

Wisconsin Department of Health Services

Division of Medicaid Services

Children's Long-Term Support Waiver (CLTS) Statewide Uniform Rate Schedule

Revised January 1, 2026

Effective January 1, 2026

Background

The CLTS Rate-Setting Initiative is a multiyear effort to develop a statewide rate-setting methodology for the CLTS Program. The initiative is the result of a corrective action plan issued by the federal Centers for Medicare & Medicaid Services (CMS), requiring the Wisconsin Department of Health Services (DHS) to comply with federal Home and Community-Based Services Waiver regulations.

Rate Methodology

The statewide rate methodology primarily sets rates for CLTS services with a direct care provider component. Services exempt from the rate methodology will continue to be paid at market rates.

Benefit Categories Included in Rate Schedule*

- Adult family home
 - Child care
 - Community/competitive integrated employment
 - Community integration services
 - Counseling and therapeutic services
 - Daily living skills training
 - Day services
 - Discovery and career planning
 - Financial management services
- Grief and bereavement counseling
 - Health and wellness
 - Mentoring
 - Participant and family directed broker services
 - Personal supports
 - Respite
 - Safety planning and prevention
 - Support and service coordination**
 - Transportation

*Some benefit categories include subcategories that are not included in the rate schedule because they are paid at market rates (e.g. respite camps, bus passes, parking, etc.). Please refer to the CLTS Service Descriptions and CLTS Benefit Code Crosswalk, P-02283, for more information.

Most rates represent a ratio of one direct caregiver to one CLTS participant. The rate schedule identifies services which may be additionally provided in a group setting.

The rates in the CLTS rate schedule represent the maximum amounts that can be paid for each service unit without an outlier rate. County waiver agencies are prohibited from negotiating rates with providers for services included in the statewide uniform rate schedule. Services may be paid at lower rates when the service provider's usual and customary cost, the amount the provider charges to the general public, is lower than the amount in the CLTS rate schedule.

**Support and service coordination rates are not specified in this rate schedule. These rates are set using the existing method that develops a unique rate for each CWA.

Rate Schedule Key Terms Defined

Standard Program Category (SPC)

A Wisconsin state-level numerical code that refers to one of the service types above.

Federal Procedure Code (FPC)

A set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT) and the Center for Medicare and Medicaid Services (CMS) Health Information Portability and Accountability Act (HIPAA) coding procedures.

Benefit Category

A service listed above that corresponds to a SPC and Healthcare Common Procedure Coding System (HCPCS) code description.

Code Description

A technical description of the benefit category. May also specify provider type, the unit type, or whether the service code may be provided to individuals or in groups.

Unit Type

The timespan that the specific service rate may be billed. Unit types include 15 minutes, Hour, Day, Month, Session, Mile, and Trip.

Tier

Rates for some services are separated into specified levels, which may include provider education level, timespan, or service level.

Provider Type

Specifies whether a service rate is paid to an individual caregiver, or an agency provider that employs direct caregivers.

Care Level

Specifies whether a service rate is paid based on a participant's care level need of low, medium, or high. Please see the Care Level Classification Guidelines, P-02273, document for more information about how a participant's care level is determined.

Reference Materials

- CLTS Service Descriptions
- CLTS Benefit Code Crosswalk
- Care Level Classification Guidelines
- Care Level Classification Form
- Outlier Rate Guidelines
- Outlier Rate Review Form

P-02184 (02/2026)

CLTS Service Rate Schedule

The rates in the CLTS rate schedule represent the maximum amounts that can be paid for each service unit without an outlier rate. County waiver agencies are prohibited from negotiating rates with providers for in-scope services. Services may be paid at rates lower than the CLTS rate schedule in circumstances where a service provider's usual and customary service rate is lower than the CLTS rate schedule for a particular service. A service provider’s usual and customary service rate is determined by the provider and is publicly available.

Services with Tiered Rates

SPC	FPC	Benefit Category	Code Description	Unit Type	Tier 1	Tier 2	Tier 3	Tier 4	Notes
Community integration services									
514.00	H2021HN	Community integration services - tiers	Community-based wraparound services, per 15 minutes	15-min.	13.13	N/A	N/A	N/A	Please refer to CLTS Service Descriptions for information about services included in Tier 1 and Tier 2.
514.00	H2021HO	Community integration services - tiers	Community-based wraparound services, per 15 minutes	15-min.	N/A	22.31	N/A	N/A	
Community / competitive integrated employment									
615.01	T2018U7	Community / competitive integrated employment — individual	Habilitation, supported employment, waiver; each	Month	\$210/month, less than 10 hours worked per week	\$420/month, 10 to less than 15 hours worked per week	\$630/month, 15 to less than 20 hours worked per week	\$840/month, 20+ hours worked per week	This service may only be authorized and billed at one unit per participant per month. CWAs are responsible for authorizing the monthly unit rate based on the number of hours the participant works per week under this benefit.
615.02	T2019U7	Community / competitive integrated employment — small group	Habilitation, supported employment, waiver; per 15 minutes	Month	\$157.50 /month, less than 10 hours worked per week	\$315/month, 10 to less than 15 hours worked per week	\$472.50 /month, 15 to less than 20 hours worked per week	\$630/month, 20+ hours worked per week	
Financial management services									
619.00	T2040U7	Financial management services -basic	Financial management, self-directed, waiver; per 15 minutes	Month	36.75	N/A	N/A	N/A	This service may only be billed at one unit per participant per month. Financial Management Services rates only include the costs of administering these services, and exclude the cost of caregiver wages, tax withholding and benefits. Caregiver wages, tax
619.00	T2040U722	Financial management services - enhanced	Financial management, self-directed, waiver; per 15 minutes	Month	N/A	75.30	N/A	N/A	

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Services with Tiered Rates

SPC	FPC	Benefit Category	Code Description	Unit Type	Tier 1	Tier 2	Tier 3	Tier 4	Notes
619.00	T2041U7	Financial management services; rep payee - basic	Supports brokerage, self-directed, waiver; per 15 minutes	Month	36.75	N/A	N/A	N/A	withholdings and benefits are incorporated into the direct care service rates (e.g. respite, supportive home care, counseling and therapeutic services, etc.). Please refer to CLTS service definitions for additional service requirements and descriptions of services included in Tier 1 and Tier 2.
619.00	T2041U722	Financial management services; rep payee - enhanced	Supports brokerage, self-directed, waiver; per 15 minutes	Month	N/A	75.30	N/A	N/A	
Grief and bereavement counseling									
507.02	H0046	Grief and bereavement counseling	Mental health services, not otherwise specified	Each	540.00	660.00	780.00	N/A	Grief and Bereavement Counseling services are prior authorized and providers can submit a one-time fee for usage after the child’s death. The service may be billed by the provider after the family has shown interest in receiving the service and prior to the child's death.

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Services with Single Unit Rates

SPC	FPC	Benefit Category	Code Description	Unit Type	Unit Rate	Notes
Transportation						
107.40	S0215	Transportation & Escort	Non-emergency transportation; mileage, per mile	Miles	0.73	Please refer to CLTS Service Descriptions for guidance on the usage of mileage rates.
Adult family home						
202.01	S5140U6	Adult family home placement, 1-2 beds	Adult Family Home Placement. (S5140=Foster care, adult; per diem)	Day	312.94	
202.02	S5140U7	Adult family home placement, 3-4 beds	Adult Family Home Placement. (S5140=Foster care, adult; per diem)	Day	186.78	
Counseling and therapeutic services						
507.03	G0176	Counseling & therapeutic services	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	Session	85% of provider's usual and customary rate, up to \$178.50 per visit	
Day Services						
706.20	S5105U7	Day services, children	Day care services, center-based; services not included in program fee, per 15 minutes	15-min.	2.63	

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Rates by Provider Type

SPC	FPC	Benefit Category	Code Description	Unit Type	Provider Type	
					Group Home	Residential Care Center
Institutional respite						
103.24	S5151	Respite care, institutional	Respite care, not in the home, per diem	Day	Each Group Home and Residential Care Center will be paid at the rate approved by the Department of Children and Families (DCF), based on DCF published maximum daily rates. Approved rates by provider can be found at the following link: https://dcf.wisconsin.gov/ratereg	

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Rates by Provider Type

SPC	FPC	Benefit Category	Code Description	Unit Type	Provider Type	
Daily living skills training					Provider Type	
					Individual	Agency
110.00	T2013	Daily living skills training	Habilitation, educational, waiver; per hour	Hour	23.10	39.90
110.00	T2017	Daily living skills training	Habilitation, residential, waiver; 15 minutes	15-min.	5.78	9.98
Note: Maximum Hourly and 15-minute Group Rates for Daily living skills training (FPCs T2013 and T2017) apply for groups of 2-3 participants. The maximum group size for one caretaker is three participants.				Per child, Group of 2, Hour	14.44	24.94
				Per child, Group of 3, Hour	9.63	16.62
				Per child, Group of 2, 15-min.	3.61	6.24
				Per child, Group of 3, 15-min.	2.40	4.16
Discovery and career planning						
108.10	T2015	Discovery and career planning	Habilitation, prevocational, waiver; per hour	Hour	42.00	58.00

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Rates by Provider Type

SPC	FPC	Benefit Category	Code Description	Unit Type	Provider Type	
Note: Maximum Hourly Group Rates for Discovery and career planning (FPC T2015) apply for groups of 2-3 participants. The maximum group size for one caretaker is three participants.				Per child, Group of 2, Hour	26.25	36.25
				Per child, Group of 3, Hour	17.50	24.17
Health and wellness						
609.30	S5190	Health and wellness	Wellness assessment, performed by non-physician	15-min.	8.00	11.00
Note: Maximum 15-minute Group Rates for Health and wellness (FPC S5190) apply for groups of 2-3 participants. The maximum group size for one caretaker is three participants.				Per child, Group of 2, 15-min.	5.00	6.88
				Per child, Group of 3, 15-min.	3.33	4.58
Mentoring						
513.00	H0038	Mentoring	Self-help/peer services, per 15 minutes	15-min.	4.33	6.30

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Rates by Provider Type

SPC	FPC	Benefit Category	Code Description	Unit Type	Provider Type	
Note: Maximum 15-minute Group Rates for Mentoring (FPC H0038) apply for groups of 2-3 participants. The maximum group size for one caretaker is three participants.				Per child, Group of 2, 15-min.	2.71	3.94
				Per child, Group of 3, 15-min.	1.81	2.63
Participant and family directed broker services						
619.01	T2041	Participant and family directed broker services	Supports brokerage, self-directed, waiver; per 15 minutes	15-min.	8.00	12.00
Safety planning and prevention						
609.40	E0700	Safety planning and prevention	Safety equipment, device or accessory, any type	15-min.	11.00	15.00

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Based on Medicaid Fee-for-Service Rates

SPC	FPC	Benefit Category	Code Description	Unit Type	Unit Rate	Notes
Transportation						
107.30	T2003	Transportation & escort	Non-emergency transportation; encounter/trip	1 trip	28.14	Please refer to the CLTS Service Descriptions for guidance on the funding of wheelchair-accessible transportation.
107.30	T2004	Transportation - multi-passenger vehicle	Non-emergency transport; commercial carrier, multi-pass	1 trip	28.14	
Counseling and therapeutic services						
507.03	97166	Counseling & therapeutic services - occupational therapy	Occupational therapy evaluation	Session	65.79	
507.03	97168	Counseling & therapeutic services - occupational therapy	Reevaluation of occupational therapy	Session	65.79	
507.03	97535	Counseling & therapeutic services - occupational therapy	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	15-min.	20.83	

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Based on Medicaid Fee-for-Service Rates

SPC	FPC	Benefit Category	Code Description	Unit Type	Unit Rate	Notes
507.03	97162	Counseling & therapeutic services - physical therapy	Physical therapy evaluation	Session	65.79	
507.03	97164	Counseling & therapeutic services - physical therapy	Physical therapy reevaluation	Session	65.79	
507.03	97110	Counseling & therapeutic services - occupational therapy or physical therapy	Therapeutic procedure(s)(2 or more individuals)	15-min.	17.29	
507.03	97150	Counseling & therapeutic services - occupational therapy or physical therapy	Therapeutic procedure, one or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, gait training	Session	4.20	
507.03	92523	Counseling & therapeutic services - speech and language therapy	Evaluation of language comprehension and expression (e.g., receptive and expressive language)	Session	51.06	
507.03	92508	Counseling & therapeutic services - speech and language therapy	Treatment of speech, language, voice, communication, and/or auditory processing disorder; Group 2 or more	Session	28.3	

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Child Care Rates					Child Care Provider Type						
					Individual Provider			Agency Provider			
SPC	FPC	Benefit Category	Code Description	Unit Type	0 to 5 years old (supplemental) (U1)	6 to 11 years old (supplemental) (U2)	12 years old and over (market rate + supplemental) (U3)	0 to 5 years old (supplemental) (U1)	6 to 11 years old (supplemental) (U2)	12 years old and over (market rate + supplemental) (U3)	Notes
101.00	T2026	Specialized Child Care	Specialized child care, waiver; per diem	Day	18.00	14.00	57.75	22.00	15.00	60.90	The CLTS Waiver pays expenses above and beyond the market rate for services in typical community child care settings, for participants up to 12 years old. These supplemental rates are based on child care market data, which is separated into participants 0-6 years old and 6-11 years old.
101.00	T2027	Specialized Child Care	Specialized child care, waiver; per 15 minutes	15-min.	0.65	0.50	2.10	0.80	0.55	2.21	

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Care Level and Provider Type Based Rates					Provider Type					
					Individual			Agency		
					Care Level					
SPC	FPC	Benefit Category	Code Description	Unit Type	Low (U1)	Medium (U2)	High (U3)	Low (U1)	Medium (U2)	High (U3)
Respite										
103.26	T1005	Respite care, home based	Respite care services, up to 15 minutes	15-min.	3.15	4.20	5.25	7.35	8.40	9.45
103.22	S5150	Respite care, residential	Unskilled respite care, not hospice, per 15 minutes	15-min.						
103.99	S5150	Respite care, other	Unskilled respite care; not hospice; per 15 minutes	15-min.						
Note: Maximum 15-minute Group Rates for Respite (FPCs S5150 and T1005) apply for groups of 2-3 participants at all care levels. The maximum group size for one caretaker is three participants.				Per child, Group of 2, 15-min.	2.63			5.25		
				Per child, Group of 3, 15-min.	1.75			3.50		
103.26	S9125	Respite care, home based	Respite care, in the home, per diem	Day	Note: A day unit may be authorized when the total consecutive time of direct care service is greater than 8 and up to 24 hours.					
				Day	183.75	246.75	304.50	425.25	488.25	551.25
				Day						
103.22	S5151	Respite care, residential	Unskilled respite care, not hospice, per diem	Day	154.22	102.82		305.16	203.44	
103.99	S5151	Respite care, other	Unskilled respite care, not hospice, per diem	Day						
Note: Maximum Day Group Rates for Respite (FPCs S5151 and S9125) apply for groups of 2-3 participants at all care levels. The maximum group size for one caretaker is three participants.				Per child, Group of 2, Day						
				Per child, Group of 3, Day						

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Care Level and Provider Type Based Rates					Provider Type					
					Individual			Agency		
					Care Level					
SPC	FPC	Benefit Category	Code Description	Unit Type	Low (U1)	Medium (U2)	High (U3)	Low (U1)	Medium (U2)	High (U3)
103.99	G0176EY	Respite care, other	Activity therapy, such as music, hippotherapy, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling health problems, per session (45 minutes or more)	Session	12.60	16.80	21.00	29.40	33.60	37.80
Note: Maximum Session Group Rates for Respite (FPC G0176EY) apply for groups of 2-3 participants at all care levels. The maximum group size for one caretaker is three participants.				Per child, Group of 2, Session	10.50			21.00		
				Per child, Group of 3, Session	7.00			14.00		
Personal supports										
104.20	S5109 U7	Personal supports - hourly	Home care training to home care client, per session	Hour	12.60	16.80	21.00	29.40	33.60	37.80
104.20	S5108	Personal supports - per 15 minutes	Home care training to home care client, per 15 minutes	15-min.	3.15	4.20	5.25	7.35	8.40	9.45
Note: Maximum Hourly and 15-minute Group Rates for Personal supports (FPCs S5109 and S5108, respectively) apply for groups of 2-3 participants at all care levels. The maximum group size for one caretaker is three participants.				Per child, Group of 2, Hour	10.50			21.00		
				Per child, Group of 3, Hour	7.00			14.00		
				Per child, Group of 2, 15-min.	2.63			5.25		
				Per child, Group of 3, 15-min.	1.75			3.50		