



Wisconsin Department of Health Services
Division of Medicaid Services
Children's Long-Term Support Waiver (CLTS) Program Final Draft Rate Schedule

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

Beginning January 1, 2019, County Waiver Agencies (CWAs) will begin transitioning to the DHS statewide rate methodology, with full implementation of the rates by July 1, 2019. 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 integration services
- Counseling and therapeutic services
- Daily living skills training
- Day services
- Financial management services
- Mentoring
- Nursing services
- Respite
- Support and Service Coordination**
- Supported employment
- Supportive home care
- 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 Codes Crosswalk, P-02283, for more information.

**Support and service coordination rates are not specified in this rate schedule. These rates will be set using an 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.

Benefit Category

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

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 Codes Crosswalk

Care Level Classification Guidelines

Care Level Classification Form

Outlier Rate Request

Outlier Rate Request Form

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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
Community integration services									
514.00	H2021HN	Community integration services - tiers	Community-based wraparound services, per 15 minutes	15-min.	12.50	N/A	N/A	N/A	Please refer to CLTS service definitions for service requirements and descriptions of services included in Tier 1 and Tier 2. *Day unit rate usage will be contingent on DHS instruction.
514.00	H2021HO	Community integration services - tiers	Community-based wraparound services, per 15 minutes	15-min.	N/A	21.25	N/A	N/A	
514.00	H2022HN*	Community integration services - tiers	Community-based wraparound services, per diem	Day		N/A	N/A	N/A	
514.00	H2022HO*	Community integration services - tiers	Community-based wraparound services, per diem	Day	N/A		N/A	N/A	
Supported employment									
615.01	T2018U7	Supported employment— individual	Habilitation, supported employment, waiver; each	Month	\$200/month, less than 10 hours per	\$400/month, 10 hours per week	\$600/month, 15 hours per week	\$800/month, 20+ hours per week	
Financial management services									
619.00	T2040U7	Financial management services -basic	Financial management, self-directed, waiver; per 15 minutes	Month	35.00	N/A	N/A	N/A	Please refer to CLTS service definitions for service requirements and descriptions of services included in Tier 1 and Tier 2.
619.00	T2040U722	Financial management services - enhanced	Financial management, self-directed, waiver; per 15 minutes	Month	N/A	71.71	N/A	N/A	
619.00	T2041U7	Financial management services; rep payee - basic	Supports brokerage, self-directed, waiver; per 15 minutes	Month	35.00	N/A	N/A	N/A	
619.00	T2041U722	Financial management services; rep payee - enhanced	Supports brokerage, self-directed, waiver; per 15 minutes	Month	N/A	71.71	N/A	N/A	

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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	0.545	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	298.04	
202.02	S5140U7	Adult family home placement, 3-4 beds	Adult Family Home Placement. (S5140=Foster care, adult; per diem)	Day	177.89	
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 \$170 per visit	
Supported employment						
615.01	T2018	Supported employment—individual	Habilitation, supported employment, waiver; per diem	Day	Day unit rate usage will be contingent on DHS instruction.	
615.02	T2019	Supported employment—small group	Habilitation, supported employment, waiver; per 15 minutes	15-min.	5.00	
Day Services						
706.20	S5105	Day services, children	Day care services, center-based; services not included in program fee, per diem	Day	65.00	

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Services with Single Unit Rates

SPC	FPC	Benefit Category	Code Description	Unit Type	Unit Rate	Notes
706.20	S5105U7	Day services, children	Day care services, center-based; services not included in program fee, per 15 minutes	15-min.	2.50	

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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	S5150	Respite care, institutional	Unskilled respite care, not hospice; per 15 minutes	15-min.	Each Group Home and Residential Care Center will be paid at the rate approved by the Department of Children and Families, based on DCF published maximum daily rates. Approved rates by provider can be found at the following link: https://dcf.wisconsin.gov/ratereg	
103.24	S5151	Respite care, institutional	Respite care, not in the home, per diem	Day		
					Individual	Agency
Daily living skills training						
110.00	T2013	Daily living skills training	Habilitation, educational, waiver; per hour	Hour	22.00	38.00
110.00	T2017	Daily living skills training	Habilitation, residential, waiver; 15 minutes	15-min.	5.50	9.50
Mentoring						
513.00	H0038	Mentoring	Self-help/peer services, per 15 minutes	15-min.	4.12	6.00

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Based on Medicaid Fee-for-Service Rates

SPC	FPC	Benefit Category	Code Description	Unit Type	Unit Rate	Notes
Supportive home care - personal care						
104.21	T1019	Supportive Home Care - personal care	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/IDD or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	15-min.	4.18	
Transportation						
107.30	T2003	Transportation & escort	Non-emergency transportation; encounter/trip	1 trip	26.80	Please refer to the CLTS Service Descriptions for guidance on the usage of trip rates.
107.30	T2004	Transportation - multi-passenger vehicle	Non-emergency transport; commercial carrier, multi-pass	1 trip	26.80	
Counseling and therapeutic services						
507.03	97166	Counseling & therapeutic services - occupational therapy	Occupational therapy evaluation	Session	62.66	
507.03	97168	Counseling & therapeutic services - occupational therapy	Reevaluation of occupational therapy	Session	62.66	
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.	19.84	

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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	62.66	
507.03	97164	Counseling & therapeutic services - physical therapy	Physical therapy reevaluation	Session	62.66	
507.03	97110	Counseling & therapeutic services - occupational therapy or physical therapy	Therapeutic procedure(s)(2 or more individuals)	15-min.	16.47	
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	4.00	
507.03	92523	Counseling & therapeutic services - speech and language therapy	Evaluation of language comprehension and expression (e.g., receptive and expressive language)	Session	48.63	
507.03	92507	Counseling & therapeutic services - speech and language therapy	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Session	45.63	
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	26.95	
Nursing services						

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Based on Medicaid Fee-for-Service Rates

SPC	FPC	Benefit Category	Code Description	Unit Type	Unit Rate	Notes
710.00	S9123	Nursing Services (Independent, Private Duty Nursing, Skilled Nursing), RN	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	Hour	35.96	
710.00	S9124	Nursing Services (Independent Private Duty Skilled Nursing), LPN	Nursing care, in the home; by licensed practical nurse, per hour	Hour	23.97	

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Child Care Rates					Child Care Provider Type						Notes
					Individual - Family Child Care Provider			Agency - Group Center Child Care Provider			
SPC	FPC	Benefit Category	Code Description	Unit Type	0 to 5 years old (supplemental)	6 to 11 years old (supplemental)	12 years old and over (market rate + supplemental)	0 to 5 years old (supplemental)	6 to 11 years old (supplemental)	12 years old and over (market rate + supplemental)	
Child care											
101.00	T2026	Specialized Child Care	Specialized child care, waiver; per diem	Day	18.00	14.00	55.00	22.00	15.00	58.00	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	15min	0.65	0.50	2.00	0.80	0.55	2.10	The CLTS Waiver pays the full market rate and supplemental rate for children age 12 years old and older.

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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	Medium	High	Low	Medium	High
Respite										
103.22	S5150	Respite care, residential	Unskilled respite care, not hospice, per 15 minutes	15-min.	3.00	4.00	5.00	7.00	8.00	9.00
103.26	T1005	Respite care, home based	Respite care services, up to 15 minutes	15-min.	3.00	4.00	5.00	7.00	8.00	9.00
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	12.00	16.00	20.00	28.00	32.00	36.00
103.99	S5150	Respite care, other	Unskilled respite care; not hospice; per 15 minutes	15-min.	3.00	4.00	5.00	7.00	8.00	9.00
103.99	S5151	Respite care, other	Unskilled respite care, not hospice, per diem	Day	Maximum day unit rates are calculated using the following formula: Hourly rate for Respite/Supportive Home Care, multiplied by number of actual service hours, multiplied by 85%. Day unit rate usage will be contingent on DHS instruction. Ex.: \$12.00 (Low care level hourly rate for an individual provider) X 8 hours X 0.85 = \$81.60 *S9125TV and S5126TV are calculated at overtime hourly rates (hourly X 1.5) Ex. \$12.00 X 1.5 X 8 hours X 0.85 = \$122.40					
103.22	S5151	Respite care, residential	Unskilled respite care, not hospice, per diem	Day						
103.26	S9125	Respite care, home based	Respite care, in the home, per diem	Day						
103.26	S9125TV*	Respite care, home based	Special payment rates, holidays/weekends	Day						
Supportive home care										
104.10	99600UD	Supportive home care - daily	Unlisted home visit service or procedure	Day						
104.10	S5126	Supportive home care - attendant care services: per diem	Attendant care services per diem - holidays or weekend payment rates	Day						
104.10	S5126TV*	Supportive home care - attendant care services: per diem	Attendant care services per diem Special payment rates, holidays/weekends	Day						
104.20	99600	Supportive home care - hourly	Unlisted home visit service or procedure	Hour	12.00	16.00	20.00	28.00	32.00	36.00

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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	Medium	High	Low	Medium	High
104.20	S5125	Supportive home care - attendant care services: per 15 minutes	Attendant care services; per 15 minutes	15-min.	3.00	4.00	5.00	7.00	8.00	9.00