSC makes a collateral contact to review the child's and family's current needs and update supports and services accordingly.
		  ○ Written or email exchange
		  ○ Telephone conversation
		  ○ Face-to-face contact with a child's family member, medical or social services provider, or other person with knowledge of the child's long-term support needs
		• The SSC makes direct contact with the child and family a minimum of one time every three months.
		• More frequent contact may be appropriate depending on a child's and family's individual needs, as identified in assessments or prior critical incidents.
		• The SSC documents his or her contact with the family and child in the child's record.

Within 60 calendar days of the SSC and family agreeing	**Obtain Necessary ISP Signatures** Within 60 days of the SSC and family agreeing with the supports and services	• The completed ISP is a summary of the child's formal and informal supports and services that will be used to achieve the child's outcomes. • The ISP describes the CLTS Waiver Program supports and services that are furnished to the child, the projected frequency and type of provider that furnishes each service, as well as other services (regardless of funding source) and informal supports that complement waiver services to meet the child's needs.

Timeline	Support and Service Coordination Requirement	Support and Service Coordination Standard of Practice
with the ISP	on the ISP, the SSC obtains the necessary ISP signatures.	• The SSC ensures that CLTS Waiver Program services are funded as the payer of last resort. • As the child ages, supports and services become more youth guided, especially during transition into the adult waiver support and service delivery system.
Every six months (at a minimum)	**Review ISP** Every six months (at a minimum), the SSC conducts a face-to-face meeting with the child and family to review their current needs and update supports and services accordingly.	• The six-month face-to-face meeting includes engaging with the child and family to understand the complete picture of the child's current skills and support needs, including any that are unique to the child's environment. • Talk with the family about adjustments to supports and services that will promote the child's independence, community participation, and health and safety. • The SSC reviews and updates or completes a new ISP during the face-to-face meeting every six months or sooner if the child's and family's needs change. Place an updated ISP in the child's record and provide a copy to the family. • Annually, at a minimum, one of the face-to-face contacts must be at the child's and family's place of residence and may be coordinated with recertification.
Within 12 months (at a minimum)	**Recertification Determination** Within 12 months (at a minimum) from the initial enrollment date or prior recertification date, the SSC conducts an annual waiver recertification determination.	The annual recertification includes the following activities: • Update and complete the Informed Consent - Children's Long Term Support Functional Screen (F-21076). • Conduct a CLTS FS. • Update and complete an assessment reflecting the child's and family's current abilities, preferences, and needs, and review relevant records. • Update and complete the ISP and outcomes forms with signatures from the child's parent(s) or guardian(s) and the child (when applicable). • Update and complete the Medicaid Waiver Eligibility and Cost Sharing Worksheet, F-20919, or current CARES Community Waivers Budget screens, as applicable. • Update and complete the Worksheet for Determination of Parental Payment Limit for Children's Long-Term Supports, F-01337. • Update and complete the Participant Rights and Responsibilities document, including signatures from the parent(s) or guardian(s) and the child (if 14 years old or older).