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Chapter 1–Overview and Administration

1.01 Wisconsin Children’s Long-Term Support (CLTS) Waiver Program

The CLTS Waiver Program provides a structure within which Medicaid funding is available to support children and youth who live at home or in the community and have substantial limitations in multiple daily activities as a result of one or more of the following disabilities:

- Intellectual and/or developmental disabilities
- Severe emotional disturbances
- Physical disabilities

This program is one of Wisconsin’s Home and Community Based Services (HCBS) Medicaid Waiver programs, federally authorized under § 1915(c) of the Social Security Act. These HCBS waiver programs were authorized by Congress in 1981 and implemented in Wisconsin in 1983. HCBS waivers are called “waivers” because they permit certain federal Medicaid regulations to be waived, and Medicaid funding to be used, in a home and community setting rather than an institutional setting.

Primary values of this program support individual choice; enhancing relationships; building accessible, flexible service systems; achieving optimum physical and mental health for the participant; and promoting presence, participation, optimal social functioning, and inclusion in the community. The program seeks to ensure children and families are treated with respect and assure service systems empower the individual, build on their strengths, enhance individual self-worth, and supply the tools necessary to achieve maximum independence and community participation through a working partnership between the child or youth and their family and their support and service coordinator (SSC).

Policies described in this manual are grounded in Title 42 of the Code of Federal Regulations, Wisconsin Statutes, the Wisconsin Department of Health Services (DHS) administrative rules, memos and policy instruction, and provisions in the CLTS Waiver Program applications, submitted to and approved by the federal Centers for Medicare & Medicaid Services (CMS).

1.02 State Medicaid Agency Authority

CMS requires statewide policies and procedures related to Medicaid waivers. In compliance with federal direction, the state Medicaid agency, DHS, assumes and exerts sole authority in all
Medicaid waiver policy and program administration. County waiver agencies (CWAs) may not change or disapprove any administrative decision of the DHS or otherwise substitute their judgment with respect to the application of policies, procedures, rules, and regulations issued by DHS.

1.03 Waiver Mandate

The waiver mandate is intended to increase the total resources available to serve participants while maximizing the use of federal funds to support the provision of community-based services.

Waiver funds must be used when:
- The applicant is enrolled or can be enrolled in the CLTS Waiver Program (i.e., comes to the top of the waitlist or can be enrolled due to circumstances that meet crisis criteria).
- CLTS Waiver Program resources are available.
- The services to be provided are covered by the CLTS Waiver Program.

Refer to the Children’s Community Options Program (CCOP) Procedures Guide, P-01780 for information about applying the waiver mandate to coordinate use of the CLTS Waiver Program and CCOP.

1.04 Registering Potentially Eligible Applicants

CWAs must register applicants who, based on a preliminary review of functional eligibility, are likely to meet eligibility criteria for the CLTS Waiver Program but who are not yet enrolled. The purpose of registering these applicants is to build a statewide registry containing standardized information that may be used for effective program planning, waitlist management, and enrollment.

Note: Currently, registration is completed in the CLTS Waitlist module in the Program Participation System (PPS).

1.05 Waitlist

Waitlist Policy

The only permissible circumstance in which a waitlist may be established is when all available CLTS Waiver Program funds (statewide) have been used. Any applicant denied immediate enrollment for this reason must be provided the opportunity to be placed on the waitlist. CWAs may not create or adopt a waitlist policy or prescribe and enforce waitlist priorities that deviate from this policy.
Placing Children on the Waitlist

CWAs must use the following procedures when placing an applicant’s information on the CLTS waitlist:

1. Complete the applicant’s functional eligibility determination via the CLTS Functional Screen. (Refer to Chapter 2, Waiver Eligibility, for more information.)

2. Check the applicant’s enrollment status in Wisconsin Medicaid.
   
   **Note:** Enrollment in a qualifying source of Medicaid is not required for placement on the waitlist; however, the time of placement on the waitlist is an opportunity for the CWA to assist applicants who are not enrolled in a qualifying Medicaid program. (Refer to Chapter 3, Financial Eligibility, for more information.)

3. Document contact with the child or youth and their family or other referral source and register the applicant.
   
   **Note:** Currently, CWAs register eligible applicants in the CLTS Waitlist module in PPS.

4. Explore options that may be available through other programs (such as CCOP), schools, community resources, and the child’s or youth’s natural support systems (e.g., friends, family, and community).

Enrolling Children from the Waitlist

When CLTS Waiver Program resources become available, enrollment and service planning processes must occur for the next child or youth on the waitlist who wishes to enroll.

The date the child or youth is able to be enrolled starts timelines for the CWA to contact the family, determine the child’s or youth’s eligibility, complete the individualized service plan, and schedule and authorize services. (Refer to Chapter 2, P-02049A, and P-02049B for additional information.) Service planning includes coordinating all of the supports and services that the SSC and family agree will benefit the child or youth, build on the child’s or youth’s strengths, and maximize the child’s or youth’s independence and community participation.

The only exception to the “first come, first served” standard are children and youth who meet crisis criteria.

Exception to the First-Come, First-Served Waitlist Policy: Crisis Needs

The only exception that can be made to the first-come, first-served CLTS Waiver Program waitlist policy allowing a child or youth to bypass the waitlist is when they meet one of the crisis need criteria. It is imperative that waiver services are provided quickly to these families, along with enhanced support and service coordination, to foster collaboration with other agencies that may also support the family. These criteria must be applied in all such circumstances and may not be modified or expanded by the CWA. The only permissible reasons a child or youth may be served out of first-come, first-served order are as follows:
• Crisis conditions are present in the child’s or youth’s life situation. The need must be classified as a crisis if an urgent need is identified as a result of any of the following:
  o Substantiated abuse, neglect, or exploitation of the child or youth in their current living situation.
  o The death of the child’s or youth’s primary caregiver or the sudden inability of that caregiver or a support person to provide necessary supervision and support and no alternate caregiver is available.
  o The lack of an appropriate residence or placement for the child or youth due to a loss of housing.
  o The child or youth has a documented terminal illness and has a life expectancy of less than six months, based on the opinion of a medical professional appropriately qualified to make such a determination.
  o A sudden change in the child’s or youth’s behavior or the discovery that they have been behaving in a manner that places anyone with whom the child or youth shares a residence or in the community at large at risk of harm.
• The CWA finds the health and safety of the child or youth is in jeopardy due to their primary caregiver’s physical or mental health status.
• The CWA determines the child or youth is at imminent risk of a more restrictive placement in an intermediate care facility for individuals with intellectual disabilities, nursing home, or other institutional setting.
• The CWA finds other emergency or urgent conditions exist that place the child or youth at risk of harm.
• The CWA finds the child or youth is a vulnerable child who is either eligible for more than one of the three target groups served by the CLTS Waiver Program (intellectual and/or developmental disability, physical disability, or severe emotional disturbance), as determined by the CLTS FS or has a high level of life-sustaining needs (nutrition, fluids, or medical treatment) with a limited informal support network. In addition, at least one of the following must apply:
  o The child is isolated with limited or no adult contact outside the home and is not available to be observed.
  o The child is nonverbal and has limited ability to communicate.
  o The child is medically complex, requires significant care from a caregiver or parent, and is highly dependent on others to meet basic needs.
  o The child is the subject of current or historical child abuse and neglect reports.
  o The child has a primary caregiver who is actively abusing substances.
  o The child is dependent on caregivers or parents with limited cognitive, emotional, and/or behavioral capacity to provide for these needs.

Determining a Variance to the Waitlist Policy

CWAs determine when a variance to the waitlist policy is justified based on the criteria listed above. When it is determined that an applicant meets crisis need criteria, the CWA completes a
variance to the wait list policy. A variance may be determined prior to or as part of the application process.

The CWA is required to use the system, as directed by DHS, to electronically submit a variance to the waitlist for the child. The completed variance includes a narrative summary, clearly describing the specific nature of the crisis situation for the child or youth involved, for the requested exception.

**Note:** Currently, variances are submitted in the CLTS Waitlist module in PPS.

The CWA must maintain documentation of the variance request. Adherence to the DHS waitlist variance policy is subject to monitoring by state quality assurance record review and program audit processes.

### 1.06 Resources

- Approved § 1915(b)(4) Waiver Application for Selective Contracting: Support and Service Coordination Requirements Desk Aid (P-02049B)
- Approved § 1915(b)(4) Application for Selective Contracting: Support and Service Coordination Requirements, Enrollment (P-02049A)
- Children’s Community Options Program Procedures Guide, P-01780 (pdf)
- Medicaid § 1915(c) Home and Community-Based Services Children’s Long-Term Support Waiver Application
- Medicaid § 1915(b)(4) Waiver Fee-for-Service Selective Contracting Program Application
Chapter 2–Eligibility

2.01 Eligibility Criteria
To be eligible for the CLTS Waiver Program, an individual must meet all of the following:

- Be under 22 years old.
- Meet an institutional level of care (LOC), as determined by the Functional Eligibility Screen for Children’s Long-Term Support Programs (F-00367) (CLTS FS).
- Meet nonfinancial and financial eligibility criteria for a full-benefit category of Medicaid (MA). (Refer to the Wisconsin Department of Health Services (DHS) Medicaid Eligibility Handbook (P-10030) (MEH).)
- Reside in a setting allowed by CLTS Waiver policy.

2.02 Level of Care
In order to be eligible, applicants must meet an institutional LOC as determined by the CLTS FS (F-00367). An institutional LOC means a child or youth has a level of need for care and/or services that would qualify for comprehensive, inpatient care in an intermediate care facility for people with intellectual disabilities (ICF/ID), psychiatric hospital, nursing home, or hospital, that is reimbursable by MA.

2.03 Target Groups
In order to be served by the CLTS Waiver Program, applicants must meet the eligibility criteria as determined by the CLTS FS (F-00367) for at least one of three target groups. Target groups covered by the CLTS Waiver:

- Intellectual/developmental disability
- Physical disability
- Severe emotional disturbance (SED)

Intellectual/Developmental Disability
Children and youth with intellectual/developmental disabilities may be served by the CLTS Waiver Program if they meet an ICF/ID LOC. A child or youth with an ICF/ID LOC has a permanent cognitive disability or a related condition, resulting in substantial functional limitations and a need for active treatment. The LOC criteria are based on the child or youth having needs similar to people who reside in an ICF/ID. The intensity and frequency of required interventions to meet the child’s or youth’s functional limitations must be to an extent that without the intervention the child or youth is at risk for institutionalization within an ICF/ID.
Physical Disability

Children and youth with physical disabilities may be served by the CLTS Waiver Program if they meet a nursing home or hospital LOC. A child or youth with a nursing home or hospital LOC has a long-term medical or physical condition that significantly diminishes their functional capacity and interferes with their ability to perform age-appropriate activities of daily living at home and in the community. Children and youth who meet this LOC require a heightened degree of daily assistance from others to meet everyday routines and special medical needs which are supported by skilled nursing interventions that require specialized training and monitoring significantly beyond what is routinely provided to children and youth. The LOC criteria are based on the child or youth having care needs similar to people in a nursing home or hospital. The intensity and frequency of required skilled nursing interventions must be to an extent that without direct, daily intervention the child or youth is at risk for institutionalization within a nursing home or hospital.

Severe Emotional Disturbance

Children and youth with severe emotional disturbance may be served by the CLTS Waiver Program if they meet a psychiatric hospital/SED LOC. A child or youth with a psychiatric hospital/SED LOC has a long-term, severe mental health condition diagnosed by a psychiatrist, psychologist, physician, licensed clinical social worker, or licensed professional counselor; demonstrates persistent behaviors that create a danger to self or others; and requires ongoing therapeutic support in order to live at home. The intensity and frequency of required ongoing therapeutic support must be to an extent that without the intervention the child or youth is at risk of inpatient psychiatric hospitalization.

Additional information regarding target groups and levels of care can be found in Institutional Levels of Care: Children’s Long-Term Support Programs in Wisconsin and in the Clinical Instructions for the CLTS Functional Screen (P-00936).

2.04 Functional Eligibility

A child or youth is functionally eligible when a CLTS FS (F-00367) shows they have a qualifying LOC and are eligible for at least one of three target groups covered by the CLTS Waiver Program.

When a child or youth meets functional eligibility criteria and financial eligibility criteria (refer to Chapter 3, Financial Eligibility), enrollment is completed through an online system.

Initial Eligibility Determination

Within 45 days from the date of identification of referral to the CLTS Waiver Program or, when applicable, the date a child or youth is able to be enrolled, the county waiver agency (CWA) must complete a functional determination for the child or youth by using the CLTS FS.
When enrolling an applicant from the waitlist, a CLTS FS completed within 12 months of enrollment may be used to determine the child’s or youth’s LOC.

**Eligibility Determination for Recertification**

After a child’s or youth’s initial eligibility determination, functional eligibility is assessed at least annually, generally at the six-month individual service plan (ISP) update and/or recertification.

**Not Functionally Eligible**

When a CLTS FS indicates a child or youth is not functionally eligible (NFE), it is the CWA’s responsibility to ensure the determination is accurate prior to taking action that will result in denial of enrollment or disenrollment, through the following activities:

- The CWA will not transfer the CLTS FS results to the CLTS Waiver Program online enrollment system.
- When a CLTS FS results in NFE for an initial eligibility determination, the CWA may choose to have a second screener review the screen within 10 days.
- When a CLTS FS results in NFE for an eligibility determination for a six-month ISP update or an annual recertification, a second screener must review the screen within 10 calendar days.
- CWAs must work with DHS and follow the state’s guidance to resolve any functional screen issues or errors.
- The CWA will delay disenrolling the child or youth until the NFE determination is confirmed by both the second screener and DHS.
- When NFE is confirmed for an initial application, the CWA will send the family a notice of denial, along with a description of the applicant’s state appeal and county grievance rights. Notice must be sent within 45 days of referral to the program.

DHS will review all NFE screen results for the CLTS Waiver Program and may contact a CWA with questions or further instructions. After 10 days, an NFE result for an enrolled child or youth will automatically be transferred to the online enrollment system and will initiate disenrollment for the child or youth.

**Coordinating Eligibility with Other Programs**

CWAs will rely on reports from the online enrollment system to identify when another program (such as Comprehensive Community Services, Children’s Community Options Program, and Mental Health Wraparound Services) conducts a functional screen that finds an enrolled child or youth to be NFE for the CLTS Waiver Program. In these instances, the CWA is responsible to ensure the determination is accurate prior to taking action that will result in denial of enrollment or disenrollment, through completing the appropriate activities listed above. (Refer to the Not Functionally Eligible Section.)
If the CWA determines the NFE calculation is the result of a change made in error to a CLTS screen, they are instructed to correct the screen and case note the reason. If a screener for the waiver program conducts a screen that finds a child NFE for another program in which they are enrolled, the CWA is instructed to immediately inform the other program’s lead.

2.05 Medicaid Non-Financial Eligibility Requirements

Enrollment in a full-benefit Wisconsin MA subprogram (refer to the MEH, Section 21.2, Full-Benefit Medicaid) is a prerequisite for participation in the CLTS Waiver Program. Enrollment in an MA subprogram requires certain non-financial criteria, including Wisconsin residency, citizenship or qualifying immigrant status, a Social Security number, and compliance with third party liability requirements.

CWAs are responsible for checking if the child or youth is enrolled in MA. If the child or youth is not enrolled in MA, the CWA must pursue helping the family enroll.

When a CLTS applicant or participant does not have or is losing another source of MA, the CWA must work with the family to help them apply for Home and Community-Based Waiver Medicaid (also known as “HCBW” or “Waiver MA”) through the local Income Maintenance Consortium (IM). If the child is eligible for a type of non-Client Assistance for Re-employment and Economic Support System (CARES) MA, such as Foster Care MA, Adoption Assistance MA, SSI MA, or Katie Beckett MA, the child is not referred to IM.

HCBW Medicaid for Initial Applications

CWA staff working with a family whose child is functionally eligible and applying for HCBW Medicaid will submit the following information to the IM agency, in compliance with federal and state requirements to protect privacy and confidentiality. IM will process the information CWAs provide to determine HCBW Medicaid eligibility.

- Home and Community-Based Waiver Medicaid Enrollment for the Children’s Long-Term Support Waiver Program (F-02319)
- Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919)
- Verification of the child’s income, if any
- If the CLTS applicant does not currently have HCBW Medicaid, a valid application for health care (refer to the MEH, Section 2.4, Valid Application), including the Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application (F-10129)

If a child or youth is already enrolled in HCBW Medicaid, the CWA does not send IM a Medicaid application form along with the other documents. Instead, IM sends the family a packet in the mail 45 days before the Medicaid renewal is due. The family must follow the instructions on the Pre-Printed Renewal Form (PPRF) to complete the HCBW Medicaid renewal.
HCBW Medicaid Annual Renewals

The family must submit a completed health care renewal, and CWA staff will submit the following information to the IM agency, in compliance with federal and state requirements to protect privacy and confidentiality. IM will process the information CWAs provide to determine HCBW Medicaid eligibility.

- Home and Community-Based Waiver Medicaid Enrollment for the Children’s Long-Term Support Waiver Program (F-02319)
- Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919)
- Verification of the child’s income, if any

CWAs should be aware that CLTS recertification and HCBW Medicaid renewal dates may not align.

HCBW Medicaid for Youth Reaching 18 Years Old

Individuals can be eligible for HCBW Medicaid for the CLTS Waiver Program through age 21. When a CLTS Waiver Program applicant or participant reaches 18 years old and their source of Medicaid is HCBW, they must apply for HCBW Medicaid as the primary person. Federal and state privacy and confidentiality protections prevent the parents of adults from automatically having access to protected information; therefore, these young adults must apply as the head of their own IM case.

When individuals ages 18-21 require HCBW Medicaid, CWA staff submits the following to IM:
- Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application (F-10129)
- Home and Community-Based Waiver Medicaid Enrollment for the Children’s Long-Term Support Waiver Program Form (F-02319)
- Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919)
- Verification of the young adult’s income, if any

For CLTS applicants and participants who are ages 18-21, who do not have a court-appointed guardian, and who require HCBW as their primary source of Medicaid, CWAs are responsible to assist the young adult to do one of the following:
- Apply for HCBW Medicaid as the head of their case by signing the application on their own behalf
- Authorize a representative (such as a parent) to complete the application on their behalf by signing the Authorization of Representative for Medicaid/BadgerCare Plus/FoodShare form (F-10126)
For seamless continuity of coverage, young adults who are currently enrolled in the CLTS Waiver Program and have HCBW Medicaid must complete and have this paperwork submitted to IM no later than the month in which they turn 18.

**Residency and Citizenship**

The CLTS Waiver Program follows the federal MA residency and citizenship requirements. (Refer to the [MEH, Chapter 6, Residency](#).)

### 2.06 Eligible Living Situations

As a federal Home and Community-Based Services MA Waiver program, the CLTS Waiver Program supports children and youth at home and in the community. As a result, to participate in the program, the applicant must reside in an eligible living arrangement. As used in this section, references to a person’s living arrangement, where the person may “reside” or to their “residence” refers to the child’s or youth’s permanent residence or living arrangement. This does not include places where the child or youth may stay on a temporary basis or a place where they may receive services, such as respite care. For example, a child’s or youth’s permanent living arrangement does not change while they are staying with a relative during the time when their parent has a temporary hospital stay for a surgery.

The following list indicates which permanent living arrangements are prohibited for the CLTS Waiver Program.

**Prohibited living arrangements:**

- Hospital
- Licensed group home for children
- Licensed nursing facility (skilled nursing facility or intermediate care facility)
- ICF-IID, including any of the Wisconsin Centers for the Developmentally Disabled
- Mental health institute or state psychiatric institution
- Licensed or certified residential care center for children and youth
- Juvenile detention facility, refer to Wis. Stat. § 48.02 (10r)
- Community-Based Residential Facility

If a child’s living situation temporarily changes from an eligible setting to an ineligible setting, a 90-day suspension of CLTS Waiver Program eligibility may be appropriate to maintain stability in the child’s or youth’s circumstances. A temporary suspension must be considered when the family and the professionals who know the child best have indicated that placement in an ineligible setting is anticipated to be less than 90 days and is done to provide the care needed for the child or youth to move back to the community.
The start and end dates of a suspended enrollment are the first and last full days that a child or youth resides in an ineligible setting. CWAs must send notice to the family that services have been suspended. Program requirements (such as CLTS FS rescreens, recertifications) are also suspended while an enrollment is in suspend status.

When an enrollment is suspended:

- A child or youth remains in active status on the days they leave and enter an eligible setting.
- Some limited services can be provided during the suspension, including:
  - Personal emergency response systems (PERS)
  - Financial management services
  - Waiver-allowable foster care expenses
- Current policy continues to apply for providing supports that assist in the transition back to an eligible setting, including transitional support and service coordination. (Refer to Chapter 4, Support and Service Coordination service description, Service Requirements.)

As the child or youth transitions back to an eligible setting:

- The SSC will review the ISP with the child or youth and their family to ensure the correct levels of supports and services.
- The SSC will update the ISP, as needed.
- The SSC will record an updated ISP Completion Date in the online enrollment system.
- An automated notice confirming enrollment will be generated and sent to the family.
- The SSC will adjust the Recertification Due Date in the online enrollment system to be the last day of the month, 12 months from the enrollment or last recertification date, in order to ensure an annual review of the child’s or youth’s waiver eligibility.

If a child’s recertification comes due while their enrollment is suspended, the CWA must email DHS with “Recert due during suspension” as the subject line. The CWA will complete the recertification when the suspension ends. Under these circumstances, the next recertification due date will be the last day of the month, 12 months from the date the recertification was completed.

In the event that the placement in an ineligible setting ends up being significantly longer than 90 days, with a low likelihood that the child will return to an eligible setting in the foreseeable future, the CWA may need to disenroll them from the CLTS Waiver Program because they reside in an ineligible setting.

2.07 Participant County Moves

This section addresses responsibility for funding supports and services when a child or youth voluntarily moves from one county to a different county. It also describes the processes used to accomplish the transition of funding between the two counties. In this section, the “sending
“county” is the original county from which the child or youth moved, and the “receiving county” is the county to which the child or youth moved.

State policies concerning funding responsibility support the ability of the child or youth to freely move across county lines without consequence to their waiver funding. The state MA waiver policy does not extend to other funding sources which are governed by other statutes, policies and rules (e.g., the Children’s Community Options Program (CCOP), Community Aids, etc.). An eligible child or youth who has begun receiving services has a right to continuity of services and freedom of movement while residing in Wisconsin. This means that an eligible child or youth must be able to move anywhere in Wisconsin without losing eligibility to receive funding for waiver-covered services. MA waiver services may not be reduced or terminated solely because the child or youth has moved to a different county.

Portability of funding as discussed below refers to MA waiver dollars. Services and supports funded solely by CCOP, Community Aids, or by local funding sources are subject to state statutes, state guidelines, and local county policy governing such funding and are not similarly transferable.

For a child or youth with a type of MA managed by an IM, any discussion of potential moves from one county to another must, at a timely point, involve the IM. It is the responsibility of the CWA to ensure that IM workers (IMWs) are informed so that necessary transfers can occur and MA eligibility is not interrupted.

**CWA Responsibility**

When a CLTS participant voluntarily moves to a new county and establishes legal residence there (physical presence and intent to remain), the child or youth and their family or the sending county have the responsibility to notify the receiving county with as much advance notice as possible, of their plans to move. Below is a summary of the sending county’s and receiving county’s fiscal and program responsibility for addressing the child’s or youth’s needs and assuring the participant’s health and safety during the move.

**Waiver Allocation**

The receiving county must respond to the move and fund the plan within 30 days after receiving notice of the move from either the child or youth or the sending county (whichever was first). If the receiving county lacks the resources to finance the plan, it must place the child or youth on the waitlist. The effective date that the county registers the child on the waitlist must be the date they received notice of the move. State policies outlined in Chapter 1 govern the child’s or youth’s placement, priority movement, and ultimately the acceptance for services from the waitlist.
The sending county is required to continue to fund the service plan until the receiving county has sufficient resources to do so. For the entire period the sending county is funding services, the child or youth is considered to be the responsibility of the sending county for all purposes associated with the waiver program. If the move is of significant distance (either more than a two-hour drive or further than 100 miles from the location of the support and service coordinator (SSC)), the ISP must also address how the child’s or youth’s health and safety will be monitored and assured by the sending county. All SSC contact requirements continue to apply and cannot be waived because of travel time, distance, or cost. The sending county may arrange for the transfer of SSC responsibilities to the receiving county while maintaining the funding responsibility.

When the child or youth who moved is next on the receiving county’s waitlist and the resources needed to fund the plan become available, the receiving county must use those resources to finance the plan. Once the receiving county has begun to fund the child’s or youth’s service plan, the receiving county is then obligated to take primary program responsibility for the child or youth. After the transfer of program responsibility, the receiving county is obligated to maintain ongoing services and address any new or increased needs.

**Grandfathered Funding (formerly referred to as “state-matched autism slot”)**

With grandfathered funding the receiving county is required to assume full responsibility. The funding remains with the child or youth as long as they maintain waiver eligibility.

### 2.08 Denial of Participation or Termination of Program Participation

**Denial and Termination**

Conditions under which an applicant or participant may be denied participation in the CLTS Waiver Program and/or have their participation terminated include:

- The child or youth fails to meet MA non-financial eligibility criteria.
- The child or youth fails to meet MA financial eligibility criteria at initial application, annual recertification, or at any time while participating in the CLTS Waiver Program.
- The child or youth fails to meet functional eligibility criteria at initial application, annual recertification, or at any time while participating in the CLTS Waiver Program.
- The child or youth fails to meet post-eligibility program requirements. These requirements include meeting the monthly cost share payment(s).
Eligibility Notification and Rights

If a determination is made to deny or terminate CLTS Waiver Program participation or if waiver services are reduced or terminated, the CWA must issue the applicant or participant appropriate written notice of the decision.

Appropriate notice must clearly state:
• The action the CWA intends to take.
• The effective date of the CWA action.
• The specific regulation supporting the action.
• The child’s or youth’s appeal rights.
• The county grievance rights.

If on completion of the functional and MA financial and nonfinancial eligibility assessment the application for waiver participation is denied, the CWA must notify the applicant within 30 calendar days of the decision. The notice must contain information describing why the application was denied, the applicant’s local county grievance and state appeal rights, a clear statement of the timelines that apply for requesting a state hearing, instructions for filing an appeal, and whom to contact for assistance.

The CWA must promptly notify the county IMW of any change in the child’s or youth’s waiver program eligibility status. The SSC and IMW must then work together to ensure proper notification requirements are met.

Refer to Chapter 8, Participant Rights and Appeal and Grievance Processes, for additional information.

2.09 Resources

• Authorization of Representative for Medicaid/BadgerCare Plus/FoodShare form (F-10126)
• Clinical Instructions for the CLTS Functional Screen (P-00936)
• Functional Eligibility Screen for Children's Long-Term Support Programs (F-00367)
• Home and Community-Based Waiver Medicaid Enrollment for the Children’s Long-Term Support Waiver Program (F-02319)
• Institutional Levels of Care: Children’s Long-Term Support Programs in Wisconsin
• Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919)
• Wisconsin Department of Health Services (DHS) Medicaid Eligibility Handbook (P-10030)
• Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application (F-10129)
Chapter 3–Financial Eligibility

3.01 Financial Eligibility for the CLTS Waiver Program

Only the child’s or youth’s income is used to determine financial eligibility for the CLTS Waiver Program. The total of their gross earned income and unearned income must be equal to or less than 300% of the federal Supplemental Security Income (SSI) benefit. (Refer to the Community Waivers Special Income Limit in the Wisconsin Department of Health Services (DHS) Medicaid Eligibility Handbook (MEH), Section 39.4.1.)

There is no asset test for the CLTS Waiver Program.

County waiver agencies (CWAs) are responsible for completing the Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919) for every applicant during enrollment and for every participant during annual recertification of eligibility. Sections I, II, and V of this worksheet are used to determine and document a child’s or youth’s financial eligibility for the waiver program.

3.02 Enrollment in Wisconsin Medicaid

Enrollment in a full-benefit category of Wisconsin Medicaid is required for participation in the CLTS Waiver Program. (Refer to the MEH, Section 21.2, Full-Benefit Medicaid.) CWAs must verify that the child or youth maintains ongoing enrollment in Medicaid while they are a waiver participant.

For questions or assistance with a waiver applicant’s or participant’s enrollment in Medicaid, the CWA contacts the administering agency associated with the applicable subprogram:

- Adoption assistance Medicaid: Wisconsin Department of Children and Families
- Foster care Medicaid: the local child welfare agency (child protective services)
- SSI Medicaid: Social Security Administration
- Katie Beckett Medicaid: DHS
- Home and Community-Based Waiver (HCBW) Medicaid, SSI-related Medicaid (also known as Elderly Blind and Disabled or “EBD Medicaid”), or BadgerCare Plus: Income Maintenance (IM)

If the child or youth is not enrolled in Medicaid, or if their Medicaid enrollment is ending, the CWA must work with the family to complete the process to refer them to IM for completing enrollment. For more information about HCBW Medicaid applications and renewals, refer to Chapter 2—Eligibility.
3.03 Medicaid Cost Sharing

There may be a premium and/or out of pocket spending ("cost share") requirement for a child or youth enrolled in Wisconsin Medicaid, based on their eligibility group. They will be in one of three eligibility groups: Group A, Group B, or Group B Plus. This section provides general information about premiums or cost sharing that may apply to children and youth who are either applying to or enrolled in the CLTS Waiver Program. Refer to the MEH, Section 28.6, for detailed information about Medicaid eligibility groups and cost sharing.

**Group A**

A child or youth enrolled in a full-benefit Medicaid subprogram other than HCBW is in Group A and has no cost share obligation. BadgerCare Plus and Medicaid Purchase Plan (MAPP) participants may pay a premium, based on income, for these programs.

**Group B and Group B Plus**

Only children or youth enrolled in HCBW Medicaid are in Group B or Group B Plus and are subject to a cost share requirement. CWAs complete the Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919) based on the child’s or youth’s financial resources. The cost share amount is calculated in the Client Assistance for Re-employment and Economic Support (CARES) system by IM, following the process outlined in the MEH, Section 28.6.4 Cost Share Amount.

A child’s or youth’s cost share may not be waived.

3.04 Parental Payment Liability

Families or legal guardians of a child or youth enrolled in the CLTS Waiver Program may be liable for a certain portion of the actual incurred cost of waiver services. After the child or youth and their family have finalized the child’s individual service plan (ISP) with their support and service coordinator (SSC), the SSC uses the Worksheet for Determination of Parental Payment Limit (F-01337) to establish any amount of parental payment liability that may apply. F-01337 uses a formula based on Wis. Admin. Code ch. DHS 1 and considers the size of the family, the family’s income, and applicable federal poverty guidelines for calculating the parental payment liability.

Table DHS 1.065, in Wis. Admin. Code ch. DHS 1, shows the maximum percentage of the costs of the child’s or youth’s ISP (also known as the “payment limit”) for which the family may be liable. Families whose income is below 330% of the federal poverty level are not liable for any portion of the costs of the child’s or youth’s waiver program services.

The child’s or youth’s support and service coordination and child care services are exempt from parental payment liability.
CWAs may consider a family’s financial hardship when determining payment liability.

The CWA reassesses the payment liability at least annually during recertification of eligibility, and may reassess more often if there are significant changes to the ISP or to the family’s financial situation.

3.05 Resources

- Medicaid Eligibility Handbook
- Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919)
- Wis. Admin. Code ch. DHS 1
- Wisconsin Full-Benefit Medicaid Subprograms
- Worksheet for Determination of Parental Payment Limit (F-01337)
Chapter 4–Provider Requirements and Allowable Services

4.01 Open Provider Enrollment–Registration Requirements

The Wisconsin Department of Health Services (DHS) administers the Children’s Long-Term Support (CLTS) Waiver Program Provider Registry for the continuous, open enrollment of providers as required by 42 CFR § 431.51. As the agencies responsible for operating the CLTS Waiver Program, county waiver agencies (CWAs) share responsibility with DHS for implementing this requirement.

All program providers must register through the online CLTS Waiver Program Provider Registration webpage. Providers are required to submit the following information and documents during registration:

- Basic information including provider name, contact information, address, tax identification number, services, and provider service areas.
- A signed copy of the correct and completed CLTS Waiver Program Medicaid Waiver Provider Agreement:
  - Fiscal Agents Managing Self-Directed Waiver Supports (F-02365). Fiscal agents deliver financial management services (FMS) and issue payments to self-directed workers.
  - Service Provider Agencies (F-02363). Service provider agencies employ staff for service delivery.
  - Sole Proprietor or Individual Waiver Service Providers (F-02364). Sole proprietors directly deliver services and do not employ staff for service delivery.
- Provider certification, license, or other required qualifying documents as defined by the applicable service description(s) in section 4.06.

When approved, the CLTS Medicaid Waiver Provider Agreement remains in full force and effect for a maximum of four years. All providers must keep their information up-to-date by re-registering when there is a change to the provider’s business name, address, or primary and third party administrator (TPA) contact(s).

All providers must re-register every four years and submit a new correct and completed CLTS Medicaid Waiver Provider Agreement. DHS will notify registered providers every four years to re-register via the online registration system.
The **CLTS Waiver Provider Registration Instructions Tip Sheet (P-02564)** provides additional guidance about the registration process.

**Registration Requirements for County Waiver Agencies**

CWAs provide Support and Service Coordination and other limited CLTS Waiver Program services (refer to 4.03). As such, CWAs must register as CLTS Waiver Program providers by submitting the **Wisconsin Children's Long-Term Support (CLTS) Waiver Provider Registration for County Waiver Agencies (F-02341A)**, which requires a correct and completed **CLTS Medicaid Waiver Provider Agreement for County Waiver Agencies (F-02349)**. CWAs must also keep their information up-to-date by re-registering when there is a change to their business name, address, or primary and third party administrator (TPA) contact(s).

CWAs must re-register every four years and submit a new correct and completed **CLTS Medicaid Waiver Provider Agreement for County Waiver Agencies (F-02349)**. DHS will notify CWAs every four years to re-register via the **Wisconsin Children’s Long-Term Support (CLTS) Waiver Provider Registration for County Waiver Agencies (F-02341A)**.

**4.02 Provider Qualification Process and Requirements**

DHS and CWAs share joint responsibility for deeming providers willing and qualified to deliver CLTS Waiver Program services. DHS maintains the online provider registration system, deems providers initially qualified, and places them on the public **CLTS Provider Directory**. DHS also shares all provider information and initial qualification documentation with CWAs via the **CWA Provider Registry Gateway**. CWAs fully qualify an initially qualified provider by accessing provider information and initial qualification documentation via the CWA Provider Registry Gateway, reconfirming the provider’s credentials and ensuring the provider has met participant-specific training and other service description requirements prior to authorizing services.

**DHS Role and Responsibilities—Initially Qualify**

DHS completes the following activities to initially qualify a provider:

- Review and verify basic information providers submit via the online registration system.
- Ensure the correct CLTS Medicaid Waiver Provider Agreement is completed, signed and uploaded.
- Confirm and verify the required certification, license, education, or experience documentation is valid, current, and meets applicable service description requirements per section 4.06 at the point of registration. Waiver funds may not pay for services provided by persons who have been denied a professional license, certification, or registration by the Department of Health Services, Department of Safety and Professional Services, Department of Children and Families, or Department of Workforce Development. In addition, services may not be provided by persons whose credentials have been suspended or revoked, or who have been denied the renewal of their professional license, registration, or certification.
• Confirm the provider is not listed on the U.S. DHHS Office of Inspector General List of Excluded Individuals and Entities (LEIE) at the point of registration.

Following the review of registration and initial qualification documentation, DHS notifies the provider of their registration status and if approved, will place the provider on the CLTS Provider Directory. Being listed on the public CLTS Provider Directory substantiates for CWAs and participants and their families that a provider is initially qualified to deliver CLTS services. DHS is solely responsible for placing providers onto and removing providers from the CLTS Provider Directory.

**CWA Role and Responsibilities—Fully Qualify and Authorize Service Delivery**

CWAs access a provider’s information, registration status, and initial qualification documentation via the secure CWA Provider Registry Gateway to determine if the provider is fully qualified. Refer to the CLTS Waiver Program County Waiver Agency (CWA) Provider Registry Gateway Desk Aid (P-02552) for guidance to access the CWA Provider Registry Gateway.

CWAs complete the following activities to fully qualify a provider:

- Check the provider’s registration status.
- If the provider’s registration is approved, review the provider’s information and initial qualification documentation to confirm it remains current.
  - If the provider’s initial qualification documentation is expired or no longer valid, CWAs must notify that provider to update their registration. The CWA may not authorize services until the registration and initial qualification documentation has been updated via the online registration system.
  - If the provider chooses not to or is unable to update their registration and qualification documentation, CWAs must notify DHS within 10 calendar days by emailing DHSCLTSProvider@dhs.wisconsin.gov. Once notified, DHS will remove the provider from the Provider Directory.
- Verify if child-specific training or other requirements, such as a caregiver background check, are necessary to fully meet the selected service description.
- If the provider is fully qualified, authorize the provider to deliver services. Refer to Section 4.05, Service Authorization.

**Background Checks**

CWAs must ensure a Wisconsin caregiver background check is completed for all persons meeting the definition of a caregiver. This requirement applies to all service providers, paid or unpaid, who deliver services listed on the ISP and meet the definition of a caregiver.
Caregivers are those persons who have regular, direct contact with a child or youth participating in the CLTS Waiver Program. “Regular” means contact that is scheduled, planned, expected, or otherwise periodic. “Direct” means face-to-face physical proximity to a participating child or youth that allows the opportunity to commit abuse or neglect or to misappropriate their property.

For caregivers who are employed by agencies contracted by the CWA, CWAs can meet this requirement through their contract with the agency and do not need to maintain documentation of the caregivers’ background checks.

CWAs are responsible for completing background checks for sole proprietor providers who are caregivers. CWAs may use their administrative allocation to cover the cost of these background checks and are prohibited from passing along the cost of background checks to those providers.

Caregiver background checks are an important part of assuring the health and safety of children and youth enrolled in the CLTS Waiver Program. Children with disabilities are more likely than children without disabilities to be socially isolated and experience abuse and/or neglect. Additionally, the nature of a child’s disability may decrease their ability to defend themselves from abuse or neglect, escape an abusive situation, and/or report abuse or neglect. Caregiver background checks help mitigate risk to health and safety for children and youth enrolled in the CLTS Waiver Program.

For information about how to complete a Wisconsin caregiver background check, refer to 4.07, Completing a Wisconsin Caregiver Background Check, at the end of this chapter.

**Background Check Results**

CLTS Waiver Program service providers may not employ, contract with, or accept volunteer services from individuals convicted of child abuse, neglect, or maltreatment; a violation of the Vulnerable Adult Law (Wis. Stat. §§ 940.285 and 940.295); a felony involving physical harm to any child or youth enrolled in this program or a participant of any other health or human service program; an offense described as a serious crime in Wis. Stat. § 50.065(1)(e); or an offense that is deemed substantially related to the care or service to be provided. (Refer to Wis. Admin. Code § DHS 12.06 for guidance to determine if an offense is substantially related to the care or service to be provided.) CWAs must ensure that applicants for employment by the provider or persons currently employed by the provider do not have histories indicating violations of these laws.

When the caregiver is under 17 years old, the criminal background check result will only reveal an offense for which the minor has been sent to adult court. Therefore, caregivers under 17 years old are responsible for giving their juvenile record (which they can obtain from the Department of Justice) to the CWA so that a review of the minor's background can be satisfactorily completed. In addition, the CWA must complete a new caregiver background check upon the caregiver's 17th birthday.
Caregivers Employed by the Participant

Caregivers employed by a participant through a fiscal agent system or under a self-directed services plan must have caregiver background checks completed. CWAs are not responsible for completing background checks for these caregivers and can contract with fiscal management agencies (refer to 4.06, Fiscal Management Services, enhanced tier) to meet this requirement.

If the prospective caregiver’s background check reveals no record of conviction of a barring offense, serious crime, or substantially related crime, the child or youth and their family is fully informed of any negative finding, and the child or youth and their family continue to express a preference to employ the caregiver, the CWA must respect the choice of the child or youth and their family, unless there is compelling justification not to do so.

4.03 Ensuring Access

Participant Choice of Providers

All children and youth and their families participating in the Children’s Long-Term Support (CLTS) Waiver Program must be given a choice of qualified service providers as required by 42 CFR §431.51. County waiver agencies (CWAs) are responsible to inform a child or youth and their family of their right to choose willing and qualified providers. This takes place at each review of the child’s or youth’s individual service plan (ISP), including but not limited to initial plan development, six-month plan review, and review during annual recertification. The information given to a child or youth and their family must include:

- The full range of services available through the CLTS Waiver Program. CWAs may refer participants and their families to the Children’s Long-Term Support Waiver Program Supports and Services at a Glance (P-02570).
- A description of all qualified providers available for the services the child or youth is authorized to receive, as listed in the statewide public CLTS Provider Directory.
- Information about options and processes for the child or youth to dispute whether other entities or providers could deliver the services authorized for them.

A willing provider is an individual or entity that signs and submits a CLTS Waiver Program Medicaid provider agreement to DHS and accepts payment at rates listed in the CLTS Waiver Program Rate Schedule (P-02184) as payment in full for the services delivered. A qualified provider meets the standards outlined in the service description and are verified through a joint qualification process completed by DHS and CWAs.

A qualified provider is an individual or entity that has been jointly qualified by DHS and the CWA as outlined in Section 4.02. These providers are listed in the statewide public CLTS Provider Directory. This directory is the sole directory of registered and qualified CLTS Waiver Program
providers and may be accessed by participants and their families and CWAs. CWAs may not maintain or disseminate separate, county-specific provider directory information.

Support and Service Coordination
The Centers for Medicare & Medicaid Services has approved a § 1915(b)(4) waiver application submitted by DHS to limit a child’s or youth’s and their family’s choice of provider for this service to CWAs or their subcontracted entities. This limitation ensures support and service coordination is delivered by qualified individuals, since CWAs have the expertise and knowledge to successfully coordinate the multiple complex systems required to meet the needs of children and youth with disabilities and their families.

Conflict of Interest
A conflict of interest is present whenever a person or entity involved in operating any part of the CLTS Waiver Program has an interest in or the potential to benefit from a particular decision, outcome, or expenditure. A single individual, agency, or entity occupying several roles often signals conflict of interest may be present.

The only services the CWA may deliver to a child or youth participating in the CLTS Waiver Program, in addition to support and service coordination, are:
- Allowable services provided through foster care.
- Purchased products and supplies from third-party entities and vendors (typically web-based vendors) for which the CWA receives no benefit from the vendor.
- Prepayment for waiver allowable services from subcontractors where the CWA makes the payment to the vendor.

To mitigate conflicts of interest when providing these services, the CWA must administratively separate the function and individual responsible for developing the ISP from the direct service functions for allowable services provided through foster care or products and supplies purchased from third-party entities and vendors.

The CWA must have a written policy or plan to address conflicts of interest. If resolving the conflict is not feasible, the CWA must take action to minimize the effect(s) of the conflict. These efforts are subject to DHS review.

These requirements apply to CWAs and their subcontracted case management agencies.

Provision of Limited English Proficiency (LEP) Assistance
The CWA will design and implement an effective limited English proficiency plan to ensure meaningful access to persons with LEP at no cost to the persons with LEP, in compliance with Title VI of the Civil Rights Act of 1964, and Section 1557 of the Patient Protection and Affordable

The LEP plan must identify individuals who need LEP language assistance, describe language assistance measures that may be provided, require training for staff to implement the plan, provide a mechanism for notice to persons with LEP who are in need of the services, provide accurate and timely language assistance to persons with LEP at no cost to themselves, and provide for monitoring and updating the LEP Plan.

Provision of Alternative Communication Services

The CWA must design and implement a plan to ensure effective communication with people who have vision, hearing, or speech disabilities, in compliance with Title II of the Americans with Disabilities Act and Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116, and rules established to implement Section 1557 (81 Fed. Reg. 31376 et seq. [May 18, 2016], amending 45 CFR Part 92 to implement Section 1557). The plan must include the provision of alternative aid and services when needed to communicate effectively with people who have communication disabilities to ensure that a person with a vision, hearing, or speech disability can communicate with, receive information from, and convey information to the CWA at no cost to the person with a disability.

If such assistance is needed, the CWA may provide service through assistive technology and communication aids. (Refer to service descriptions.)

4.04 Medicaid Waivers: General Limitations

Payments to Parents, Relatives, and/or Legal Guardians of Minor Children

Payment to a parent or a primary caregiver in the child’s or youth’s household is not allowed.

Relatives and/or legal guardians may deliver specified waiver services if they are appropriately qualified (refer to provider standards and qualifications in the service descriptions) and meet the following criteria:
- The child’s or youth’s assessed needs warrant the proposed service to meet a specific outcome.
- The rate paid does not exceed the rate that would otherwise be paid to a provider of a similar service. (Refer to CLTS Waiver Program Service Rates Initiative.)
- The relatives and/or legal guardians must maintain time sheets for hours to be paid and submit them to the fiscal support entity once every two weeks or more frequently.
When the criteria above are met, a child’s or youth’s relative and/or legal guardian may provide any services except support and service coordination and housing counseling.

For more information about payments to parents, relatives, and legal guardians, refer to the Resources Section at the end of this chapter.

**Coordination of Benefits**

The following programs must be considered prior to using CLTS Waiver Program funding and, where applicable, be incorporated into a comprehensive service plan for children and families:

- Medicaid (e.g., HealthCheck and HealthCheck “Other services,” Comprehensive Community Services [CCS], and other Medicaid-funded programs)
- Other county programs (e.g., developmental disabilities programs; social services; child welfare services; juvenile court, legal, and corrections-related services)
- School-based and educational service
- Prevocational or vocational programs through the Department of Workforce Development, Division of Vocational Rehabilitation

Refer to the Children’s Community Options Program (CCOP) Procedures Guide (P-01780) for information about coordinating the use of the CLTS Waiver Program and CCOP.

**Requirement to Use Medicaid**

All Medicaid benefits, including HealthCheck and HealthCheck Other Services, available to a child or youth must be accessed before waiver funding may be used for acute and primary services available through Medicaid.

HealthCheck is the Wisconsin Medicaid term for a comprehensive, preventative health checkup for children under the age of 21 through the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. HealthCheck “Other Services” is the Wisconsin Medicaid term for the federal requirement for states to cover all medically necessary services a child may need to correct, improve, or maintain their physical and mental health coverable under the federal Medicaid program, whether or not the needed service is routinely covered by Wisconsin Medicaid. Qualified providers can access HealthCheck “Other Services” by submitting a prior authorization request.

**Payments to Participants**

Payments made directly to a child or youth enrolled in the CLTS Waiver Program or to another person on behalf of that child or youth are not allowed. All payments for delivered services must be made to the provider.
Services During An Institutional Stay
If a child or youth enters a Medicaid-certified institution, hospital, nursing home, intermediate care facility for individuals with intellectual disabilities, or State Center, CLTS Waiver Program services cannot be authorized on the day of admission to the institution or during the time the child or youth is in the institution. Waiver services can be authorized on the day the child or youth is discharged from the institution.

There are a few exceptions when waiver services may continue to be authorized during an institutional stay:

- Services billed on a monthly basis that are impractical and more costly to discontinue rather than to maintain:
  - Personal emergency response system
  - Waiver-allowable foster care expenses
  - Financial management services
- Discharge-related support and service coordination, which is covered as an aggregate total on the date of discharge
- Institutional respite that has been approved by DHS prior to service delivery

Billing Support and Service Coordination
Support and service coordination services must be billed to the CLTS Waiver Program and may not be billed to the child’s or youth’s Medicaid benefit.

4.05 Service Authorization
A service authorization is required before a provider may submit claims or receive payment for delivered services. The CWA (the support and service coordinator) and the child and their family work collaboratively 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.

When agreement is reached on the supports and services for the child or youth that can be provided in agreement with the requirements outlined in the service descriptions, those services are documented on the child’s ISP. At that time, the CWA completes authorization in compliance with the CLTS Waiver Program Rate Schedule (P-02184) and the CLTS Waiver Program Benefit Code Crosswalk for the services on the ISP.

Refer to the Children’s Long-Term Support Waiver Program: Third Party Administration (TPA) Claims Processing webpage for additional information.
4.06 Allowable Services

Adaptive Aids

Definition
Adaptive aids include items, controls, or appliances that enable the child or youth to increase their ability to perform activities of daily living, and successfully access, navigate, and participate in their home and community.

This service includes the purchase of vehicle modifications (for example, van lifts, hand controls for youth learning to drive, equipment modifications) that make it possible for the child or youth to use the vehicle to access the community.

Adaptive aids may also cover the initial purchase, training, and routine veterinary costs for a service animal. As per the Americans with Disabilities Act, service animals are dogs trained to perform major life tasks. Wisconsin Stat. § 106.52(1)(fm) states: "Service animal" means a guide dog, signal dog, or other animal that is individually trained or is being trained to do work or perform tasks for the benefit of a person with a disability. The tasks a service animal is trained to perform support the child’s or youth’s disability-related functional impairment(s).

Routine veterinary care and equipment necessary for a service animal to perform its function are included in the adaptive aids service. Routine veterinary care consists of both preventive veterinary services and care, and treatment necessary to maintain or restore the health and functionality of the service animal.

Examples of adaptive aids include (items listed are illustrative examples and not an exhaustive list):

**General**
- Accessible computer keyboards
- Adaptive bikes or tricycles
- Adaptive security systems
- Control switches and pneumatic devices including sip and puff controls
- Environmental control units
- Over the bed tables
- Scald-preventing showerhead
- Specialized clothing
- Talking alarm clocks

- Adaptive accessories
- Adaptive door handles and locks
- Computer and necessary software
- Electronic control panels
- Hygiene and meal preparation aids
- Portable ramps
- Service animals
- Standing boards or frames
Vehicle
Van or vehicle lift or transfer unit (manual, hydraulic, or electronic)
Vehicle hand controls

The cost of installation, maintenance, and repair of allowable adaptive aids are included in the adaptive aids service. The cost of testing and/or evaluation to determine the appropriateness of an adaptive aid is also included.

Service Requirements
- To qualify as an allowable service animal, the animal is required to be trained to take a specific action when needed to assist the child or youth who has a disability. The service animal is required to be trained specific to the major life task needed to support the child or youth and is not otherwise required to have any specific accreditation. All breeds and sizes of dogs can be trained as service animals.
- The purchase of items or devices costing in excess of $2,000 requires recommendation from a rehabilitation organization, physical therapist, occupational therapist, physician, or other professional with comparable training or experience that indicates the item or device is appropriate for the child or youth.

Service Limitations
- Adaptive aids are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service includes the purchase of adaptive aids that have been denied funding through the Medicaid state plan as well as items or devices in excess of the quantity approved under the Medicaid state plan, when applicable.
- Payment to replace or upgrade the same adaptive aid is only allowable through the Children’s Long-Term Support (CLTS) Waiver Program if it is determined that the item or device has exhausted its useful life or has been rendered unsafe or unusable due to damage or defect.
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
• Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
• Mental health services that are otherwise available.
  o Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
  o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
• This service excludes food, grooming, and nonroutine veterinary care for service animals.
• This service excludes emotional support animals.
• This service excludes costs associated with adapted vehicles that are not directly related to the function of the vehicle adaptation, including the purchase of vehicles and any payment for the cost of general repairs or maintenance (for example, engine, transmission, suspension, tires).

Provider Standards and Documentation

General Provider Standards
• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
• For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

Provider Types and Qualifications

Pharmacy and other providers appropriately qualified as related to the unique service being provided (agency provider)
Providers of systems or devices must ensure that all items meet the applicable standards of manufacture, safety, design, and installation for those systems or devices, such as the standards of Underwriters Laboratory and Federal Communications Commission.

Durable medical equipment provider (individual provider)
Providers must be appropriately qualified to distribute durable medical equipment.
Service Documentation

- The county waiver agency (CWA) is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
- The CWA is required to maintain documentation, when applicable, that the adaptive aid has been denied by, or cannot be obtained through, the Medicaid state plan.
- For items costing in excess of $2,000, the CWA is required to maintain documentation from a rehabilitation organization, physical therapist, occupational therapist, physician, or other professional with comparable training and experience that indicates the purchase is appropriate to the needs of the child or youth.
- The CWA is required to maintain documentation to evidence a service animal has been trained to support a child or youth in performing a major life task.
Adult Family Home

Definition
The adult family home service provides individualized treatment, supports, and services above the level of room and board for one to four people living together in a residence.

This service applies to youth living in a home certified or licensed as an adult family home, which is also the primary residence of the provider.

A key consideration of the adult family home service is maximizing the youth’s integration within the community. The service is required to permit the youth to access supportive services, community activities, and employment opportunities that reflect the youth’s individual preferences and goals, and contribute to the assurance of the youth’s health and safety.

Adult family home services typically apply to youth who are ages 18 or older and who are not under court order for physical placement elsewhere (Wis. Stat. §§ 48.355, 48.357, 48.365, 938.355, 938.357 and 938.365), with the exception of circumstances outlined in Wis. Stat. § 50.06. Specific requirements regarding the age of individuals permitted to reside at an adult family home are contained in Wis. Admin. Code ch. DHS 88.

One- and two-bed adult family homes must be certified pursuant to the standards established by the Wisconsin Department of Health Services (DHS) and described in Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes (P-00638). Three- or four-person adult family homes must be licensed by DHS, Division of Quality Assurance, under Wis. Admin. Code ch. DHS 88.

Adult family home operators have a primary responsibility to ensure the health and safety of the youth residing in the home, identifying risks to the youth’s health and safety, and taking immediate action to mitigate the risk. Additionally, home operators must complete the reporting requirements outlined in adult family home certification and licensing standards (Wis. Admin. Code ch. DHS 88), as well as incident reporting requirements as defined and outlined in Chapter IX.

Until statutory authority is established for community care homes, the adult family home service also includes individualized treatment, services, and support above the level of room and board for one to four people living together within a community care home. A community care home operator owns, rents, or leases the residence and employs staff who provide care and services to the residents. The community care home is not the primary residence of the provider.
Payment for the provision of adult family home services is subject to statewide uniform rates. Refer to the Children’s Long-Term Support (CLTS) Waiver Program Rates Initiative webpage for additional information.

Service Requirements

- All providers of adult family home services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Adult family home settings are required to comply with the Medicaid Home and Community-Based Services (HCBS) Settings Final Rule as directed by DHS. The HCBS Settings Final Rule is a federal regulation that outlines the characteristics required to be present in the settings where HCBS supports and services are provided. Home and community-based services are required to allow the youth receiving services full access to the benefits of community living, receive services in the most integrated setting, and receive services that reflect the youth’s individual preferences and goals and contribute to the assurance of their health and safety.

Service Limitations

- Only the costs directly associated with participant care, support, and supervision in the adult family home may be billed under this service.
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    - Early and Periodic Screening, Diagnostic and Treatment) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    - Mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.
Service Exclusions

- Costs associated with the youth’s room and board are excluded and may not be billed to the CLTS Waiver Program.
- Environmental modifications to the home, adaptive aids, and assistive technology and communication aids are not covered under the adult family home service. Any needed environmental modification, adaptive aids, or assistive technology and communication aids may be funded by the waiver but must be claimed under home modifications, adaptive aids, or assistive technology and communication aids services respectively.

Provider Standards and Documentation

General Provider Standards

- The operator of the home, all adult household members, and all care providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
- The adult family home provider must be informed and responsive to the youth’s specific exceptional care needs and the individual psychiatric care plan, behavioral care plan, and/or individual medical care plan that the provider will implement. Specific training the provider receives related to the youth’s needs and their care plan must also be documented.
- The provider is required to maintain a training record that documents the completion of training requirements.
- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.
- Payment for the provision of adult family home services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.

Provider Types and Qualifications

Adult family home (agency provider)

DHS, Division of Quality Assurance, must license adult family homes for three or four persons. Regulations and standards governing this service are outlined in Wis. Admin. Code ch. DHS 88.

All one- to two-bed adult family homes must be certified under standards established by DHS. (Refer to Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes (P-00638).) Regulations and standards governing this service are outlined in Wis. Admin. Code ch. DHS 82.
Service Documentation

- The provider is required to develop a written service agreement for each youth in the home.
- The provider is required to maintain and regularly update an adult family home service plan for each youth living in the home.
- The county waiver agency (CWA) is required to maintain documentation that clearly describes the individual room and board, and care and supervision costs in the facility.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Assistive Technology and Communication Aids

Definition
Assistive technology and communication aids are items, pieces of equipment, product systems, or services that increase, maintain, or improve functional capabilities of children at home, work, and in the community.

The assistive technology and communication aids service directly assists the child or youth in the selection, acquisition, or use of an assistive technology device and/or communication aid. Allowable devices and services assist a child who has hearing, speech, communication, or vision impairments by increasing, maintaining, or improving the child’s functional capabilities. The devices and services help the child to effectively communicate; decrease reliance on staff; increase personal safety; enhance independence; and improve social and emotional well-being.

Allowable services related to the selection of an assistive technology device or communication aid:
- Evaluation of the assistive technology needs of a child or youth, including a functional evaluation of the impact of providing appropriate assistive technology and services to the child in the customary environment of the child.
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.

Allowable services related to the acquisition of an assistive technology device or communication aid include purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children.

Allowable services related to the use of an assistive technology device or communication aid:
- Coordination and use of necessary therapies, interventions, or services that incorporate the use of assistive technology devices.
- Training or technical assistance for the child or youth or, where appropriate, family members, guardians, advocates, or authorized representatives of the child.
- Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the child.
- Interpreter services for individuals with hearing impairments and who require sign language interpretation to effectively communicate.
- Internet access services that enable the functionality of other allowable assistive technology and communication aid devices.

The following list of examples of assistive technology and communication aids is intended to be illustrative and is not exhaustive:
- Augmentative and alternative communication systems
• Hearing or speech amplification devices
• Interpreters
• Cognitive retraining aids
• Electronic technology, such as tablet computers or mobile devices and associated software that assist with communication, when the use is related to the child’s disabilities
• Applications for mobile devices or other technology, when the use provides assistance related to the child’s disabilities
• Internet access service

This service includes assistive technology and communication aids that are acquired commercially, modified, or customized. Costs to install (including the hardware required for installation), maintain, and repair allowable assistive technology and communication aids equipment are also included.

Service Requirements
• Per the Americans with Disabilities Act appropriate communication auxiliary aids and services must be furnished where necessary to afford qualified individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity of a public entity.
• Prior to the purchase of communication aids costing more than $2,000, the county waiver agency (CWA) is required to obtain a referral from a rehabilitation organization; an independent living center; a physical, occupational or speech therapist; a physician; or another professional with comparable training and experience, which demonstrates the item or device is appropriate to the communication needs of the child or youth.
• Electronic devices are required to meet Underwriters Laboratories or Federal Communications Commission standards.
• Individual interpreters are required to be on the state or national interpreter registry.

Service Limitations
• The purchase of computers and internet access service as assistive technology and/or a communication aid is limited to items and services that increase, maintain, or improve a child’s functional capabilities at home, work, and in the community; the purchase of computers and internet access service for strictly recreational purposes is prohibited.
• Payment of recurring costs for the same assistive technology or communication aid is not allowable through this service unless it is determined that the item or device has exhausted its useful life or has been rendered unsafe or unusable due to damage or defect.
• Children’s Long-Term Care (CLTS) Waiver Program funds may only be used for interpreter services when it is not the responsibility of the provider or another party to provide this service.
• This service excludes interpreter services that are otherwise available, including for communication with the CWA, its contractors, or other health care professionals, which are
required to provide interpreter services under Wisconsin’s civil rights compliance requirements, as part of their rate.

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    - Mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

**Service Exclusions**

This service excludes payment for software and applications used only for recreation.

**Provider Standards and Documentation**

**General Provider Standards**

- Interpreter services are required to be provided by a person recognized as proficient in the translation of the applicable language and who has been instructed by the agency as to the privacy and confidentiality of the participant-related communication.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

**Provider Types and Qualifications**
Providers of communication aids (agency provider)
Communication aids providers must be Medicaid certified, as applicable.

The providers of systems or devices purchased as communication aids are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriter’s Laboratory, Federal Communications Commission, etc.).

Individual interpreters (individual provider)
Individual interpreters must be on the state or national interpreter registry.

Service Documentation

- For assistive technology and communication aids costing in excess of $2,000, the CWA is required to document that the purchase is appropriate to the specific needs of the child or youth. This documentation must be provided by a rehabilitation organization; an independent living center; a physical, occupational, or speech therapist; a physician; or another recognized professional with comparable training and experience.

- For allowable devices or items that require internet access, the child’s or youth’s individual service plan (ISP) must indicate both the unit cost of the device and the monthly cost of the internet access service. The internet provider and type of service connection must also be documented in the ISP.

Additional documentation is required to clearly indicate the child and/or his or her parent(s) or guardian(s) understand the limitations of the internet access services the CLTS Waiver Program will fund (for example, length of contract, maximum monthly rate, data limits, total minutes allowed).

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
**Child Care**

**Definition**
Child care services ensure the child’s or youth’s exceptional physical, emotional, behavioral, or personal care needs are met during times when their family members are working, pursuing education and employment goals, or participating in training to strengthen the family’s capacity to care for their child.

Qualifying education activities for the child’s or youth’s family members include education related to the family members’ employment, as well as education activities related to their child’s disability, which equip the family to build on their child’s strengths, support their child’s unique needs, and increase the family’s knowledge and resources.

During the process of determining the appropriate child care service, county waiver agencies (CWAs) and families are encouraged to explore options for community child care settings, as children can benefit from the opportunity to socialize and build friendships through group in-home child care and care provided by a child care agency.

**Children Under 12 Years of Age**
For a child under age 12, this service includes the supplemental cost of child care to meet the child’s exceptional care needs. This includes staffing necessary to meet the child’s care needs above and beyond the cost of basic child care that all families with young children may incur.

The basic cost of child care is the rate charged by and paid to a child care provider for children who do not have special needs. The basic cost of child care does not include the provision of supplementary staffing, which may be covered by this service.

**Children 12 Years of Age and Older**
For a child age 12 or older, the total cost of child care may be included. The total cost of child care is available when the child has aged out of their traditional child care settings (typically available up to age 12), but due to a disability the child continues to require care or supervision. Examples include school and community-based settings in which children of that age typically participate (for example, after school programs, 4-H clubs, or family residence).

Payment for the provision of child care services is subject to statewide uniform rates. Refer to the Children’s Long-Term Support (CLTS) Waiver Program Rates Initiative webpage for additional information.

**Service Requirements**
- Parents or guardians are responsible for the basic cost of child care services for children under 12 years of age.
• A rate for the basic cost of child care must be established and applied consistently. The basic cost of child care is the rate charged by and paid to a child care provider for children who do not have special needs. If a provider does not serve other children, the basic cost is the amount typically charged by and paid to child care providers in the child’s county for children who do not have special needs. Two resources to help determine the basic cost of child care are the Wisconsin Department of Children and Families’ Rate Analysis for Child Care Provider Prices 2017 Market Rate Survey and the Child Care Resource and Referral Agency in your area.

• All providers of child care services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

• In lieu of the potential cost for parents for the basic cost of child care, the cost of child care billed to the CLTS Waiver Program must not be included in the daily cost of services for the determination of the parental payment limit. (Refer to Worksheet for Determination of Parental Payment Limit, F-01337.)

Service Limitations

• Child care may be used only during times when the parent(s), guardian(s), or primary caregiver(s) are working, participating in education activities, participating in activities intended to lead to employment, or training to strengthen the family’s capacity to care for their child.

• The cost for transporting a child or youth during the provision of child care services may be funded through transportation services in addition to the child care service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)

• This service may not duplicate any service that is provided under another waiver service category.

• The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  o Public benefits, energy assistance, or other poverty-related services.
  o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    ▪ Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health
care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.

- Mental health services available through Comprehensive Community Services and Wraparound.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- Excludes any service that falls under the definition of daily living skills training, supportive home care, mentoring, or respite.
- The basic cost of child care for children under age 12 is excluded. The basic cost of child care is the rate charged by and paid to a child care center for children who do not have special needs. The basic cost of child care does not include the provision of supplementary staffing. The cost of supplementary staffing may be covered by this service.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of child care services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule (P-02184)](#), and the [CLTS Waiver Program Benefit Code Crosswalk (P-02283)](#) for additional information.

Provider Types and Qualifications

*Family child care centers (agency provider)*

Family child care centers must be licensed under Wis. Admin. Code ch. DCF 250. Staff are required to receive training that is tailored to the child. Child-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

Documentation of the provider’s license is required.
Group child care centers (agency provider)
Certified child care providers must be licensed under Wis. Admin. Code ch. DCF 201. Staff are required to receive training that is tailored to the child. Child-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

Documentation of the provider’s certification is required.

Certified child care providers (individual provider)
Certified child care providers must be licensed under Wis. Admin. Code ch. DCF 201 and are required to have a combination of one year of training in child development or one year of experience working with children. Additionally, staff must receive training that is tailored to the child. Child-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

Documentation of the provider’s certification is required.

Parent- or guardian-selected individual provider (individual provider)
Individual providers who are selected by the parent or guardian and are not licensed or certified by the Department of Children and Families are required to complete child-specific training to the extent that the parent and provider agree that the provider is equipped to serve the child.

Child-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture. Training must also include information about using positive behavioral supports to manage the child’s behavior, CLTS Waiver Program guidelines for isolation and restraint (refer to Chapter VIII, Participant Rights and Appeal and Grievance Processes), mandated reporting requirements (Wis. Stat. § 48.981), and first aid.

Service Documentation
- Documentation must be maintained by the CWA to detail the basic cost of child care that is not covered by the CLTS Waiver Program, including information about how the basic cost of child care is determined.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Children’s Foster Care

Definition
Children’s foster care services are allowable for a child who is placed in a residence operated as a foster home by a person licensed under Wis. Stat. § 48.62 and Wis. Admin. Code ch. DCF 56.

This service includes supplementary intensive supports and supervision services beyond the maintenance payment made to foster parents to address a child’s or youth’s exceptional emotional or behavioral needs, or physical or personal care needs, in a family environment.

Additional information for level 5 foster homes is located in the Level 5 Exceptional Treatment Foster Home Guide to Certification and Placement (DCF-P-5251).

Service Requirements
- Joint approval from the Department of Children and Families (DCF) and the Department of Health Services, Division of Medicaid Services, is required for the placement of any Children’s Long-Term Support (CLTS) Waiver Program participant in a level 5 foster home.
- All providers of children’s foster care services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
- Children’s foster care settings are required to comply with the Medicaid Home and Community-Based Services (HCBS) Settings Final Rule as directed by the Department of Health Services. The HCBS Settings Final Rule is a federal regulation that outlines the characteristics required to be present in the settings where HCBS supports and services are provided. Home and community-based services are required to allow the child or youth receiving services full access to the benefits of community living, to receive services in the most integrated setting, and to receive services that reflect the child’s or youth’s individual preferences and goals and contribute to the promotion of their health and safety.

Service Limitations
- This service may not duplicate any service provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
Any goods or services covered by a third party, including private insurance or Medicaid, such as:

- Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
- Mental health services that are otherwise available.

Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.

- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- This service excludes the cost of room and board; CLTS Waiver Program funding cannot supplant child welfare Title IV-E funding.
- This service excludes environmental modifications to the home, adaptive equipment or assistive technology, communication aids, and relocation services. (Refer to service descriptions for home modifications, adaptive aids, assistive technology and communication aids, and relocation services.)

Provider Standards and Documentation

General Provider Standards

- All providers of children’s foster care are required to maintain documentation of valid licensure.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
- The county waiver agency is required to maintain documentation of the foster parent’s training related to the child’s or youth’s specific and individual needs, and any treatment or medical care plan to be implemented.
- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

Provider Types and Qualifications
Level 5 exceptional foster home (agency provider)

Individual family foster provider (individual provider)

Foster care providers must be licensed in accordance with Wis. Stat. § 48.62 and Wis. Admin. Code ch. DCF 56. All foster home providers must have specialized training related to the child’s or youth’s unique needs, including training specific to any treatment or medical care plan to be implemented, in order to effectively promote the child’s or youth’s health, safety, and welfare.

Service Documentation

The CWA is required to maintain documentation that clearly describes the individual room and board, care, and supervision costs in the facility and shows that CLTS Waiver Program funds do not reimburse room and board costs. (Refer to the Guide to Determining Room and Board Costs, Calculating Expenses for a Substitute Care Facility and Children’s Long-Term Support (CLTS) Waiver Program Treatment Foster Care Administrative Rates, P-00700.)

- The CWA is required to maintain documentation of the child’s or youth’s specific exceptional needs and, when applicable, their individual treatment or medical care plan to be implemented by the foster care provider.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Community Integration Services

Definition
Community integration services assist, empower, and build upon the strengths of the child and family so the child can be fully integrated into the community with their family.

Community integration services benefit families with children or youth who have multiple and complex mental health and/or behavioral concerns, and are involved in multiple services and service systems, by providing intensive case coordination and individualized community-based services. The child or youth, their parent, and the multidisciplinary team identify services and supports, based on the child’s and family’s strengths and needs, that are necessary for the child or youth and family to move seamlessly through all community environments, and prevent out-of-home placement.

Community integration services are designed to provide a bundled array of services that extend beyond traditional financial and geographic boundaries to develop a creative and flexible continuum of care. Typical services include daily living skills, mentoring, parent education and training, community integration activities and behavior interventions, development and nurturing of natural supports, and respite services.

This service can be provided at one of two levels. Service provision at the tier one level requires the community integration services coordinator to either have attained a bachelor’s degree in a human services discipline, or be supervised by someone who has a bachelor’s degree in a human services discipline. Service provision at the tier two level requires the community integration services coordinator to either have attained a master’s degree in a human services discipline, or be supervised by someone who has a master’s degree in a human services discipline.

Payment for the provision of community integration services is subject to statewide uniform rates. Refer to the Children’s Long-Term Support (CLTS) Waiver Program Rates Initiative webpage for additional information.

Service Requirements
• The community integration services team coordinator is required to facilitate coordination of the multidisciplinary team and to coordinate the child’s or youth’s integration into their community.
• At a minimum, team review meetings are held quarterly. Team reviews are required to include the child (unless deemed inappropriate), the child’s parent or responsible person, the relevant service provider agency staff or supervisor (when applicable), and the support and service coordinator.
• All providers of community integration services are required to communicate with designated county staff and other providers about any incidents or events that create a
significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- The community integration services coordinator may not also be the child’s support and service coordinator.
- The cost for transporting a child or youth during the provision of community integration services may be funded through transportation services in addition to the community integration services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    - Mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- Excludes services that are harmful or are not effective.
- Excludes residential services as part of the community integration program. (Refer to relevant residential service definitions: foster care, adult family home, and respite—institutional.)
- Excludes services or supports that are not otherwise included in the CLTS Waiver Program.

Provider Standards and Documentation

General Provider Standards
• Providers are required to have attained either a bachelor’s level or master’s level degree in a human services discipline, or be supervised by someone with either a bachelor’s or master’s degree.

• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.

• For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

• Payment for the provision of community integration services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.

Provider Types and Qualifications

Social workers (agency or individual provider)
Social workers must be licensed or certified under Wis. Stat. ch. 457 and receive child-specific training provided by the support and service coordinator, parent or guardian, and/or other relevant professional who is knowledgeable of the child’s individual strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

Documentation of the provider’s degree and license or certification is required.

Providers of daily living skills training (agency or individual provider)
Providers must either have attained a bachelor’s or master’s degree in a human services discipline or must be supervised by someone who has a bachelor’s or master’s degree in a human services discipline. Additionally, providers are required to have a minimum of two years’ experience working with the target population. However, the county waiver agency (CWA) may employ qualified providers who are less experienced if the CWA ensures the provider receives comprehensive child-specific training to enable them to competently work with the child to meet the objectives outlined in the care plan. Child-specific training must include information about the child’s individual strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

Documentation of the provider’s degree, experience, and training is required.
Service Documentation

- Community integration services providers are required to complete a written report every three months or sooner if the child’s or youth’s condition changes. The report details the child’s or youth’s past and current levels of functioning, identified outcomes, progress toward identified outcomes, as well as obstacles that stand in the way of meeting those outcomes. The report must be provided to the CWA.

- The CWA is required to maintain documentation that community integration services provided to a child include only supports and services that are otherwise available through the CLTS Waiver Program.

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Consumer Education and Training

Definition

Consumer education and training services help the child or youth and their family acquire skills to exercise control and responsibility over their other supportive services.

Exercising control and responsibility over supportive services helps the child and the child’s family build an interdependent care network within their community and promotes self-determination. This service includes education, training, and events directly related to building the capacity to manage supportive services. Education and training may be provided for the child and/or the child’s parent(s), unpaid caregiver(s), and/or legal representative(s).

Types of education and training covered by this service (examples are illustrative and are not an exhaustive list):

- Training courses
- Conferences and other similar events
- Enrollment fees
- Books and other educational materials
- Transportation

Service Requirements

- County waiver agencies (CWAs) are required to ensure that information about educational and/or training opportunities is made available to the child, the child’s unpaid caregiver(s), and/or legal representative(s).
- All providers of consumer education and training services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- This service is limited to training(s) and events and does not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service is limited to education and/or training costs up to $2,500 per event. Costs exceeding $2,500 per event require Department of Health Services (DHS) review.
- Educationally related training provided through this service to a child or youth is limited to services for which there is a compelling reason and sufficient documentation to show the service is not available under the Individuals with Disabilities Education Act or other relevant funding source.
• This service may not duplicate any service that is provided under another waiver service category.

• The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  o Public benefits, energy assistance, or other poverty-related services.
  o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    ▪ Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    ▪ Mental health services that are otherwise available.
  o Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
  o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
This service excludes payment for lodging and meal expenses while the child, the child’s unpaid caregiver(s), and/or their legal representative(s) attend allowable training and/or education events.

Provider Standards and Documentation

General Provider Standards
• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.

• For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

Provider Types and Qualifications
Any agency appropriately qualified as approved by the CWA and as related to the unique service being provided to the child (agency provider)

Any persons appropriately qualified as approved by the CWA and as related to the unique service being provided to the target group (individual provider)

Each provider is required to have demonstrated skills related to the specific area of training and the applicability of the training content to children with disabilities and their families.

Service Documentation

- The CWA is required to maintain documentation that identifies how waiver-funded consumer education and training services meet the child’s or youth’s and their family’s goals or desired outcomes.
- Payment may only be made to providers upon receipt of a written statement that details allowable fees and/or expenses.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Counseling and Therapeutic Services

**Definition**

Counseling and therapeutic services maintain or improve the health, welfare, and functioning of the child or youth in the community.

Counseling and therapeutic services include the provision of professional evaluation and consultation services to children and youth with identified needs for physical, personal, social, cognitive, developmental, emotional, or substance abuse services.

Providers of counseling and therapeutic services may deliver services only within their areas of formal education and training, as directed by their professional code of ethics.

This service can include therapies that are not available under the Medicaid State Plan. Counseling and therapeutic services must meet a clearly defined outcome and may include the following (listed examples are illustrative and do not comprise an exhaustive list):

- Music therapy
- Art therapy
- Hippotherapy
- Equine-assisted therapy

Payment for the provision of counseling and therapeutic services is subject to statewide uniform rates. Refer to the [Children’s Long-Term Care (CLTS) Waiver Program Rates Initiative webpage](#) for additional information.

**Service Requirements**

- Any counseling or therapeutic service funded by the CLTS Waiver Program is required to meet a clearly defined outcome.
- All providers of counseling and therapeutic services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

**Service Limitations**

- The cost for transporting a child or youth during the provision of counseling and therapeutic services may be funded through transportation services in addition to the counseling and therapeutic services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
• This service may not duplicate any service that is provided under another waiver service category.

• The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  o Public benefits, energy assistance, or other poverty-related services.
  o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    ▪ Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    ▪ Mental health services that are otherwise available.
  o Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

• Items, supplies, or devices that are a necessary component of allowable counseling or therapeutic services and are not allowable under the Medicaid State Plan must be billed to specialized medical and therapeutic supplies.

• This service excludes therapies and services that are harmful or are not effective.

Provider Standards and Documentation

General Provider Standards

• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.

• For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

• Payment for the provision of counseling and therapeutic services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.
Provider Types and Qualifications

Agencies appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (agency provider)

Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers’ areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Art therapist, music therapist, hippotherapist, and equine-assisted therapist (individual provider)

Wisconsin Stat. ch. 440: Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers’ areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Other persons appropriately qualified as approved by the CWA and as related to the unique service being provided (individual provider)

Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers’ areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Service Documentation

• Providers of counseling and therapeutic services must submit progress reports to the CWA at a minimum of every six months. Provider reports may be used to evaluate the need for continuation or modification of services.

• The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Daily Living Skills Training

Definition

Daily living skills training services provide education and skill development or training to support the child’s or youth’s ability to independently perform routine daily activities and effectively use community resources.

These instructional services, provided by qualified professionals, focus on skill development. Educational or training services that are of a direct benefit to the child or youth may be included. Daily living skills training is not intended to provide substitute task performance. Examples of skill development training covered by this service are (examples are illustrative only and not an exhaustive list):

- Personal hygiene
- Food preparation
- Home upkeep and maintenance
- Money management
- Accessing and using community resources
- Community mobility

Payment for the provision of daily living skills training is subject to statewide uniform rates. Refer to the Children’s Long-Term Support (CLTS) Waiver Program Rates Initiative webpage for additional information.

Service Requirements

All providers of daily living skills training are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- Educationally related services provided to a child or youth are limited to services for which there is a compelling and accepted reason, as well as sufficient documentation that the service is not available under the Individuals with Disabilities Education Act (IDEA) or other relevant funding source.
- The cost for transporting a child or youth during the provision of daily living skills training services may be funded through transportation services in addition to the daily living skills services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
• This service may not duplicate any service that is provided under another waiver service category, including substitute task performance, which may be provided through supportive home care services.

• The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  o Public benefits, energy assistance, or other poverty-related services.
  o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    ▪ Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    ▪ Mental health services available through Comprehensive Community Services and Wraparound.
  o Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
  o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
This service excludes activities for which the primary function is recreation.

Provider Standards and Documentation

General Provider Standards
• Providers must ensure daily living skills training staff are knowledgeable in the adaptation and use of specialized equipment and in the modification of the child’s environments. Providers must also ensure staff completes regular training and continuing education coursework to maintain and update their level of expertise.

• Documentation verifying daily living skills providers meet the requirements of training and experience must be maintained by the provider agency and be accessible for review.

• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
• For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

• Payment for the provision of daily living skills training services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule (P-02184)](#), and the [CLTS Waiver Program Benefit Code Crosswalk (P-02283)](#) for additional information.

**Provider Types and Qualifications**

*Providers of daily living skills training (agency provider)*

Providers of daily living skills training must have a minimum of two years’ experience working with the target population. However, the county waiver agency (CWA) may accept qualified providers who are less experienced if the CWA ensures the provider receives training tailored to the child. Child-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

*Other persons appropriately qualified as approved by the CWA and as related to the unique service being provided (individual provider)*

Providers of daily living skills training must have a minimum of two years’ experience working with the target population. However, the CWA may accept qualified providers who are less experienced if the CWA ensures that the provider receives training tailored to the child. Child-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

**Service Documentation**

• Providers are required to complete a written report every six months that details the child’s progress toward each of the objectives outlined in the daily living skills training plan and, if indicated, recommendations for changes. Providers submit progress reports to the CWA. The progress report may be used as a tool to discuss any modifications to daily living skills training services to best meet the individual needs of the child.

• The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Day Services

Definition

Day services include coordination and intervention to target skill development and maintenance for youth.

Day services provide youth with regularly scheduled activities for part of the day. Services are typically provided up to five days per week in a nonresidential setting and may occur in a single physical environment or in multiple environments, including natural settings in the community. Coordination activities may consist of the implementation of components of the youth’s family-centered and individualized service plan and may involve family, professionals, and others associated with the youth, as directed by their plan. Examples of areas that day services may target for skill development and maintenance include physical health promotion and maintenance, language development, cognitive development, socialization, social and community integration, and domestic and economic management.

This service includes supplementary supports and supervision services to meet the youth’s exceptional emotional or behavioral needs or physical or personal care needs.

A key consideration of day services is maximizing the youth’s integration within the community. The service must permit the youth to access supportive services, community activities, and employment opportunities that reflect their individual preferences and goals and contribute to the assurance of their health and safety.

Payment for the provision of day services is subject to statewide uniform rates. Refer to the Children’s Long-Term Care (CLTS) Waiver Program Rates Initiative webpage for additional information.

Service Requirements

- All providers of day services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

- The settings in which day services take place are required to comply with the Medicaid Home and Community-Based Services (HCBS) Settings Final Rule, as directed by the Wisconsin Department of Health Services. The HCBS Settings Final Rule is a federal regulation that outlines the characteristics required to be present in the settings where HCBS supports and services are provided. Home and community-based services are required to allow the youth receiving services full access to the benefits of community living, to receive services in the
most integrated setting, and to receive services that reflect the youth’s individual preferences and goals and contribute to the promotion of their health and safety.

Service Limitations

- The cost for transporting a child or youth during the provision of day services may be funded through transportation services in addition to the day services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    - Mental health services available through Comprehensive Community Services (CCS) and Wraparound.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

Excludes any service that falls under the definition of child care.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this
documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.

- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.
- Payment for the provision of day services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.

Provider Types and Qualifications

*Group child care center (agency provider)*
Group child care centers must be licensed under Wis. Admin. Code ch. DCF 251. Child care agency staff who work directly with the youth are required to have a combination of one year of training in child development or one year of experience working with children or youth. Additionally, staff must receive training that is tailored to the youth. Youth-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

Documentation of the provider’s license and the youth-specific training received by the provider is required.

*Family child care centers (agency provider)*
Family child care centers must be licensed under Wis. Admin. Code ch. DCF 250. Child care agency staff who work directly with the youth are required to have a combination of one year of training in child development or one year of experience working with children or youth. Additionally, staff must receive training that is tailored to the youth. Youth-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

Documentation of the provider’s license and the youth-specific training received by the provider is required.

*Any persons appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided to the youth (individual provider)*
Individual providers who are selected by the parent or guardian and are not licensed or certified by the Department of Children and Families are required to have the equivalent of one year of training in child development or one year of experience working with children or youth. Additionally, the provider must complete youth-specific training to the extent that the parent and provider agree that the provider is equipped to serve the youth. Youth-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s
Training must also include information about using positive behavioral supports to manage the youth’s behavior, CLTS Waiver Program guidelines for isolation and restraint (refer to Chapter VIII, Participant Rights and Appeal and Grievance Processes), mandated reporting requirements (Wis. Stat. § 48.981) and first aid.

Documentation of the youth-specific training received by the provider is required.

**Service Documentation**

- At a minimum of once every six months, the provider is required to submit a report that contains a statement on progress toward the objectives of the individual service plan and recommendations for change.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Financial Management Services

Definition
Financial management services assist the child or youth and his or her family to manage the Children’s Long-Term Support (CLTS) Waiver Program services and funding.

The financial management services provider (also referred to as the fiscal intermediary or the fiscal agent) performs financial transactions on behalf of the child or youth for the delivery of CLTS Waiver Program services. Additionally, the fiscal intermediary serves as an agent for handling employment-related tasks associated with the supports and services in the child’s or youth’s authorized individual service plan (ISP). These services function as a safeguard for the child or youth by ensuring that financial and employment activities meet federal, state, and local rules and regulations, and are done in a timely manner.

Financial management services may be provided at one of two levels, basic or enhanced, as determined by the county waiver agency (CWA). Services provided at the basic level must include all basic level activities listed below, and services provided at the enhanced level must include all basic level activities and all enhanced level activities listed below.

Basic level:
- Verify caregiver’s citizenship
- Train caregivers on the requirements for providing financial management services
- Establish accounts for federal and state tax reporting and worker’s compensation coverage
- Process timesheets
- Pay caregiver’s wages (including tax withholding and worker’s compensation)
- Keep account of financial disbursements
- Submit service claims to a third party administrator claims processing vendor
- Provide income verification

Enhanced Level (includes all basic level activities in addition to those listed below):
- Ensure sufficient participant-authorized units
- Complete screening activities for caregivers by conducting U.S. Office of the Inspector General List of Excluded Individuals and Entities reviews and caregiver background checks
- Verify caregiver qualifications
- Maintain a list of qualified and available caregivers

Payment for the provision of Financial Management Services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage for additional information.
Service Requirements

- The financial management services provider is responsible for ensuring compliance with all federal and state laws associated with tax withholding and all other employee benefits.
- The financial management services provider is responsible for ensuring compliance with all standards set forth by the Wisconsin Department of Workforce Development.
- The financial management services provider is responsible for understanding all CLTS Waiver Program allowable and non-allowable services.
- The financial management services provider is subject to an audit to ensure all transactions have been properly executed.
- The financial management services provider must have a system in place that recognizes the child or youth, or their legally authorized representative, as the agent required to initiate payment for any provider or service.
- The financial management services provider must have a system in place to address the following requirements:
  - A method to quickly respond to requests from the child and family.
  - The capacity to promptly issue payroll or other funds in emergency situations.
  - A method to communicate about the accuracy of payments made, and respond to questions about the child’s or youth’s financial position relative to service expenditure at any point in time.
- The financial management services provider must comply with patient rights outlined in Wis. Admin. Code ch. DHS 92 and all other applicable laws and rules governing confidentiality.
- The financial management services provider must retain all documents and records for seven years as required by Wis. Stat. § 92.12. Records are required to illustrate individual service expenses in a way that is easily understood by lay people.
- The financial management services provider is responsible to ensure compliance with required caregiver and licensing background checks and hiring prohibitions. (Refer to Chapter IV, Section 4.05.)

Service Limitations

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.

- Mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
- This service excludes payments to court-appointed guardians or court-appointed protective payees if the court has directed them to perform any functions of this service.
- The service definition and service requirements as described in this section may be reimbursed only through financial management services codes.

Provider Standards and Documentation

General Provider Standards
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.
- Payment for the provision of Financial Management Services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.

Provider Types and Qualifications

Fiscal intermediary agency (agency provider)
Providers must be an agency or unit of an agency that is qualified to provide all of the financial services involved. Providers must have training and experience in accounting or bookkeeping and be bonded.

Documentation of the provider’s qualifications is required.
Accountant (individual provider)
Accountants must be licensed under Wis. Stat. ch. 442. Providers must be qualified to provide all of the financial services involved. Additionally, providers must have training and experience in accounting or bookkeeping and be bonded.

Documentation of the provider’s license and qualifications is required.

Other persons appropriately qualified as approved by the (CWA) and as related to the unique service being provided to the child (individual provider)
Providers must be qualified to provide all of the financial services involved. Additionally, providers must have training and experience in accounting or bookkeeping and be bonded.

Documentation of the provider’s qualifications is required.

Service Documentation
- Current documentation of completed caregiver background checks must be maintained by the financial management services provider and be accessible for review.
- Records of all transactions associated with paying providers must be kept by the financial management services provider in an accessible location, available for review.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Home Modifications

Definition

Home modifications maximize a child’s or youth’s independent functioning in their home through services to assess the need for, arrange for, and provide modifications and/or improvements to the home.

Home modifications are generally permanent fixtures and/or changes to the physical structure of the home. This service may be used to ensure safe, accessible means of entry and exit to the home, and otherwise provide safe access to rooms, facilities, or equipment within the home or adjacent buildings that are part of the residence.

Home modifications may include adaptations, including, but not limited to:

- Fences required for safety.
- Ramps (fixed), ramp extensions, and platforms.
- Porch and/or stair lifts.
- Doors, doorways, door handles, and door opening devices.
- Adaptive door bells, locks, and/or security items or devices.
- Plumbing and electrical modifications related to other adaptations.
- Medically necessary heating, cooling, or ventilation systems.
- Shower, sink, tub, and toilet modifications.
- Grab bars or handrails.
- Faucets and water controls.
- Accessible cabinetry, countertops, or work surfaces.
- Accessible closets.
- Smoke and/or fire alarms and fire safety adaptations.
- Adaptive lighting and light switches.
- Flooring and/or floor covering to address health and safety needs.
- Wall protection.
- Necessary repair, maintenance, and reasonable replacement of an approved home modification.

Modifications not specifically described above may be included in this service if the item or service meets the definition and standards for allowable home modifications.

Other aspects of home modifications included in this service are the cost of permits to authorize changes, the materials and services needed to complete the installation of specific equipment, the modification of the physical home structure, and the reconfiguration of essential systems within the home.
Service Requirements

- All proposed home modifications and/or repair or maintenance of existing modifications that are expected to cost $2,000 or more require prior plan approval from the Wisconsin Department of Health Services.
- All modifications are required to comply with applicable local and state housing or building codes and are subject to inspections required by the municipality responsible for administering the codes.
- All plans for ramps are required to comply with the Americans with Disabilities Act standards and ramp requirements.
- All plans for fences are required to account for the child’s or youth’s individual circumstances, including but not limited to:
  - Other services and supports that can work in combination with the fence to meet the child’s or youth’s outcomes.
  - Individualized design and construction features to meet the child’s or youth’s outcomes. For example, construction materials (wood planks, chain link, etc.), height of the fence, length of the fence, size of the area to be enclosed by the fence, placement of the fence in relation to the home or other structures or features of the yard, or limitations or restrictions imposed by zoning regulations or covenants.

Service Limitations

- Home modifications are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health
care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.

- Mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
This service excludes adaptations, improvements, repairs, or replacements within a child’s or youth’s home that are of general utility and not of benefit to them and in some way related to their disability.

Provider Standards and Documentation

General Provider Standards
- The providers and designers of any home modifications must meet all of the applicable state and local requirements for professional licensure for building contractors, plumbers, electricians, engineers, or any other building trades.
- All modifications must be made in accordance with any applicable local and state housing or building codes and are subject to any inspection required by the municipality responsible for administration of the codes.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

Provider Types and Qualifications
Home modification provider types:
- Independent living center (agency provider)
- Contractor (agency provider)
- Building supply company (agency provider)
- Plumber (individual provider), required to be licensed under Wis. Stat. ch. 443
- Electrician (individual provider), required to be licensed under Wis. Stat. ch. 443
- Heating and air conditioning (individual provider), required to be licensed under Wis. Stat. ch. 443
- Engineer (individual provider), required to be licensed under Wis. Stat. ch. 443
• Other persons appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (individual provider)

Service Documentation

• Home modifications submitted for plan approval must include a description detailing how the modification meets an assessed need or meets the child’s or youth’s desired outcome. The plan must also include a complete breakdown of labor and material costs in order to determine if all or part of the proposed modification is allowable under the CLTS Waiver Program.
• Home modifications must be listed on the child’s or youth’s individual service plan.
• The CWA is required to maintain a copy of the approved home modification plan.
• The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Housing Counseling

Definition
Housing counseling provides comprehensive guidance about options for a youth to obtain or retain safe, accessible, and affordable housing in the community that meets their needs and preferences.

Housing counseling includes planning, guidance, and assistance in accessing resources in the following areas:
- Home ownership
- Financing
- Accessibility and related architectural services and consultation
- Health and safety evaluations for physical property

The provider and youth meet to discuss the features of housing necessary for the youth’s individual needs and preferences. This information guides the resources and assistance that are best suited to the youth.

Service Requirements
Housing counseling service is required to be provided by an agency or person whose services are also available to the general public. The cost must be a reasonable and customary charge, no greater than the amount charged to persons who are not Children’s Long-Term Support (CLTS) Waiver Program participants.

Service Limitations
- Housing counseling is limited to consultation provided by housing counseling agencies and does not include services delivered by persons who meet the definition of a caregiver (person who has regular, direct contact with the youth).
- This service may not duplicate any service that is provided under another waiver service category.
- This service excludes funding for physical alterations of a person’s home to address accessibility. (Refer to the home modifications benefit.)
- This service excludes funding for necessary housing startup expenses, which may be included in the relocation services benefit.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.

o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
  ▪ Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
  ▪ Mental health services that are otherwise available.

o Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.

o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes reimbursement when the service is provided by an agency that also provides residential support services or support and service coordination to the youth.

Provider Standards and Documentation

General Provider Standards

• The depth of knowledge required to provide this service typically includes expertise in a housing-related field and is often found in providers who have background and experience in housing and disabilities.

• Persons or agencies providing housing counseling are required have expertise in housing issues relevant to the youth and the youth’s needs as identified in the individual service plan.

• Providers are required to have received recovery and person-centered planning training or other comparable training approved by the Department of Health Services, Division of Care and Treatment Services, within the first six months of providing housing counseling services.

• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.

• The county waiver agency (CWA) is required to maintain documentation that the provider is qualified.

• For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

Provider Types and Qualifications
Housing counseling agency (agency provider)

A qualified provider must be an agency or unit of an agency that provides housing counseling as a regular part of its mission.

Counseling is required to be provided by staff with specialized training and experience in any of the following housing issues: home ownership, both pre- and post-purchase; home financing and refinancing; home maintenance, repair, and improvements including abating environmental hazards; rental counseling, not including any cash assistance; accessibility and architectural services and consultation; weatherization evaluation and assistance in accessing these services; lead-based paint abatement evaluation; low-income energy assistance evaluation; access to transitional or permanent housing; accessibility inventory design; health and safety evaluations of physical property; debt and/or credit counseling; and homelessness and eviction prevention counseling.

Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Mentoring

Definition
Mentoring services improve the child’s or youth’s ability to interact in their community in socially advantageous ways.

The mentor provides the child or youth with experiences in peer interaction, social and/or recreational activities, and employability skill-building opportunities during spontaneous and real-life situations, rather than in a segregated or classroom-type environment. The mentor implements learning opportunities by guiding and shadowing the child or youth in the community while practicing and modeling interaction skills.

Mentors are paraprofessionals, including but not limited to individuals who are in the child’s or youth’s peer group. The peer group includes a wide range of individuals who have something in common with the child or youth, including similar life experiences, interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

This service may fund expenses related to participation in community activities that address the objectives and identified outcomes in the child’s or youth’s individual service plan. Costs for meals and admission fees for the mentor and child or youth may be included.

Payment for the provision of mentoring services is subject to statewide uniform rates. Refer to the Children’s Long-Term Support (CLTS) Waiver Program Rates Initiative webpage for additional information.

Service Requirements
- All providers of mentoring services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
- Providers must ensure staff support to the child is adequate to meet the child’s individual goals.
- At a minimum, team review meetings are held quarterly. Team reviews are required to include the child (unless deemed inappropriate), the child’s parent or responsible person, the relevant service provider agency staff or supervisor (when applicable), and the support and service coordinator (SSC).

Service Limitations
- The cost for transporting a child or youth during the provision of mentoring services may be funded through transportation services in addition to the mentoring services rate. These
transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    - Mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
This service excludes activities for which the primary function is recreation.

Provider Standards and Documentation

General Provider Standards
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
- Payment for the provision of mentoring services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.
- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.
Provider Types and Qualifications

Any agency appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (agency provider)

Providers are paraprofessionals, including but not limited to individuals who are in the child’s or youth’s peer group. The peer group includes a wide range of individuals who have something in common with the child or youth, including similar interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

The CWA is required to ensure the provider receives child-specific training and training on the roles and responsibilities of the mentor. This training may be provided by any combination of the provider agency, CWA, parent and/or guardian, and/or other relevant professional who is knowledgeable of the child’s or youth’s daily needs. Documentation of this training is required to be maintained in the child’s record. Providers must be involved in frequent and ongoing communication with the SSC, agency, and family, regarding child specific updates, information, and concerns.

Mentors (individual provider)

Providers are paraprofessionals, including but not limited to individuals who are in the child’s or youth’s peer group. The peer group includes a wide range of individuals who have something in common with the child or youth, including similar interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

The CWA is required to ensure the provider receives child-specific training and training on the roles and responsibilities of the mentor. This training may be provided by any combination of the CWA, parent and/or guardian, and/or other relevant professional who is knowledgeable of the child’s or youth’s daily needs. Documentation of this training is required to be maintained in the child’s record. Providers must be involved in frequent and ongoing communication with the SSC, agency, and family, regarding child specific updates, information, and concerns.

Service Documentation

• Providers must develop a written plan documenting the objectives for the child and the objectives for the mentor. A written summary of the progress toward and changes to the objectives for the child or youth and their mentor is required every three months and may be developed during the team review (refer to Service Requirements). If indicated, recommendations for changes to the plan may be included. Provider reports are used to evaluate the need for modification or continuation of mentoring services. The plan and summary must be provided to the CWA (the child’s or youth’s SSC). Summaries must be maintained by the CWA and reviewed at the time of other quarterly activities.
• The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Personal Emergency Response System

Definition

The personal emergency response system (PERS) service secures an immediate response and access to assistance in the event of a physical, emotional, or environmental emergency.

A PERS uses a community-based telephonic, global positioning system, or other electronic communications device to provide a direct electronic communications link between the child or youth and emergency responders.

The base monthly charge for basic telephone service necessary for PERS operation is an allowable cost covered by this service.

When a conventional PERS is not feasible, allowable items through this service may include devices and services necessary to function as an emergency response system, such as a cellular telephone and cellular service.

Allowable costs also include installation, upkeep, and maintenance of devices or systems as appropriate.

Service Requirements

- Electronic devices are required to meet standards established by the Underwriters Laboratories® (UL) or equivalent.
- Telephonic devices are required to meet standards established by the Federal Communications Commission (FCC) or equivalent.

Service Limitations

- This service is limited to items and products and does not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.

- Mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
Refer to section 4.06 for service exclusions that apply to all services.

Provider Standards and Documentation

General Provider Standards
- PERS must be installed by qualified installers.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

Provider Types and Qualifications

Community-Based Electronic Communications Unit (individual provider) and telephone service including cellular service (individual provider)
Devices are required to meet Underwriters Laboratories® standards and/or Federal Communications Commission regulations or equivalent standards.

Service Documentation
- The county waiver agency (CWA) is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
- The determination of the type of emergency response system used as a cost-effective means to meet the need for the child’s or youth’s safety or security must be documented and maintained by the CWA.
- For allowable devices or items that require telephone service (including cellular service), the child’s or youth’s individual service plan (ISP) is required to indicate both the unit cost of the
device and the monthly cost of the telephone or cellular service. Documentation on the ISP must also list the service provider and service plan.

Additional documentation must clearly indicate the child and/or their parent(s) or guardian(s) understand the limitations of the telephone service (including cellular service) the PERS service will fund (for example, length of contract, maximum monthly rate, data limits, total minutes allowed).
Relocation Services

Definition
Relocation services assist with preparations for the child’s or youth’s relocation to a safe and accessible community living arrangement.

This service includes supports and essential items needed for a child or youth to establish a community living arrangement when they are relocating from an institution or foster home to a less restrictive setting, or when the youth is moving out of their family’s home to a more independent setting.

Relocation services may include the purchase of the following, as necessary, to prepare the selected living arrangement for occupancy by the child or youth:
- Household furnishings not otherwise included in a rental agreement, if applicable
- Telephone(s)
- Cooking and/or serving utensils
- Basic cleaning equipment
- Household supplies
- Security deposit
- Utility connection costs
- Telephone installation charges
- Moving the child’s or youth’s personal belongings to the new living arrangement
- General cleaning and household organization services related to the relocation

Service Requirements
Services or items covered by this service may not be purchased more than 180 days prior to the date the child or youth relocates to the new living arrangement.

Service Limitations
- Relocation services are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services
o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
  ▪ Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
  ▪ Mental health services that are otherwise available.
  o Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
This service excludes the purchase of food, the payment of rent, or the purchase of devices or services used primarily for leisure or recreation.

Provider Standards and Documentation

General Provider Standards
• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
• Personal emergency response systems must be installed by qualified installers.

Provider Types and Qualifications
Moving companies, public utilities, real estate agencies, vendors of home furnishings (agency provider) and individual movers and individual landlords (individual provider)
Providers are required to have a reputable compliance history as shown by federal and/or state licensing and/or credentialing agency records, with no history of license revocation or denial, fraud, or substantial or repeated violations of applicable laws and rules in the operation of any business.
Additionally, providers are required to have established a stable financial history, with no outstanding debts or amounts due to the Wisconsin Department of Health Services or other government agencies, including unpaid forfeitures and fines.
Service Documentation
The county waiver agency is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Respite Care

Definition
Respite care services maintain and strengthen the child’s or youth’s natural supports by easing the daily stress and care demands for their family, or other primary caregiver(s), on a short-term basis.

These services provide a level of care and supervision appropriate to the child’s or youth’s needs while their family or other primary caregiver(s) are temporarily relieved from daily caregiving demands. Respite care may take place in a residential setting, institutional setting, the home of the child or youth, the home of a caregiver, or in other community settings, as outlined below.

Payment for the provision of respite care is subject to statewide uniform rates. See the Children’s Long-Term Support (CLTS) Waiver Program Rates Initiative webpage for additional information.

Residential Respite
Residential respite may be used for overnight stays or partial day stays for the child or youth, in settings that are otherwise eligible living situations for the CLTS Waiver Program.

Residential respite may be provided in the following settings:
• Adult family home (AFH) certified for one or two persons.
• AFH licensed for three or four persons.
• Children’s foster home, including exceptional treatment foster home.

Institutional Respite
Institutional respite may be used for overnight stays or partial day stays for the child or youth, in settings that are not otherwise eligible living situations for the CLTS Waiver Program.

All institutional respite requires prior approval from the Wisconsin Department of Health Services (DHS).

Institutional respite care services may be provided in the following settings:
• Community-based residential facility (CBRF)
• Group home for children and youth
• Hospital
• Intermediate care facility/individuals with intellectual disabilities (ICF/IID)
• Nursing home
• Residential care center (RCC) for children and youth
• Shelter care facility
• Wisconsin state developmental disability center
• Wisconsin state mental health institution

Home-Based Respite
Home-based respite may be used for overnight stays or partial day stays for the child or youth, in their primary residence or at the home of a caregiver.

Community Respite
Community respite may be used for partial day stays for the child or youth (and not for overnight stays) in the community.

Respite Camp
Respite camp may be used for overnight stays or partial day stays for the child or youth when the primary purpose of the service is to temporarily relieve parent(s) or guardian(s) from daily caregiving demands.

Service Requirements
• All providers of respite care services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
• Institutional respite care services require prior approval by DHS, except in an emergency situation. Emergency situation is defined as a situation in which the primary caregiver suddenly or unexpectedly becomes unable to provide care due to death, illness, disability, or other unanticipated event.

All institutional respite requires prior approval from DHS. The request for prior approval must include the following information:
  o The reason for the request, identifying the caregiver in need of respite.
  o The anticipated length and frequency of the respite placement.
  o A description of the barriers to the use of alternative community-based services.
  o A list of providers that were considered and why these providers cannot meet the child’s or youth’s needs.
  o A description of the proposed respite setting and the reasons that setting was chosen, including confirmation of appropriate licensure and how the setting will benefit and meet the needs of the specific child or youth.
o An assurance that restrictive measures will not be used, or if they’re likely to be used, a restrictive measures application must be submitted with the institutional respite request.

The request may be made using the DHS form, Variance Request for Institutional Respite (F-21059).

Approval for institutional respite is specific to the child or youth, setting, and duration specified in the request. If the setting, duration, or other approved criteria change, a new request must be submitted.

- When home-based respite care services are provided in a private home other than the home of the child or youth the following conditions apply:
  - When the planned length of stay is to be 72 hours or less:
    - The home is the preferred choice of the child or youth and their primary caregiver,
    - The caregiver assures that the home is safe and the respite provider is trained and capable of providing the appropriate level of care and supervision needed.
  - When the planned length of stay is to be longer than 72 hours:
    - The support and service coordinator (SSC) must assure that the home meets the specifications in Article V of the Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes (P-00638), Wis. Admin. Code §§ DCF 56.07 and 56.08, and
    - The SSC assures that the provider standards for other person appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (refer to Provider Standards and Documentation) are met.

Service Limitations

- Respite care stays may not exceed 28 consecutive days.
- Payment for other duplicative services is precluded while the child or youth is in respite care.
- The cost for transporting a child or youth during the provision of respite services may be funded through transportation services in addition to the respite service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
  ▪ Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
  ▪ Mental health services that are otherwise available.
  o Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

- Community respite is limited to partial day stays for the child or youth and may not be used for overnight stays.

Service Exclusions
There are no exclusions beyond those outlined in sections 4.01-4.07 of this manual.

Provider Standards and Documentation

General Provider Standards
  • Respite care providers must maintain documentation to demonstrate providers and staff meet the training standards as described in Appendix T.
  • The CWA is required to maintain documentation to demonstrate the required provider training standards have been met.
  • The CWA is required to maintain documentation to demonstrate any required licensure or certification under the applicable statutes or administrative rules is current.
  • Providers of home-based respite and community respite are required to maintain documentation to demonstrate the applicable standards for the home environment has been met.
  • Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
  • For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.
  • Payment for the provision of respite services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.
Provider Types and Qualifications

**Adult family home (individual provider)**
Providers must meet the regulations in Wis. Stat. ch. 50 and Wis Admin. Code ch. DHS 88 for Adult Family Homes with 3 or 4 beds, and be certified under Wis. Admin. Code ch. DHS 82 for Adult Family Homes with 1 or 2 beds. Respite providers are required to maintain documentation of current licensure or certification.

**Foster homes (agency provider)**
Providers must meet the regulations in Wis. Stat. ch. 48 and Wis. Admin. Code ch. DCF 56 and are required to maintain documentation of current licensure or certification.

**Community-based residential facility (agency provider)**
Providers must meet the regulations in Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 and are required to maintain documentation of current licensure or certification.

**Group homes for children (agency provider)**
Providers must meet the regulations in Wis. Stat. § 48.67 and Wis. Admin. Code ch. DCF 57 and are required to maintain documentation of current licensure or certification.

**Residential care center (RCC) for children and youth (agency provider)**
Providers must meet the regulations in Wis. Stat. § 48.68 and Wis. Admin. Code ch. DCF 52 and are required to maintain documentation of current licensure or certification.

RCC respite staff must receive training that is tailored to the child or youth. Child-specific training must include information about the child’s strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child’s and family’s culture.

**Shelter care facilities (agency provider)**
Providers must meet the regulations in Wis. Admin. Code ch. DCF 59 and are required to maintain documentation of current licensure or certification.

**Respite agency (agency provider)**
The provider is required to receive training specific for the child’s or youth’s support and care needs. The provider must complete the required training within six months of beginning employment, unless the child’s or youth’s individual service plan specifies that training is needed before providing services. Persons providing respite care are required to meet the DHS training requirements for supportive home care below. (See also Appendix T, Training and Documentation Requirements for Waiver-Funded Supportive Home Care and Respite Care.) This includes training on at least the following subjects pertaining to the child or youth served:

- Policies, procedures, and expectations of the contract agency, including training on participant and provider rights and responsibilities; record keeping and reporting; and other information deemed necessary and appropriate.
• Information specific to disabilities, abilities, needs, functional deficits, and strengths of the population to be served. This training should be person-specific for the child or youth to be served and generally focused.

• Recognizing and appropriately responding to all conditions that might adversely affect the person’s health and safety including how to respond to emergencies and critical incidents as defined in Chapter IX.

• Developing interpersonal and communications skills that are appropriate and effective for working with the population to be served. These skills include understanding the principles of person-centered services; person rights; respect for age; cultural, linguistic, and ethnic differences; active listening, responding with emotional support and empathy; ethics in dealings with people including: family and other providers; conflict resolution skills; ability to deal with death and dying; and other topics relevant to the specific population to be served.

• Understanding of all confidentiality and privacy laws and rules.

• Understanding of procedures for handling complaints.

• Understanding of the person who needs support, including personal hygiene needs, preferences, and techniques for assisting with activities of daily living including, where relevant, bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.

• Understanding the personal health and wellness-related needs of the person needing supports including nutrition, dietary needs, exercise needs, and weight monitoring and control.

Group child care center (agency provider)
Providers must meet the regulations in Wis. Stat. ch. 48 and Wis. Admin. Code ch. DCF 251 and are required to maintain documentation of current licensure or certification.

Family child care center (individual provider)
Providers must meet the regulations in Wis. Admin. Code ch. DCF 250 and are required to maintain documentation of current licensure or certification.

Camps (agency provider)
Providers must meet the regulations in Wis. Admin. Code ch. DCF 252, when applicable, and are required to maintain documentation of current licensure or certification.

Respite providers are required to have child-specific training.

Other person appropriately qualified as approved by the CWA and as related to the unique service being provided (individual provider)
The requirements for individual providers are the same as those for respite agency, above.

Service Documentation
• The actual length of the respite stay must be specified in the child’s or youth’s record maintained by the CWA.
• The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Specialized Medical and Therapeutic Supplies

Definition
Specialized medical and therapeutic supplies maintain the child’s health, manage a medical or physical condition, improve functioning, or enhance independence.

This service includes items that prevent regression of a child’s or youth’s condition, maximize integration within the community, and promote and enhance peer interaction and social inclusion. Allowable items may include the following (items listed are illustrative examples and not an exhaustive list):
- Items and aids designed to augment a professional therapy or treatment plan.
- Items and aids to support environmental regulation assessed as necessary for the child’s or youth’s condition.

The cost of professional set-up, installation, and routine maintenance (excluding medication set-up) of allowable specialized medical or therapeutic supplies are included in this waiver service.

Service Requirements
All items and supplies must meet applicable standards of manufacture, design, installation, safety, and treatment efficacy, such as those established by Underwriter’s Laboratory® and the Federal Communications Commission.

Service Limitations
- Specialized medical and therapeutic supplies are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service includes the purchase of specialized medical and therapeutic supplies that have been denied funding through the Medicaid state plan, as well as supports or services in excess of the quantity approved under the Medicaid state plan, when applicable.
- This service may not duplicate any service that is provided under another waiver service category.
- Installation of a specialized medical and therapeutic supply may require a significant change to the structure of the home. In this circumstance, the item being installed must be billed to the specialized medical and therapeutic supplies service, and the home modification must be billed separately to the home modification service.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.

o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
  ▪ Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or Medicaid State Plan services.
  ▪ Mental health services that are otherwise available.

o Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.

o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
This service excludes medication set-up charges, which are covered by the Medicaid state plan-covered service.

Provider Standards and Documentation

General Provider Standards
• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
• For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

Provider Types and Qualifications

Medical supply company (agency provider), Wis. Admin. Code ch. DHS 105

Authorized dealers (individual provider)

Other providers appropriately qualified as approved by the county waiver agency (CWA) as related to unique service being delivered to the child (individual provider)
All items and supplies are required to meet applicable standards of manufacture, design, installation, safety, and treatment efficacy such as those established by Underwriter’s Laboratory® and the Federal Communications Commission.
Service Documentation

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
- Documentation in the child’s or youth’s record must address the benefit of the item or supplies purchased with CLTS Waiver Program funds. Acceptable documentation may include:
  - An order or prescription from the child’s physician.
  - A written recommendation from a medical or therapy professional.
  - A case note for a verbal contact between the support and service coordinator and the medical or therapy professional verifying recommendation of the item or supply.
  - A case note containing a description of the benefit of the item or supply to the child.
- The specialized medical or therapeutic supply purchased and the unit cost must be listed on the child’s individual service plan.
- The CWA is required to maintain documentation, when applicable, that the specialized medical or therapeutic supply has been denied by, or cannot be obtained through the Medicaid state plan.
Support and Service Coordination

Definition
This service includes coordinating or facilitating access to all services and supports, both formal and informal, which are needed by the child and family to meet their identified outcomes.

Support and service coordination assists a child or youth and his or her family to achieve an inclusive, interdependent, and self-empowered life. The child’s or youth’s support and service coordinator (SSC) uses their knowledge of available programs, resources, and services to create an individualized service plan that best supports the child and family in pursuit of their desired outcomes. This includes connecting families to supports throughout the community and promotes family members’ self-determination and involvement in all facets of community life.

A primary responsibility of the SSC is promoting the child’s health, safety, and welfare in their home and community, which is accomplished through a broad range of activities, including:

- **General activities**
  - Assisting to establish and maintain all aspects of program functional and financial eligibility.
  - Assessing and periodically reassessing the child’s or youth’s health, safety, and functional capacity.
  - Identifying vulnerable and high-risk children and ensuring heightened care coordination, collaborating with other agencies when applicable. (Refer to Chapter I, Overview and Administration.)
  - Providing crisis and critical incident intervention and resolution.
  - Compiling and maintaining required documentation.

- **Service plan development and execution**
  - Developing outcomes and arranging and managing multiple service providers and the child’s or youth’s natural supports to meet those outcomes.
  - Completing, reviewing, and updating the service plan at the required intervals. (Refer to Chapter VII, Recertification, Individual Service Plan Review and Update.)
  - Authorizing supports and services provided through the Children’s Long-Term Support (CLTS) Waiver Program.
  - Managing the coordination of benefits for the supports and services in the service plan according to the payment responsibilities of each service provider. (Refer to Service Limitations.)
  - Providing instruction to the child or youth and their family and/or advocates to independently obtain access to services and supports, regardless of funding source.
  - Evaluating the effectiveness of services.
  - Monitoring progress toward meeting the child’s or family’s identified outcomes.

- **Programmatic and developmental transitions**
  - Providing transitional support for CLTS Waiver Program enrollment and disenrollment.
Discussing with youth and their families how parents’ legal authority to make decisions for their youth changes when that youth turns 18 years old.

Providing information about guardianship to youth and their families as appropriate, including alternatives to guardianship such as supported decision-making.

Securing guardians, completing related reports, or attending court proceedings.

Assisting the child or youth to locate safe and appropriate housing, including the determination of the efficacy of substitute care settings.

Assisting the child or youth to pursue vocational and/or educational opportunities.

Supporting transition planning processes (for example, child-adult at age 14).

- Coordination of individual service plan goals and outcomes with individual education plans (IEPs) developed with the youth’s special education team and individual plans for employment (IPEs) developed with the youth’s Division of Vocational Rehabilitation (DVR) counselor.
- Referral to the aging and disability resource center (ADRC) by the time a youth turns 17 years and 6 months old to begin the transition process into the adult long-term care system.
- For youth who meet the vulnerable or high-risk child definition, communication of this status to the adult long-term care system and the provision of heightened coordination and information sharing.
- For youth with an approved restrictive measures application, communication of this status to the adult long-term care program.
  - The SSC submits an updated application if those responsible for implementing the plan will be different than those previously approved or if the restrictive interventions will change.
  - The SSC works with the adult long-term care program to ensure the smooth transition from the approved CLTS restrictive measure and the approval process for the adult restrictive measures application.

Discussing options with youth and their guardian if the youth is not found eligible for an adult long-term care program

Providing transitional support and service coordination when the child or youth moves from an institutional setting to a community setting

- Cross-system coordination

  Advocating and providing information for coordination with other services and resources: Court-ordered, juvenile justice, or child protective services, including protective payment and guardianship or legal services

  Referring and assisting the child or youth to access:

  - Public benefits, energy assistance, or other poverty-related services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services) and mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act, including those provided by the Birth to 3 Program.

**Service Requirements**

- SSCs are required to complete the [Mandated Reporter Online Training](#) created by the Wisconsin Child Welfare Professional Development System and follow the procedures for mandated reporting of abuse and neglect ([Wis. Stat. § 48.981(3)](#)). These procedures must be followed when there is reasonable cause to suspect that a child has been abused or neglected, threatened with abuse or neglect, or that abuse or neglect of the child will occur.

- All providers of support and service coordination services are required to report any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of a child or youth to the Wisconsin Department of Health Services (DHS). Refer to Chapter IX for additional information about incidents and incident reporting requirements.

- The SSC is responsible to verify that services are delivered in accordance with CLTS Waiver Program requirements and the child’s or youth’s identified outcomes.

- Every child or youth and his or her family require varying levels of engagement with the SSC. At a minimum, the SSC is required to make the following contacts:
  - Monthly collateral contact
  - Direct contact with the family every three months
  - Face-to-face contact at least every six months (with the child or youth)
  - Annually, at least one of the face-to-face contacts is required to take place at the child and family’s place of residence.

  The determination of the type and frequency of contacts with the child or youth, their caregivers, and their providers is based on the following variables as applicable:
  - The child’s or youth’s health
  - The capacity of the child or youth and their family to direct the child’s individual service plan
  - The strength of in-home supports and the child’s or youth’s informal support network.
  - The stability of provider staffing (frequency and reliability of staffing, turnover, and availability of emergency backup staff)
  - The stability of the child’s or youth’s individual service plan (for example, history of and/or anticipated frequency of change or adjustment to the plan)
  - The frequency and types of critical incidents
  - The amount and types of involvement with other systems

Direct contact with the family includes written or email exchanges, telephone conversations, or face-to-face contact. A collateral contact includes written or email exchange, telephone conversation, or face-to-face contact with the child’s or youth’s family member, medical or social services provider, or other person with knowledge of the child’s or youth’s long-term support needs.
• Transitional support and service coordination may be provided for a child or youth relocating to the community from an institution beginning up to 90 days prior to discharge and completed on the date of relocation. (Up to 180 days prior to discharge may be allowed with DHS approval.) Transitional services may include associated tasks such as locating appropriate housing, completing lease or housing subsidy applications, assistance in processing changes in Social Security or Medicaid benefits, and meetings with families and potential formal and informal caregivers.

Service Limitations

• This service may not duplicate any service that is provided under another waiver service category.

• The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  o Public benefits, energy assistance, or other poverty-related services.
  o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    ▪ EPSDT benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    ▪ Mental health services that are otherwise available.
  o Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

• This service excludes the optional targeted case management benefit under the Medicaid State Plan.

Provider Standards and Documentation

General Provider Standards

• The SSC is required to be knowledgeable of the service delivery system, the availability of integrated services and resources, or the need for such services and resources to be developed.

• A newly hired SSC is required to complete the approved DHS waiver basics training course. All SSCs are required to complete the Mandated Reporter Online Training created by the
Wisconsin Child Welfare Professional Development System. Until training is received, the SSC must work under the direct supervision of a qualified SSC and/or supervisor.

- The county waiver agency (CWA) is required to maintain documentation from DHS that the waiver basics course was successfully completed.
- The CWA is required to maintain documentation to demonstrate the SSC meets the required qualifications.
- SSCs are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.

Provider Types and Qualifications

**Social worker (individual provider)**
The provider must be licensed under Wis. Stat. ch. 457, or hold a certificate under § 457.09, and have a minimum of one year of experience working with children and/or youth with disabilities.

**Other person appropriately qualified as approved by the CWA and as related to the unique service being provided (individual provider)**
Provider qualifications consist of any of the following combinations of education and practice experience:

- A course of study and practice experience that meets requirements for state certification or licensure as a social worker and also one year experience with individuals with disabilities.
- A course of study leading to a Bachelor of Arts or Bachelor of Science degree in a health- or human services-related field and one year of experience working with individuals with disabilities.
- A minimum of four years’ experience as a long-term support SSC.
- A combination of training and experience equivalent to four years of long-term support case management practice.

Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Supported Employment—Individual

Definition

Individual supported employment services assist a youth to attain sustained employment paid at or above minimum wage in an integrated setting in the general workforce, in a job that meets the youth’s personal and career goals.

These services assist a youth who, because of their disabilities, needs intensive ongoing support to obtain and maintain an individual job in a competitive, customized, or self-employment work setting. Supported employment services are structured to enable the youth to benefit from one-on-one support and a regular work schedule that allows a high level of practical application of the skills that will develop the youth’s work performance. A youth receiving this service must be compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Individual employment support services are customized for the youth and may include any combination of the following activities:

- Vocational or job-related discovery or assessment
- Person-centered employment planning
- Job placement
- Job development
- Meeting with prospective employers
- Job analysis
- Training and systematic instruction
- Job coaching
- Job supports
- Work incentive benefits analysis and counseling
- Training and work planning
- Career advancement services
- Other workplace support services not specifically related to job skill training that enable the youth to successfully integrate into the job setting

Additionally, individual employment supports may include assistance to achieve or maintain self-employment, including home-based self-employment; however, Children’s Long-Term Support (CLTS) Waiver Program funds may not be used to defray expenses associated with starting up or operating a self-employment business. Types of assistance for self-employment may include the following (examples are illustrative and do not comprise an exhaustive list):

- Aid to the youth in identifying potential business opportunities.
- Assistance in the development of a business plan, including identifying potential sources of business financing and other assistance in developing and launching a business.
• Identification of the supports necessary for the youth to operate the business.
• Ongoing assistance, counseling, and guidance after the business opens.

Payment for the provision of individual supported employment services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage for additional information.

Service Requirements
• All local, state, and federal laws governing any aspect of employment must be followed.
• The supported employment provider agency must deliver service in accordance with the Wisconsin Department of Workforce Development (DWD) Division of Vocational Rehabilitation (DVR) Technical Specifications: Supported Employment.
• All providers of supported employment services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations
• The CLTS Waiver Program may not fund individual supported employment until funding through the Department of Public Instruction and the Department of Workforce Development, Division of Vocational Rehabilitation, is exhausted, unnecessary, or unavailable.
• The cost for transporting a child or youth during the provision of supported employment services may be funded through transportation services in addition to the supported employment service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
• This service may not duplicate any service that is provided under another waiver service category.
• The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  o Public benefits, energy assistance, or other poverty-related services.
  o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    ▪ Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and
preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.

- Mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

**Service Exclusions**
CLTS Waiver Program funds may not be used to defray expenses associated with starting up or operating a self-employment business.

**Provider Standards and Documentation**

**General Provider Standards**

- Personnel who provide individual supported employment services are required to have skills and abilities in the areas of assessment, job development, job placement, job retention, and evaluation, including the following:
  - Assessment of individuals who have developmental disabilities.
  - Work site analysis.
  - Assessment of needs for assistive technology, disability accommodation, and individualized ergonomics.
  - Job development.
  - Sales and marketing.
  - Job coaching.
  - Outcome development and program evaluation.

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.

- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

- Payment for the provision of supported employment services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.

**Provider Types and Qualifications**
Supported employment agency (agency provider)
The provider must have the ability and qualifications to provide this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.
- Existence of a current contract with the DVR for provision of supported employment services.
- Submission of written documentation to demonstrate the agency meets all DVR technical specifications related to supported employment.
- Comparable experience for a qualified entity, including a minimum two years of experience working with individuals with disabilities, providing integrated employment services in the community.

In addition, the provider is required to comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

On-the-job support person (individual provider)
The provider must have the ability and qualifications to provide this service, demonstrated in at least one of the following ways:

- Holding the Certified Employment Support Professional accreditation.
- Completing comparable experience for a qualified individual, including a minimum of two years of experience working with individuals with disabilities, providing supported employment. However, a youth self-directing this service may employ qualified persons with less experience. In that event, CWA and youth must ensure the individual provider has the youth-specific competencies to effectively provide this service.

In addition, the individual provider must comply with all applicable occupational health and safety standards of OSHA.

Service Documentation

- The provider is required to send a written report to the CWA (the youth’s support and service coordinator) not less than once every six months. A copy of this report must also be sent to the youth or their guardian.
- The provider is required to maintain an individual file for each youth served. This file record must include the assessment, job development plan, training or coaching plan, and plan for long-term support.
- The CWA is required to maintain the supported employment assessment, job development plan, and all six-month progress reports from the provider, which contain documentation of the youth’s need for supported employment supports and services.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Supported Employment—Small Group

Definition
Small group supported employment services assist a youth to attain sustained employment and work experiences that foster further career development and individual, integrated community-based employment, in a job that meets the youth’s personal and career goals.

These services and training activities are provided in a regular business, industry, or community setting for groups of two to eight workers with disabilities. Small group employment support must be implemented in a manner that promotes integration into the workplace and integration between the participants and people without disabilities in those workplaces.

These services are structured to enable the youth to benefit from a small provider-to-youth ratio and a regular work schedule that allows a high level of practical application of the skills that will develop the youth’s work performance. A youth receiving these services must be compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Small group employment support services are customized for the youth and may include any combination of the following activities:
• Vocational or job-related discovery or assessment.
• Person-centered employment planning.
• Job placement.
• Job development.
• Meeting with prospective employers.
• Job analysis.
• Training and systematic instruction.
• Job coaching.
• Job supports.
• Work incentive benefits analysis and counseling.
• Training and work planning.
• Career advancement services.
• Other workplace support services not specifically related to job skill training that enable the youth to successfully integrate into the job setting.

Small group employment support services may be provided by a co-worker or other job site personnel when the services are not part of the normal duties of the co-worker or other personnel and these individuals meet the qualifications for individual service providers. (Refer to Provider Standards and Documentation.)
Payment for the provision of small group supported employment services is subject to statewide uniform rates. Refer to the Children’s Long-Term Support (CLTS) Waiver Program Rates Initiative webpage for additional information.

Service Requirements

- All local, state, and federal laws governing any aspect of employment must be followed.
- The supported employment provider agency must deliver services in accordance with the Wisconsin Department of Workforce Development (DWD), Division of Vocational Rehabilitation (DVR) Technical Specifications: Supported Employment.
- All providers of small group supported employment services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- The cost for transporting a child or youth during the provision of supported employment services may be funded through transportation services in addition to the supported employment service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    - Mental health services that are otherwise available.
  - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  - Prevocational or other services offered through the DWD, DVR.
Service Exclusions
Small group supported employment does not include payment for supervision, training, support, and adaptations typically available to other nondisabled workers filling similar positions in the business.

Provider Standards and Documentation

General Provider Standards
• Personnel who provide small group supported employment services must have skills and abilities in the areas of assessment, job development, job placement, job retention, and evaluation, including the following:
  o Assessment of individuals who have developmental disabilities.
  o Work site analysis.
  o Assessment of needs for assistive technology, disability accommodation, and individualized ergonomics.
  o Job development.
  o Sales and marketing.
  o Job coaching.
  o Outcome development and program evaluation.
• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
• For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.
• Payment for the provision of supported employment services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.

Provider Types and Qualifications

Supported employment agency (agency provider)
The provider must have the ability and qualifications to provide this service, demonstrated in at least one of the following ways:
• Accreditation by a nationally recognized accreditation agency.
• Existence of a current contract with DVR for provision of supported employment services.
• Submission of written documentation to demonstrate the agency meets all DVR technical specifications related to supported employment.
• Comparable experience for a qualified entity, including a minimum two years of experience working with youth with disabilities and providing integrated employment services in the community.

In addition, the provider is required to comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

**On-the-job support person (individual provider)**
The provider must have the ability and qualifications to provide this service, demonstrated in at least one of the following ways:

• Holding the Certified Employment Support Professional accreditation.
• Comparable experience for a qualified individual, including a minimum of two years of experience working with youth with disabilities and providing supported employment. However, a youth self-directing this service may employ qualified persons with less experience. In that event, the CWA and youth are required to ensure the individual provider has the youth-specific competencies to effectively provide the service.

In addition, the individual provider is required to comply with all applicable OSHA occupational health and safety standards.

**Service Documentation**

• The provider is required to send a written report to the support and service coordinator not less than once every six months. A copy of this report must also be sent to the youth or their parent(s) or guardian(s).
• The provider is required to maintain an individual file for each youth served. This file record must include the assessment, job development plan, training and/or coaching plan, and plan for long-term support.
• The CWA is required to maintain the supported employment assessment, job development plan, and all six-month progress reports from the provider, which contain documentation of the youth’s need for supported employment supports and services.
• The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Supportive Home Care

Definition
Supportive home care (SHC) directly assists the child or youth with daily living activities and personal needs, to promote improved functioning and safety in their home and community.

SHC may be provided in the child’s or youth’s home or in a community setting and includes:
• Direct assistance with instrumental activities of daily living and observation or cueing of the child or youth to safely and appropriately complete activities of daily living and instrumental activities of daily living.
• Supervision necessary for safety at home and in the community. This may include observation to assure appropriate self-administration of medications, assistance with bill paying and other aspects of money management, assistance with communication, arranging and using transportation, checking out library books, ordering food from a menu, and paying for tickets to events.
• Intermittent major household tasks that must be performed seasonally or in response to a natural or other periodic event for reasons of health and safety or the need to assure the youth’s continued community living.

Payment for the provision of SHC services is subject to statewide uniform rates. Refer to the Children’s Long-Term Support (CLTS) Waiver Program Rates Initiative webpage for additional information.

Service Requirements
All providers of SHC are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations
• SHC services are limited to those not already purchased in a licensed or certified substitute care setting.
• SHC services are limited to assistance with tasks the child or youth is unable to do without assistance and are not intended to teach skill acquisition. Refer to daily living skills training for services that may provide skill acquisition.
• The cost for transporting a child or youth during the provision of supportive home care services may be funded through transportation services in addition to the supportive home care service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
• This service may not duplicate any service that is provided under another waiver service category.

• The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  o Public benefits, energy assistance, or other poverty-related services.
  o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    ▪ Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
    ▪ Mental health services available through Comprehensive Community Services (CCS) and Wraparound.
  o Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

• This service excludes household maintenance that changes the physical structure of the home. Refer to home modifications for certain structural adaptations to the home that may be allowable.

• This service excludes general home maintenance activities including painting, plumbing or electrical repairs, and exterior maintenance.

Provider Standards and Documentation

General Provider Standards

• SHC providers must maintain documentation to demonstrate providers and staff meet training standards.

• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.

• For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.
• Payment for the provision of supportive home care services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule (P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.

Provider Types and Qualifications

Home health agency (agency provider)

Supportive home care agency (agency provider)
Training begins prior to and during the first six months of employment. Training on critical procedures related to the child’s or youth’s health and safety must be completed prior to the delivery of any services. Families share responsibility for oversight and monitoring the quality of care for their child.

The CWA must ensure that persons providing SHC services receive training on at least the following subjects pertaining to the person(s) served:
• Policies, procedures, and expectations of the contract agency, including training on participant and provider rights and responsibilities; record keeping and reporting; and other information deemed necessary and appropriate.
• Information specific to disabilities, abilities, needs, functional deficits, and strengths of the population to be served. This training should be person-specific for the child or youth to be served and generally focused.
• Recognizing and appropriately responding to all conditions that might adversely affect the person’s health and safety, including how to respond to emergencies and critical incidents as defined in Chapter IX.
• Developing interpersonal and communications skills that are appropriate and effective for working with the population to be served. These skills include understanding the principles of person-centered services; person rights; respect for age; cultural, linguistic, and ethnic differences; active listening, responding with emotional support and empathy; ethics in dealings with people, including family and other providers; conflict-resolution skills; ability to deal with death and dying; and other topics relevant to the specific population to be served.
• Understanding of all confidentiality and privacy laws and rules.
• Understanding of procedures for handling complaints.
• Understanding of the person who needs support, including personal hygiene needs, preferences, and techniques for assisting with activities of daily living, including, where relevant, bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.
• Understanding the personal health and wellness-related needs of the person needing supports, including nutrition, dietary needs, exercise needs, and weight monitoring and control.

*Personal care worker (individual provider)*
Providers must be certified under Wis. Admin. Code § DHS 105.17(3)(a).

*Nurse aide (individual provider)*
Providers must be certified under Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 129.

*Registered nurse (individual provider)*
Providers must be licensed under Wis. Stat. § 441.06.

*Licensed practical nurse (individual provider)*
Providers must be licensed under Wis. Stat. § 441.10.

*Other person appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided to the child (individual provider)*
See qualification description for supportive home care agency above.

**Service Documentation**
The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Training for Parents and/or Guardians and Families of Children with Disabilities (Training for Unpaid Caregivers)

Definition
Training for parents and/or guardians and families of children with disabilities provides support and strategies to help increase methods for coping and learn techniques to manage challenges and to promote achieving an inclusive, interdependent, and self-empowered life.

Training focuses on techniques for supporting children with and without disabilities, keeping family balance and harmony in the home, and communicating effectively, which promote inclusion, support independence, and foster growth for both the child or youth and their family. This service includes, but is not limited to:

• In-person training.
• Parent-to-parent mentoring.
• Conferences.
• Resource materials.
• Online training.
• Registration and training fees associated with formal instruction.

Training topics may include supports and services that support the caregiver to assist the child or youth to maintain optimal health and maximize their potential, with core strategies for engaging the child or youth and reducing their vulnerability to abuse, neglect, and other negative experiences.

Training may also include parent support or mentoring groups. Unpaid caregivers who have similar information needs and educational issues can support each other while they learn about best practices specific to their child's disability.

This service offers instruction and support for parents and family members who are implementing support interventions. Training is held in a location where parents and/or guardians, siblings, grandparents, and other family members can attend together to support their shared experiences in raising a child or youth with developmental, physical, emotional, behavioral, and/or mental health issues.

Service Requirements
All providers of training for unpaid caregivers are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
Service Limitations

- This service is limited to training(s) and events and does not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service does not cover training to be a paid caregiver.
- This service does not cover training focused on the child’s or youth’s training needs or teaching self-advocacy to the child or youth and their parent(s), guardian(s), or legal representative(s). (Refer to consumer education and training.).
- This service may not be required as a prior condition for receiving other Children’s Long-Term Support (CLTS) Waiver Program services.
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  - Public benefits, energy assistance, or other poverty-related services.
  - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive healthcare services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
    - Mental health services that are otherwise available.
    - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
    - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes payment for lodging and meal expenses incurred while attending a training event or conference.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this
documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.

- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

Provider Types and Qualifications

Training or service agency (agency provider)

Professional services (individual provider)

- Licensed accredited professionals who maintain current credentials in their field of practice. For example, training could be provided by licensed family professionals.
- Certified or accredited professionals who maintain current credentials in their field of practice. For example, training could be provided by certified family professionals.
- Training or experience in working with children with disabilities.

Service Documentation

The county waiver agency is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
Transportation

Definition
Transportation maintains or improves the child’s mobility in the community and increases their inclusion, independence, and participation in the community.

This service funds the child’s or youth’s nonmedical, nonemergency transportation needs related to engaging with his or her community—with the people, places, and resources that are meaningful for their self-determination—and to meet their goals and daily needs. If the child or youth needs transportation to access authorized waiver services, it may be reimbursed through this service. Additionally, the fare or other transportation charges for an attendant (including parents and/or legal guardians), if needed, to accompany the child or youth when accessing the community is included.

Payment for the provision of transportation services is subject to statewide uniform rates. See the Children’s Long-Term Support (CLTS) Waiver Program Rates Initiative webpage for additional information.

Service Requirements
All providers of transportation are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations
- This service is limited to transportation that assists or improves a child’s or youth’s general mobility; ability to perform instrumental activities of daily living (shopping, banking, and so on); and ability to access community resources, employment, or other activities as described in the child’s or youth’s assessment and individual service plan.
- This service is limited to costs associated with the child’s or youth’s transportation and any transportation costs for an attendant to accompany the child or youth, when needed. This service cannot fund costs associated with a caregiver’s transportation to and from their shift with the child or youth.
- When a child or youth requires wheelchair-accessible transportation this service may fund both a per-trip claim and a mileage claim for their transport.
- This service cannot be used to pay for transportation costs that are the responsibility of the school district.
- This service may not duplicate any service that is provided under another waiver service category.
• The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
  o Public benefits, energy assistance, or other poverty-related services.
  o Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
  o Any goods or services covered by a third party, including private insurance or Medicaid, such as:
    ▪ Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or Medicaid State Plan services.
    ▪ Mental health services that are otherwise available.
  o Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
  o Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions
• Transportation cannot be used for payment of participant copayment charges for Medicaid-funded transportation.
• Transportation cannot be used to fund the cost of a youth driving themselves to a location.
• This service excludes the rental or leasing of accessible vans or any other vehicle.
• This service excludes maintenance costs for the youth’s vehicle or their family’s vehicle.
• This service excludes vehicle adaptations and modifications. These costs may be allowed through adaptive aids.
• This service excludes attendant costs related to care or supervision services. These costs may be allowed through supportive home care.
• This service excludes the cost of transportation to and from medical providers.

Provider Standards and Documentation
General Provider Standards
• Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers. CWAs may access this documentation in the Provider Registry Gateway. Refer to Section 4.02, Provider Qualification Process and Requirements, for additional information.
• Payment for the provision of transportation services is subject to statewide uniform rates. Refer to the CLTS Waiver Program Rates Initiative webpage, the CLTS Service Rate Schedule
(P-02184), and the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for additional information.

- For more information related to CLTS Waiver Program service providers, refer to the CLTS Provider Registry webpage.

**Provider Types and Qualifications**

*Specialized transportation agency (agency provider)*

Providers are required to meet all standards of specialized transportation in Wis. Stat. § 85.21, have a current driver’s license issued by the Department of Transportation, and have current insurance.

Vehicles used to provide transportation must be insured and in good repair, with all operating and safety systems functioning.

*Public carriers (agency provider)*

Providers are required to have a current driver’s license issued by the Department of Transportation and current insurance. Mass transit carriers are required to meet all standards in Wis. Stat. § 85.20.

Types of transportation provided by public carriers includes and is not limited to the purchase of bus tickets, train passes, taxi vouchers, or other fare for transportation (such as taxi cabs or mass transit).

*Private drivers (individual provider)*

Providers are required to have a current driver’s license issued by the Department of Transportation and current insurance. Vehicles used to provide transportation must be insured and in good repair, with all operating and safety systems functioning.

**Service Documentation**

The county waiver agency is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

**4.07 Resources**

- § 1915(b)(4) waiver application
- 42 CFR § 431.51
- Children’s Community Options Program (CCOP) Procedures Guide (P-01780)
- CLTS Waiver Program Benefit Code Crosswalk
- CLTS Waiver Program County Waiver Agency (CWA) Provider Registry Gateway Desk Aid (P-02552)
- CLTS Waiver Program Provider Directory
CLTS Waiver Program Provider Registry and Directory
CLTS Waiver Program Rate Schedule (P-02184)
CLTS Waiver Program Service Rates Initiative
CLTS Waiver Program Supports and Services at a Glance (P-02570)
CLTS Waiver Program Third Party Administration (TPA) Claims Processing
CLTS Waiver Program Registration Instructions Tip Sheet (P-02564)
CWA Provider Registry Gateway
U.S. DHHS Office of Inspector General's List of Excluded Individuals and/or Entities
Wisconsin Children's Long-Term Support (CLTS) Waiver Provider Registration for County Waiver Agencies (F-02341A)

CLTS Medicaid provider agreements
- County Waiver Agencies (F-02349)
- Service Provider Agencies (F-02363)
- Sole Proprietor or Individual Waiver Service Providers (F-02364)
- Fiscal Agents Managing Self-Directed Waiver Supports (F-02365)

Service Provision from Parents, Relatives, Legal Guardians

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<th>Service</th>
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<th>Legal Guardian</th>
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<td>Adult family home</td>
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<tr>
<td>Child care services</td>
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<td>Children’s foster care</td>
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<td>Assistive technology and communication aids</td>
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<td>Community integration services</td>
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<tr>
<td>Consumer education and training</td>
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<td>Counseling and therapeutic services</td>
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<td>Home modification</td>
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</table>
### Completing a Wisconsin Caregiver Background Check

- The background check process is initiated when the prospective caregiver submits a completed [Background Information Disclosure form](F-82064) to the employing agency.
- The agency retains the [F-82064](F-82064) form and submits a Wisconsin Criminal History Single Name Record Request form ([DJ-LE-250](DJ-LE-250) or [DJ-LE-250A](DJ-LE-250A)) to the Department of Justice, Crime Information Bureau.
- The requesting agency checks the Caregiver box on the [DJ-LE-250](DJ-LE-250) or [DJ-LE-250A](DJ-LE-250A) to receive a complete background check report, including substantiated findings of abuse and, neglect, or licensure restrictions.
- The Department of Justice then sends written results of the record search to the requesting agency, which includes the following:
  - Wisconsin DOJ response (indicates either “no record found” or the person’s criminal history record transcript)
  - DHS “Response to Caregiver Background Check” letter (includes caregiver misconduct administrative findings or licensing restrictions from Wisconsin regulatory agencies).
Chapter 5–Use of Funding in Substitute Care

5.01 Allowable Substitute Care Settings

The Children’s Long-Term Support (CLTS) Waiver Program can provide services for eligible children or youth residing in foster care homes (levels 1-5) or adult family homes. Provider standards and requirements for delivering children’s foster care and adult family home services through the CLTS Waiver Program are outlined in Chapter 4 of this manual.

County waiver agencies (CWAs) are responsible for collaborating with professionals from other programs and systems serving children and youth residing in these substitute care settings to coordinate the services and supports available to them and ensure all applicable service standards are met.

- Regulations and standards for foster care homes are administered by the Wisconsin Department of Children and Families (DCF). When services authorized through the CLTS Waiver Program are provided to a child or youth residing in a level 5 foster home, the CWA is required to maintain an approval letter from the DCF Exceptions Panel.
- Adult Family Home regulations and standards are administered by both DHS and local county authorities.

5.02 Determining Allowable Costs

Aspects of children’s foster care and adult family home services that are associated with resident care and supervision may be authorized through the CLTS Waiver Program. A portion of administrative costs for children’s foster care services in treatment foster care homes (levels 3, 4, and 5 foster homes) may also be authorized through the CLTS Waiver Program. However, federal law prohibits the use of Medicaid waiver funds for room and board costs. The following sections include guidance for determining the allowable and non-allowable costs for children’s foster care and adult family home services and the requirements for documenting these costs.

Resident Care and Supervision

The following costs that apply to foster parents or foster care or adult family home providers are considered resident care and supervision and may be authorized through the CLTS Waiver Program. (Items listed are illustrative examples and not an exhaustive list.)
• Salaries
• Fringe benefits (employee health and/or life insurance, employer contribution to retirement plans)
• Federal Insurance Contributions Act (FICA) withholding
• Workers compensation
• Unemployment compensation
• Staff travel
• Resident travel, including depreciation on facility vehicle, contract transportation services, public transit, and mileage payments to staff
• Staff and/or agency liability insurance
• Staff development and/or education

Administrative Costs
Administrative costs apply only to children or youth residing in a level 3, 4, or 5 treatment foster home. A portion of the administrative costs for a child or youth residing in one of these settings may be authorized through the CLTS Waiver Program, but expenses associated with child welfare administrative IV-E claims may not be authorized. Refer to CLTS Waiver Program Approved CLTS Treatment Foster Care Administrative Rates (P-00700) for the portion of treatment foster care administrative costs that may be authorized through the CLTS Waiver Program.

Room and Board
Room and board costs associated with children’s foster care and adult family home services may not be authorized through the CLTS Waiver Program. CWAs are responsible for ensuring room and board expenses for these services are not authorized through the program.

The list below provides examples of expenses that are attributable to room and board for children’s foster care and adult family homes. (Items listed are illustrative examples and not an exhaustive list.)
• Housing
• Food
• Property taxes

1 In certain circumstances a facility staff person’s wages and benefits may be apportioned between room and board costs and care and supervision costs. For example, an employee may have separate duties that include specified time providing building and grounds maintenance (room and board) and specified hours providing resident supports (care and supervision).
• Household supplies specific to the child or youth (if applicable)
• Utilities (electricity, water and sewer, heating fuel)
• Household telephone
• Cable television

The method of calculating the cost of room and board is the same for children’s foster care and adult family homes: subtract the total room and board costs from the overall facility rate and divide this total by the number of people residing in the home.

For calculating room and board costs for children’s foster care, the itemization of room and board reduces the basic foster care rate as well as the supplemental and exceptional rates. The CWA must identify and separate any of the expenses listed above from the basic foster care rate, supplemental rate, and exceptional rate, and document them as room and board rather than care and supervision. To calculate the costs for housing and food, use the Understanding the Uniform Foster Care Rate brochure (DCF-P-PFS0142):

• **Housing - Deduct** the applicable percentage from the basic rate or rent; depreciation and mortgage, interest, and insurance (title, mortgage, property and casualty); or building and/or grounds maintenance costs.
• **Food – Deduct** the applicable percentage from the basic rate or the monthly food budget for the household.

For room and board costs for adult family home services, refer to the child’s or youth’s agreement for services, as required by Wis. Admin. Code §§ DHS 82.06(3) and DHS 88.06(2)(b).

**Documenting Costs**

CWAs are responsible for maintaining facility-specific documentation and child or youth-specific documentation that itemizes costs for children’s foster care and adult family home services. (Refer to Chapter 4.07, Service Descriptions.) For both of these services, care and supervision costs, any applicable administrative costs, and room and board costs must be included on the child’s or youth’s ISP. The ISP needs to clearly indicate the foster care and adult family home costs that are authorized through the CLTS Waiver Program and any costs that are funded through an alternate source. Documentation of these itemized costs must be updated at least annually.

Foster care uses a uniform rate methodology that breaks down foster care costs and may assist with this documentation. (Refer to Uniform Foster Care Rate Setting Policy.) Instructions and forms for calculating foster care expenses are located at the end of this chapter in Section 5.05–Resources.

For a breakdown of costs for adult family home services, refer to the child’s or youth’s agreement for services, as required by Wis. Admin. Code §§ DHS 82.06(3) and DHS 88.06(2)(b).
5.03 Ability to Pay Room and Board

If room and board expenses for foster care or adult family home services are more than the child’s or youth’s available resources, the expenses cannot be authorized through the CLTS Waiver Program. In this case, alternate sources of funding for the cost of room and board may be considered.

Determining the Amount of Income Available to Pay for Room and Board in an Adult Family Home

For a youth residing in an adult family home, the CWA must use the Formula to Determine Amount of Income Available to Pay for Room and Board (F-20920), with financial information from the Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919) or Client Assistance for Re-employment and Economic Support System (CARES) Community Waivers Budget screens. CWAs must not limit or exclude allowable deductions from the youth’s income when calculating their ability to contribute toward room and board. The amounts entered on F-20920 should correspond to the figures used in the eligibility calculations on the F-20919 or CARES screen.

The CWA must complete F-20920 when the youth enters an adult family home, review it at each annual recertification, update it whenever the youth’s financial situation changes, and maintain this documentation.

5.04 Payment for Children’s Foster Care during an Institutional Stay

The costs of children’s foster care that are allowable through the CLTS Waiver Program may continue to be authorized when a child or youth enrolled in the program and residing in a foster home enters a Medicaid-certified institution (hospital, nursing home, intermediate care facility for people with intellectual disabilities, or State Center) on a short-term basis and their enrollment in the waiver program is temporarily suspended. Refer to Chapter 4 for additional information about CLTS Waiver Program services and institutional stays.

5.05 Resources

- Calculating Expenses for a CLTS Foster Home Using Actual Expenses (F-01715)
- Calculating Expenses for a CLTS Foster Home Using the Uniform Foster Care Brochure (F-01716)
- CLTS Waiver Program Approved CLTS Treatment Foster Care Administrative Rates (P-00700)
- Formula to Determine Amount of Income Available to Pay for Room and Board (F-20920)
- Instructions—Calculating CLTS Foster Care Room and Board Expenses (F-01721)
- Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919)
• Regulation of Health and Residential Care Providers
• Understanding the Uniform Foster Care Rate brochure (DCF-P-PFS0142)
• Uniform Foster Care Rate Setting Policy
Chapter 6–Enrollment and Recertification

6.01 Enrollment

A child or youth can be enrolled in the CLTS Waiver Program when all of the following criteria are met:

• The child or youth is enrolled in a full-benefit Medicaid subprogram.
• The child or youth meets the CLTS Waiver Program functional institutional level of care (LOC) requirements, as determined by the Functional Eligibility Screen for Children’s Long-Term Support Programs (CLTS FS) (F-00367).
• The child or youth, when applicable, or their parent(s) or legal guardian(s) choose to enroll the child or youth in the CLTS Waiver Program.
  o The family and the support and service coordinator (SSC) initiate development of an individual service plan (ISP) that contains preliminarily identified supports and services for the child or youth.

When all enrollment criteria are met the county waiver agency (CWA) enrolls the child online without delay. If there is a wait list for enrollment in the CLTS Waiver Program when the applicable criteria are met, the CWA must enter the child on it. (Refer to Chapter 1–Overview and Administration for additional information about placing a child or youth on the wait list.)

The following information details the requirements and process for enrollment in the CLTS Waiver Program. Refer also to the enrollment graphic and desk aid as resources for enrollment requirements and timelines.

Requirements and Timelines for Enrollment

Enrollment timelines have been established to ensure a child or youth and their family have timely access to support and service coordination and other CLTS Waiver Program services that will help them reach their goals. The enrollment process and timelines begin on the date of the child’s or youth’s referral to the CLTS Waiver Program and must be complete within 60 calendar days. The sections below outline requirements and timelines for the three main components of the enrollment process:

• Referral
• Eligibility
• Enrollment
Referral

The CWA must contact the child’s or youth’s family within 10 calendar days of the date of referral to schedule a date and time to meet with the family. The CWA is responsible for documenting the date of this contact with the family.

*Date of Referral*

The date of referral is the date of identification of a child’s or youth’s referral to the CLTS Waiver Program or, when applicable, the date when funds are available to enroll a child or youth who has reached the top of the wait list for the CLTS Waiver Program. A referral to the program is indicated when a child’s or youth’s parent or legal guardian or another person acting in the interest of the child or youth and their family contacts the CWA, indicates they have a child with a disability or special needs, and expresses a need for supports or services or interest in the CLTS Waiver Program. CWAs are required to maintain documentation of the child’s or youth’s date of referral.

The purpose of the meeting scheduled during the CWA’s contact with the family is for them to discuss pursuing home and community-based services and begin enrollment activities. At the meeting, the SSC reviews documentation and information required to complete an eligibility determination for the CLTS Waiver Program and then completes the CLTS FS.

The meeting is required to take place in the family’s home. The child or youth and at least one parent or guardian must be at the meeting. The family may choose to have other people participate in any part of the eligibility and enrollment processes, including the meeting in the home. People who know the child or youth well can help build a comprehensive picture of the child.

Eligibility

The CWA is responsible for completing an eligibility determination for the child or youth within 45 calendar days from the date of referral and then issuing results and notification of rights to the family.

The CWA determines a child’s or youth’s eligibility for the CLTS Waiver Program by verifying that the child or youth meets all of the following program eligibility criteria. (Refer to Chapter 2 – Eligibility and Chapter 3 – Financial Eligibility for additional information about CLTS Waiver Program eligibility criteria.)

- Be under 22 years old.
- Meet nonfinancial and financial eligibility criteria for a full-benefit category of Medicaid (MA). (Refer to the Wisconsin Department of Health Services (DHS) Medicaid Eligibility Handbook (MEH) [P-10030].)
- Meet an institutional LOC, as determined by the CLTS FS (F-00367).
To determine that a child or youth meets the nonfinancial and financial eligibility criteria for a full-benefit category of MA, the CWA must check the child’s or youth’s enrollment status in Wisconsin Medicaid. If the child or youth is not enrolled in a full-benefit Medicaid subprogram, the CWA is responsible for assisting them to enroll. (Refer to Chapter 2–Eligibility and Chapter 3–Financial Eligibility.) The CWA also completes the Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919) and the Worksheet for Determination of Parental Payment Limit for Children's Long-Term Supports (F-01337) at this time.

The SSC talks with the family about pursuing home and community-based services and explains the options available to them through the CLTS Waiver Program. Additionally, the SSC provides a copy of the Participant Rights and Responsibilities Notification (F-20985) to the family, discusses the content of the document, and addresses any questions the family has. The document is completed by gaining signatures from the parent(s) or guardian(s) and the child (if 14 years old or older). (Refer to Chapter 8 – Participant Rights and Appeal and Grievance Processes for additional information about notifying program applicants and participants of their rights.)

CLTS Waiver Program functional institutional LOC requirements are determined by the CLTS FS (F-00367). A CLTS FS done by a certified screener within the last 12 months is to be used to verify these requirements. If a CLTS FS has not been completed within 12 months, the SSC must complete a CLTS FS.

**Enrollment**

Within 60 calendar days of the date of referral, the CWA is responsible for completing a child’s or youth’s enrollment in the CLTS Waiver Program.

**Enrollment Effective Date**

A child’s or youth’s enrollment effective date is the first date that CLTS Waiver Program supports and services can be authorized for them. This date is also referred to as the program start date and must occur within 60 calendar days of the date of referral. It is the earliest date when all requirements outlined above for referral and eligibility have been met and the CWA completes a child’s or youth’s enrollment online.

CLTS Waiver Program supports and services can be authorized on or after the enrollment effective date and not earlier. Activities that an SSC conducts to determine eligibility and enroll a child or youth that take place up to 90 days prior to the program start date can be authorized in aggregate as of the enrollment effective date. No other supports or services can be authorized prior to the child’s or youth’s enrollment.

When a child or youth or their family choose to enroll the child or youth in the CLTS Waiver Program, the SSC is responsible for initiating the development of an ISP. An ISP is initiated by the family and SSC when they preliminarily identify some supports and services that may be
authorized through the CLTS Waiver Program to address the child’s or youth’s and their family’s needs. Support and service coordination may be the only service authorized through the CLTS Waiver Program for the child or youth while the SSC and family continue to develop a full range of services to address the child’s or youth’s goals.

A child’s or youth’s ISP must be completed within 60 days of the date of referral. Working together, the SSC and family complete the ISP by assessing the family’s needs, talking about the family’s goals, or outcomes, and the supports and services that are needed for them to reach their goals. The SSC documents the child’s or youth’s and their family’s outcomes for the CLTS Waiver Program on the outcomes form (F-20445A) and CLTS Waiver Program services to address those outcomes on the ISP form (F-20445). (Refer to Chapter 7–Individual Service Plan for requirements and additional information for developing outcomes and an ISP.) Additionally, the SSC schedules and authorizes the CLTS Waiver Program services on the ISP.

6.02 Recertification of Enrollment

The CWA is responsible for verifying a child’s or youth’s eligibility for the CLTS Waiver Program annually. The SSC completes the child’s or youth’s recertification of program enrollment after the annual LOC re-evaluation via the CLTS FS (F-00367), and in doing so confirms that all required redetermination activities have been completed.

To recertify a child’s or youth’s enrollment in the CLTS Waiver Program, the SSC completes the activities outlined above for eligibility and finishes the process through the online enrollment system. The CLTS FS re-evaluation must be completed on or before the last day of the month, 12 months from the enrollment effective date or the last recertification completion date. The re-evaluation may be done before the annual due date, but cannot be done after the due date.

CLTS FS re-evaluations should not be delayed as a result of waiting for collateral information from other people in the child’s or youth’s support network if available information (including a caregiver’s verbal report) indicates ongoing eligibility. SSCs must email DHS as soon as possible (with “Late Rescreen” as the subject line) for notification that a child’s or youth’s functional screen will be late for an annual functional eligibility redetermination.

An annual ISP review may coincide with the required annual recertification of enrollment. Refer to Chapter 7.03, ISP Review, Update, and Recertification for additional information.

6.03 Suspension of Enrollment

A child’s or youth’s enrollment in the CLTS Waiver Program can be suspended for up to 90 days when they are temporarily in an ineligible setting. Program requirements (such as rescreens and recertifications) are also suspended while a child’s or youth’s enrollment is in suspend status.
The CWA is responsible for entering the dates when program enrollment is suspended in the online enrollment system. The first date of suspension is the first full day the child or youth resides in an ineligible setting and the suspension end date is the last full day the child or youth resides in an ineligible setting.

When enrollment is suspended:

- Some limited services can be covered during the suspension, including:
  - Personal emergency response systems (PERS).
  - Financial management services.
  - Waiver-allowable foster care expenses.
- Transitional support and service coordination that occurs during the suspension can be authorized in aggregate on the date the child or youth returns to an eligible living situation after suspension. (Refer to Chapter 4, Support and Service Coordination Service Description, for additional detailed information.)

During the child’s or youth’s transition back to an eligible living situation after suspension:

- The SSC reviews the ISP with the child or youth and their family to identify additional or different supports and services to aid their success in the community.
- The SSC updates the ISP, as needed.
- The SSC records an updated ISP completion date in the online enrollment system.
- A notice confirming enrollment will be sent to the family.
- The SSC adjusts the recertification due date to be the last day of the month, 12 months from the enrollment or last recertification date, in order to ensure an annual review of the child’s or youth’s waiver eligibility.

If a child’s recertification comes due while their enrollment is suspended, the CWA must email DHS with “Recert due during suspension” as the subject line. Then the SSC will complete recertification when the suspension ends. Under these circumstances, the next recertification due date will be the last day of the month, 12 months from the date the recertification was completed.

If a child or youth is not able to re-enroll in the CLTS Waiver Program following a suspension (i.e., they do not meet all CLTS Waiver Program eligibility criteria), their enrollment must be terminated. Refer to Chapter 8 for requirements associated with terminating enrollment in the program.

6.04 Resources

- CLTS Waiver Program Approved § 1915(b)(4) Application for Selective Contracting: Support and Service Coordination Requirements—Enrollment (P-02049A)
- CLTS Waiver Program Approved § 1915(b)(4) Waiver Application for Selective Contracting: Support and Service Coordination Requirements Desk Aid (P-02049B)
• **DHS Medicaid Eligibility Handbook (P-10030)**
• **Full-benefit Medicaid subprograms**
• **Functional Eligibility Screen for Children's Long-Term Support Programs (F-00367)**
• **Individual Service Plan—Children's Long-Term Support Programs (F-20445)**
• **Individual Service Plan—Outcomes—Children's Long-Term Support Programs (F-20445A)**
• **Informed Consent—Children's Long-Term Support Functional Screen (F-21076)**
• **Medicaid Waiver Eligibility and Cost Sharing Worksheet (F-20919)**
• **Participant Rights and Responsibilities Notification (F-20985)**
• **Worksheet for Determination of Parental Payment Limit for Children's Long-Term Supports (F-01337)**
Chapter 7–Individual Service Plan

7.01 Service Planning

Service planning is a child or youth and family-centered process, using a goal-driven and strengths-based approach to build an Individual Service Plan (ISP) that contains individually identified goals, outcomes, and preferences. Required for each child or youth enrolled in the Children’s Long-Term Support (CLTS) Waiver Program, the ISP is a comprehensive summary of a child’s or youth’s supports and services, including those authorized through the CLTS Waiver Program as well as other formal and informal supports present in the child’s or youth’s life.

The support and service coordinator (SSC) is an essential link for the child or youth and their family to create and implement a comprehensive ISP. The SSC must do all of the following:

- Facilitate a collaborative decision-making process with the child or youth and their family to identify, manage, coordinate, and monitor all CLTS Waiver Program outcomes and supports and services.
- Coordinate other program services, regardless of their funding source.
- Coordinate informal community supports for eligible children or youth and their families.
- Develop response plans to minimize risk to the child’s or youth’s health and well-being that is identified during the assessment, and for services that when not provided as scheduled pose a risk to the child’s or youth’s health and well-being.
- Complete the Outcomes and ISP forms.
  - Individual Service Plan–Outcomes–Children’s Long-Term Support Programs (F-20445A)
  - Individual Service Plan–Children’s Long-Term Support Programs (F-20445)

Family-Driven Service Planning Tool: Deciding Together Guide

County waiver agencies (CWAs) must implement a consistent methodology for actively engaging and empowering the child or youth and their family to drive the development of the ISP, as outlined in the Deciding Together Guide (P-02246) and instructions (P-02246i). These practices promote self-determination and inclusion in all facets of family and community life and use transparent and collaborative decision-making. Families may include others in the development process to support them in ensuring their child’s or youth’s best life. Key components of this methodology:

- Creative, collaborative, and transparent decision-making
- A team approach that includes the family’s chosen support people
- Child or youth and family voice: Acknowledges that families are the experts of their own lives, their culture and preferences matter, and they drive the service planning process
- A strengths-based approach that builds on child’s or youth’s and their family’s resiliencies and positive risk-taking
• Flexibility to address multiple concerns; short- and long-term goals; immediate, intense, or intermittent needs; and preventive and maintenance planning
• Consideration of cost-effectiveness and regulatory guidance review
• Fully informing families of their options to resolve differences, including an ability to appeal
• Monitoring progress and revising as often as needed

7.02 Participant-Informed Rights and Choice

The CWA must provide the child or youth and their family the information and supports necessary to allow them to engage, to the maximum extent possible, in the service planning process and make informed choices and decisions. At minimum, the SSC must inform the child or youth and their family of their rights and choices at program enrollment and at least annually thereafter. This information must also be provided to families in a timeframe that allows them to prepare for meetings with their SSC.

Rights and choices the SSC must discuss with the child or youth and their family:

• The right to include anyone they choose in any part of the ISP development process. People who are knowledgeable about the child or youth can be helpful to assist the family in assessing the child’s or youth’s social, psychological, and medical needs and the related needs of other family members. The SSC must inform the family of this before starting the service planning process.
• Information about the range of supports and services offered through the CLTS Waiver Program and the willing and qualified providers of these services.
• The right of the child or youth and their family to choose between institutional services and home and community-based services through the CLTS Waiver Program.
• The right of the child or youth and their family to choose the types of waiver services they receive and the providers of those services.
• Participant Rights and Responsibilities Notification (F-20985), verbally and in writing, including the right to request a hearing regarding eligibility determinations and/or denial, reduction, or termination of services.

Refer to Chapter 8–Participant Rights and Appeal and Grievance Processes for additional information and requirements.

7.03 Assessment for Supports and Services

The assessment provides the foundation for developing a child’s or youth’s outcomes, or goals, the services and supports to address those outcomes, and response plans and/or backup plans to minimize risks to the child’s or youth’s health and well-being. It is a means for the SSC to become knowledgeable about the child’s or youth’s and family’s strengths, challenges, interests, hopes, dreams, priorities, and resources. (Refer also to the the Deciding Together Guide Instructions (P-02246i), Step 1: Issues and Goals.)
The SSC must complete an assessment at program enrollment and, at minimum, a thorough update of the assessment annually at recertification. The child or youth must be present and able to be observed during the assessment. At least one of their parents or guardians or other legal representatives must also be present. The family may invite any other people they wish to participate to their meeting with the SSC.

The child and family-focused assessment provides a comprehensive illustration of their circumstances, preferences, and needs, including a review of pertinent records and related information obtained from medical, educational, and other service providers. The SSC must gather the following information for the assessment:

- Background information, including any relevant diagnoses
- Social history
- Description of physical health and medical history
- Ability to perform physical activities of daily living
- Ability to perform instrumental activities of daily living (e.g. laundry, cooking, cleaning)
- Emotional functioning
- Cognitive functioning
- Behaviors that positively or negatively affect lifestyle and relationships
- Social participation and existing formal and informal social supports
- Cultural, ethnic, and spiritual traditions and beliefs
- Current friendships
- Community participation and involvement
- Personal preferences for how and where to live, including daily activities
- Potential benefits and risks associated with identified behaviors
- Future plans, including the child’s or youth’s ability to direct their own supports
- Preferences regarding physical environment
- Available resources and how they’re managed
- Need for long-term community support services as an alternative to institutional care
- Rights of the child or youth and their family, and their ability to understand and assert them

7.04 Requirements and Procedures for Developing Outcomes and an ISP

An ISP must be child or youth and family-centered and include outcomes and supports and services that reflect their needs and preferences. A complete ISP consists of two forms:

- **Individual Service Plan–Outcomes–Children’s Long-Term Support Programs (F-20445A)**
- **Individual Service Plan–Children’s Long-Term Support Programs (F-20445)**
  - **Instructions–Children’s Long-Term Support Waiver Programs Individual Service Plan (F-20445I)**
CWAs must use either the forms listed above, or a form or system that includes all of the information contained in them and has been approved by DHS, to complete an ISP for each child or youth enrolled in the CLTS Waiver Program. CWAs may submit alternate forms or systems to their CLTS Technical Assistance Lead for approval.

The resources and strategies included in a child or youth and family-centered ISP need to be flexible, coordinated, and effective. SSCs must develop them in accordance with the guidance in the Deciding Together Guide (P-02246) and Instructions (P-02246i).

ISP content must include:
- A statement of the child’s or youth’s and family’s desired outcomes and priorities. Outcomes summarize the child’s or youth’s and their family’s goals and the results they would like to see. These form the basis for determining the supports and services to include in the ISP to help the child or youth and family meet their goals.
- A description of the CLTS Waiver Program supports and services to be used, including frequency, intensity, annual cost, provider information, care levels for applicable services (refer to Care Level Classification Guidelines (P-02273) and Children’s Long-Term Support: Care Level Classification (P-02467)), and any unique restrictions or specifications.
- Supports and services in place for the child or youth provided through other programs and/or systems, and unpaid and informal supports.
- If applicable, any reason(s) a family’s preferences for supports and services were not able to be accommodated.

The CWA must ensure all of the following to complete an ISP:
- All of the child’s or youth’s assessed needs have been addressed on the ISP by services provided through the CLTS Waiver Program or through other sources, including unpaid and informal supports.
- CLTS Waiver Program providers listed on the ISP are screened and meet necessary qualifications. Refer to Chapter 4 for requirements and processes for qualifying providers.
- Response plans to minimize risk to the child’s or youth’s health and well-being that is identified during the assessment, and for services that when not provided as scheduled pose a risk to the child’s or youth’s health and well-being have been developed. Documentation of response plans may be included on the Individual Service Plan–Outcomes–Children’s Long-Term Support Programs (F-20445A).
- For initial ISPs, signatures from either the child or youth or their parent(s) and/or legal guardian(s) within 60 calendar days of the date the family and SSC agree to the services listed on the ISP. Refer to 7.05 ISP Review, Update, and Recertification for timelines for obtaining the child’s or youth’s or their parent’s and/or legal guardian’s signatures for changes to the ISP after initial program enrollment.
The child or youth signs the ISP if they are 14 years old or older and capable of signing the form to indicate they participated in the development of their ISP. If a child or youth who is 14 years old or older is unable to sign, the SSC is responsible for noting this on the ISP.

- The CWA provides a copy of the complete ISP to the child or youth and their family and, when applicable, the child’s or youth’s guardian or legal representative.

At the time of enrollment in the CLTS Waiver Program, a child’s or youth’s initial ISP may be completed with support and service coordination as the only CLTS Waiver Program service, while the CWA and family continue to develop a full range of services to address the child’s or youth’s goals. Refer to Chapter 6.01 for additional information about initial ISPs for enrollment.

**Timeframe for Decisions about Family-Requested Items and Services**

Any time a child or youth and/or their family or legal guardian requests an item or service through the CLTS Waiver Program, CWAs must make a decision to either authorize or deny the item or service within 14 calendar days of the request. When the decision is to authorize the item or service, the CWA is responsible for documenting the authorization on the child’s or youth’s ISP. For any decision to deny authorization through the CLTS Waiver Program for an item or service requested by a child or youth and their family, the CWA must issue written notification of adverse action to them. (Refer to Chapter 8 - Participant Rights and Appeal and Grievance Processes.)

The timeframe for a decision to either authorize or deny authorization through the CLTS Waiver Program for an item or service requested by a child or youth and/or their family or legal guardian may be extended an additional 14 calendar days, allowing for support and service coordination beyond what is customary when there are complex circumstances associated with the request. The timeframe for a decision to either authorize or deny authorization through the CLTS Waiver Program may not be extended more than one time, and a decision must be made within 28 calendar days of the request. When a CWA extends the timeframe for a decision, they must send the child or youth and/or their family or legal guardian written notification of the extension. CWAs are responsible for maintaining a copy of this notification.

**ISP Information Sharing**

Federal regulations require that once an ISP is completed and agreed to, it must be signed by and distributed to providers who are responsible for its implementation (42 CFR § 441.301(c)(2)(ix-x)). Sharing relevant information with key providers may serve to promote their sense of belonging to a larger team that is supporting the child or youth and their family. This information can be helpful in expanding providers’ perspective from the more narrow focus of delivering a specific service to seeing their individual contribution as part of a bigger picture for each child or youth and their family.
During the process of completing the ISP, the SSC will explain to the family the federal requirement to share information. The SSC will also provide the Individual Service Plan (ISP) Outcomes: Information for Parents (P-02282) to the family and ensure that they understand the outcomes portion of their child’s or youth’s ISP (F-20445A) will be shared with essential service providers included on the ISP.

Essential service providers are defined as those who deliver waiver-funded services and have regular, direct contact with participants. “Regular” means contact that is scheduled, planned, expected, or otherwise periodic. “Direct” means face-to-face physical proximity to a participant. The following services fit the essential service provider definition:

- Adult family home
- Child care
- Child foster care
- Community integration services
- Counseling and therapeutic services
- Daily living skills training
- Day services
- Mentoring
- Nursing services
- Respite
- Supported employment
- Supportive home care (only personal care or supervision services; not routine home care or chore services)

Distribution and Provider Signatures

There are three circumstances when SSCs are required to distribute a child’s or youth’s outcomes (i.e., F-20445A) to essential service providers:

- At initial ISP development, the SSC sends copies of the F-20445A to each of the essential service providers in the agreed-upon ISP and requests that they sign and return a copy.
- When an ISP is updated with a new essential service provider, the SSC sends the F-20445A to the newly added provider(s) and requests that they sign and return a copy.
- At the annual review, the SSC:
  - Sends the F-20445A to all essential service providers.
  - Requests signatures only from any new essential service providers added to the ISP at recertification. Signatures are not required from existing providers who have already been sent an earlier version of the F-20445A.

CWAs must keep a record in the child’s or youth’s file to indicate each time the F-20445A is distributed, noting:

- The agency(ies) to which it was sent.
The date it was sent to each agency.  
The method of distribution (for example, email, mail, electronic access) to each agency.

Acceptable methods for the SSC to share copies of the F-20445A and receive essential service provider signatures are the following:
- Secure email
- Mail (The SSC sends two copies—one for the provider to sign and return, one for them to keep.)
- Fax
- Electronic access to the outcomes through an automated case management system
- Face-to-face interactions

Providers’ electronic signatures (i.e., on signed and scanned outcomes forms) are acceptable. It is also acceptable for the CWA to note in the child’s or youth’s file when a provider expresses over the telephone that they received the F-20445A instead of receiving a physical or electronic signature. In this circumstance, the CWA must document the name of the person who called, their agency, when applicable, and the date and time of the call. The ISP and all related signatures from essential service providers are maintained by the CWA. There is no timeline or deadline for receiving essential service provider signatures, and there is no impact on the child’s or youth’s enrollment, ISP, or receipt of services if signatures are not returned to the CWA.

The provider agency is responsible for deciding who can sign on behalf of the agency. There are no requirements or restrictions regarding the individual(s) an agency may designate to sign the F-20445A. Provider agencies, sole proprietorships, and limited liability companies (LLCs) are treated similarly for the purpose of the signature requirement. Parents and/or guardians can sign for direct care workers who are not employed through one of these types of agencies (that is, who are employed directly by the family). In this instance, the CWA is required to provide enough copies of the F-20445A for families to give to direct care workers.

**7.05 ISP Review, Update, and Recertification**

At a minimum, the SSC must review and update an ISP every six months during a face-to-face visit with the child or youth and their family; however, the ISP must be reviewed as needed (i.e., at any point that needs arise or upon request by the family). One ISP review per year must be a home visit with a face-to-face meeting including the child or youth, their parent(s) and/or legal guardian(s), and SSC. This review may coincide with the required annual recertification of eligibility. Refer to Chapter 6—Enrollment and Recertification for other requirements related to recertification.

An ISP review must include:
- Evaluating effectiveness of the ISP
The SSC and the child or youth, and their family discuss ongoing or changing needs, future planning, and any anticipated changes or transitions, as outlined in the Deciding Together Guide Instructions (P-02246i), Step 5: Evaluate Effectiveness.

- Updating the Outcomes (F-20445A) and ISP (F-20445) forms
  The updated ISP must describe any changes that will be made, including:
  - Increases or decreases in service hours
  - Change of service provider(s)
  - Addition or removal of services or supports
  - Changes to response plans

- Obtaining required signatures
  Within six months of any change to the ISP the CWA is required to obtain signatures from the child or youth and, as applicable, their parent(s) or legal representative(s). The child’s or youth’s signature is required if they are 14 years old or older and capable of signing the form to indicate they participated in the development of their ISP. If a child or youth who is 14 years old or older is unable to sign, the SSC is responsible for noting this on the ISP. The CWA must provide a copy of the complete updated ISP to the child or youth and their family and maintain a copy in the child’s or youth’s record.

The CWA must maintain documentation in the child’s record of an ISP review and update and any resulting activities to make the changes identified in the review.

7.06 Resources

- 42 CFR § 441.301(c)(2)(ix-x)
- Authorized Representative Designation (F-20987)
- Care Level Classification Guidelines (P-02273)
- Children’s Long-Term Support (CLTS) Benefits at a Glance (P02570)
- Children’s Long-Term Support: Care Level Classification (P-02467)
- Deciding Together Guide (P-02246)
- Deciding Together Guide Instructions (P-02246I)
- Individual Service Plan (ISP) Outcomes: Information for Parents (P-02282)
- Individual Service Plan–Children’s Long-Term Support Programs, F-20445
- Individual Service Plan–Outcomes–Children’s Long-Term Support Programs, F-20445A
- Instructions–Children’s Long-Term Support Waiver Programs Individual Service Plan (F-20445I)
- Participant Rights and Responsibilities Notification (F-20985)
- Supported Decision-Making Agreement (F-02377)
- Supported Decision-Making Webinar
- Wis.Stat. ch. 52, Supported Decision-Making Agreements
Chapter 9–Health and Safety

9.01 Federal Health and Safety Requirements for Home and Community-Based Services

A primary objective of the CLTS Waiver Program is supporting enrolled children or youth and their families in the community and promoting their health and safety. The promotion of health and safety includes minimizing preventable risk to the health and safety of those children and youth. Additionally, strong, collaborative support networks must be in place to identify and remediate any risk to a child’s or youth’s well-being when it arises. Federal requirements are the foundation for protocols and procedures relating to these objectives.

Section 1915(c) of the Social Security Act requires home and community-based services waiver programs to provide assurances to the Centers for Medicare & Medicaid Services (CMS) that the safeguards necessary to protect the health and safety of children and youth receiving these services are in place. The assurances address unique challenges of providing services to children and youth living in their community:

- Program providers are not with children and youth at all times to monitor program supports and services.
- Children and youth rely on many people for their care and safety.
- Children and youth may be vulnerable and unable to seek help.

The CMS health and safety assurance for the CLTS Waiver Program requires the Wisconsin Department of Health Services (DHS) to demonstrate it has designed and implemented an effective protocol for assuring the health and safety of children and youth enrolled in the program. The health and safety sub-assurances that DHS must verify include the following:

- On an ongoing basis, how it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death.
- An incident management protocol is in place and effectively resolves reported incidents and prevents further similar incidents to the extent possible.
- Policies and procedures for the use of and prohibition of restrictive measures, including restraint and seclusion, are followed.
- Reported incident remediation that results in substantiated findings of abuse, neglect, and exploitation.

This chapter outlines requirements and procedures for promoting the health and safety of children and youth enrolled in the CLTS Waiver Program, including:

- Preventing risk to children’s and youth’s well-being. (Risk to well-being is also referred to as an “incident” or “critical incident.”)
• Coordinating strong, collaborative networks that include all of the people in a child’s or
youth’s life to promote the child’s or youth’s well-being and identify and mitigate risk when it
arises.
• Reporting and responding to incidents and critical incidents.

9.02 Preventing Risk to the Health and Safety of Program Participants

While not all risk to the well-being of children and youth enrolled in the CLTS Waiver Program
can be eliminated, there are several important requirements that focus on minimizing
preventable risk:
• County waiver agencies (CWAs) must have a clearly written policy statement evidencing the
agency’s acknowledgement of its obligation and intent to promote and protect individual
health, safety and welfare.
• CWAs must have systems in place with adequate protocol, policies, and procedures that:
  o Seek to keep children and youth healthy and prevent illness, injury, or medical and dental
problems. Such protocol, policies, and procedures must use planned strategies supported
by data collection and analysis of incidents to identify causes, contributing factors, and
trends that identify higher risk situations and vulnerable children and youth. The CWA’s
strategy and analysis must be such that the CWA can identify and take actions to modify
a child’s or youth’s CLTS Waiver Program supports and services to reduce risk to health
and safety. Examples of such modifications include but are not limited to staffing
arrangements and/or changes to the child’s or youth’s physical environment.
  o Assure children and youth are protected from risk of physical, verbal, and sexual abuse;
neglect; exploitation; and other maltreatment, including the misuse and/or
misappropriation of their money and property. Such systems must have the ability to
discover when such situations occur and strategies to remediate the effects of these
situations when they do occur.
  o Help children or youth and their families prepare for unexpected events, including
environmental crises.

CWAs must implement all requirements of the CLTS Waiver Program with a focus on maintaining
a child’s or youth’s health and safety. The following are examples of program requirements that
support the assurance for participant health and safety:
• Chapter 4, Provider Requirements and Allowable Services, outlines requirements and
procedures for ensuring that providers are adequately trained and meet the standards of
quality for providing CLTS Waiver Program services.
• Chapter 7, Individual Service Plan (ISP), details the requirements for developing a child’s or
youth’s ISP to address all of their assessed needs, including health and safety risk factors,
either by the provision of CLTS Waiver Program services or through other means.
- The child and family-focused assessment provides a comprehensive illustration of their circumstances, preferences, and needs, including the need to ease the daily stress and care demands for their family or other primary caregiver(s).
- With the child or youth and their family, the support and service coordinator (SSC) confirms backup strategies that quickly and effectively respond to all situations where providers and/or support persons become unavailable to perform their typical role for any reason. The SSC documents these plans on the ISP. Examples of circumstances that require backup plans include a direct care worker not showing up for their scheduled shift with a child or youth, a family member who provides support to the child or youth becoming ill and unable to provide supervision and care, and natural disasters.

The following subsections outline additional requirements for proactively addressing the health and safety of children and youth enrolled in the CLTS Waiver Program related to:
- Cross-system and agency collaboration.
- Training and education for children and youth and their families and service providers.
- Identifying vulnerable children or youth.
- Mandated reporting.

**Collaboration**

Children and youth enrolled in the CLTS Waiver Program and their families are best served when all of the people, agencies, and systems that support them collaborate and coordinate services and supports. Each caregiver, agency, and system brings professional expertise, unique knowledge of the child’s or youth’s and family’s needs, and access to different resources. Combined, all of these parts of a child’s or youth’s support network can strengthen the ability to assure their health and safety, improve their connection with and integration in their community, open access to additional supports and services, and help them to achieve their goals.

The CWA must ensure a child or youth and their family have the appropriate contacts and connections to create and implement a comprehensive support network by:
- Ensuring that every person or entity in a child’s or youth’s support network understands their role and responsibility and how they should interact to comprehensively and efficiently promote the child’s or youth’s well-being. (Refer to the Wisconsin Department of Children and Families (DCF) [Children with Disabilities: Preventing Abuse and Neglect](#).
- Collaborating with the family and all of the service providers in the child’s or youth’s ISP that are authorized through the CLTS Waiver Program to ensure a common understanding and implementation of backup or emergency plans.
- Collaborating with the family and any other agencies or systems that are a part of the child’s or youth’s life, such as the Wisconsin Department of Instruction (DPI), the local school district, or the local child protective services agency.
When a child or youth is involved in both the CLTS Waiver Program and the local child protective services (CPS) system, the CWA must facilitate continuous communication with CPS. Statutory and policy guidelines exist that directly authorize sharing of information between these entities. CPS agencies have the ability to share reports and records regarding a child or an expectant mother with appropriate staff of an agency within a social/human services department, as well as with professional employees of a county department who are working with the child or expectant mother, including county clinical and/or mental health services, developmental disabilities, and alcoholism and other drug abuse services, if those professionals are under contract with, or the supervision of, the county department (Wis. Stat. § 48.981(7)(a)2 and 5). However, it is best practice to be transparent and to obtain the family’s consent prior to sharing information between the two systems when possible. Refer to DMS, DCF Information Memo 2019-03 for more information about collaborating and sharing information with CPS.

Training and Education

It is important to convey to families and the child’s or youth’s authorized service providers how the CLTS Waiver Program and CWA can help keep their child safe and healthy. Topics the CWA must discuss and ensure that the family understands include:

- CLTS Waiver Program requirements outlined in this section to minimize preventable risk.
- Procedures and requirements in place to identify and remediate any risk to a child’s or youth’s well-being when it arises.
- How the family, providers, and CWA must collaborate to achieve each of these objectives.

CWAs must provide information about the CLTS Waiver Program policies and procedures in place to address health and safety at a child’s or youth’s initial application to the program and at least annually to all of the following individuals:

- Children and youth, as appropriate, who are applying to or enrolled in the CLTS Waiver Program.
- Families and/or legal guardians of children and youth who are applying to or enrolled in the CLTS Waiver Program.
- Caregivers and providers for children and youth enrolled in the CLTS Waiver Program.

DHS has developed informational material (P-00069A) for CWAs to distribute for this purpose.

Identifying Vulnerable Children or Youth

Understanding vulnerability helps professionals serving children anticipate and mitigate risk to health and safety and the potential for serious injury. Research has identified specific characteristics of children with disabilities and their life circumstances that heighten their risk for negative events (i.e., heighten their risk for incidents and critical incidents). Some children and
youth who are enrolled in the CLTS Waiver Program have conditions present in their lives that render them more vulnerable.

CWAs must do the following to recognize and identify vulnerable children:
- Establish protocol, policies, and procedures that are capable of identifying high(er) risk situations where abuse, neglect or mistreatment of children or youth enrolled in the CLTS Waiver Program may be happening based on known risk factors and by the use of information collected in incident reports.
- Provide a heightened level of coordination and communication with all people who support those children.
- Confirm whether a child or youth meets the vulnerable child definition when reporting incidents and critical incidents to DHS. Refer to 9.03, Incident Management, Resolution, and Reporting, for more information about requirements for reporting.

**Vulnerable Child Definition**
CLTS programs define a vulnerable child as a child who **either** meets more than one of the three target groups served by the CLTS programs (intellectual/developmental disability, physical disability, or severe emotional disturbance) **or** is a child who has a high level of life-sustaining needs (nutrition, fluids, or medical treatment) with a limited informal support network.

In addition to at least one of the criteria above, at least one of the following must also apply:
- The child is isolated with limited or no adult contact outside the home and is not available to be observed.
- The child is nonverbal and has limited ability to communicate.
- The child is medically complex, requires significant care from a caregiver or parent, and is highly dependent on others to meet basic needs.
- The child is the subject of current or historical child abuse and neglect reports.
- The child has a primary caregiver who is actively abusing substances.
- The child is dependent on parents or caregivers with limited cognitive, emotional, and/or behavioral capacity to provide for these needs.

**Mandated Reporting**
SSCs are considered mandated reporters in order to assist with identifying risk to a child’s or youth’s well-being and coordinating the necessary services and supports (including services and supports available through the CLTS Waiver Program and those available through other programs or agencies) to remediate any identified risk. As mandated reporters SSCs are required to:
- Complete the [Mandated Reporter Online Training](#) created by the Wisconsin Child Welfare Professional Development System.
Follow the procedures for mandated reporting of abuse and neglect (Wis. Stat. § 48.981(3)) when there is reasonable cause to suspect that a child has been abused or neglected, threatened with abuse or neglect, or that abuse or neglect of the child will occur.

9.03 Incident Management, Resolution, and Reporting

Sometimes, despite the measures in place to minimize preventable risk to a child’s or youth’s well-being, a risk arises. Any actual or alleged risk to a child’s or youth’s health and safety is either an incident or a critical incident. This section outlines the protocol, policy, and procedures that CWAs must have in place to respond to a variety of unanticipated occurrences that indicate high levels of risk for children and youth enrolled in the CLTS Waiver Program and meet the definition of either an incident or a critical incident.

Incident Definition

An incident is any actual or alleged event or situation that creates a significant risk or serious harm to the physical or mental health, safety, or well-being of a child or youth.

Incidents that must be reported to DHS include:

- Any known or suspected abuse, neglect, or exploitation of the child or youth.
- Errors in medical or medication management that result in an adverse reaction requiring medical attention.
- Initiation of an investigation by law enforcement of an event or allegation regarding a child or youth as either a perpetrator or victim.
- Significant and substantial damage to the residence of the child or youth or service provider.
- Use of isolation, seclusion, or restraint by a provider that is not part of an approved behavior support plan.
- An event or behavior that causes serious injury or risk to the child or youth; which may include running away, setting a fire, violence, unplanned hospitalization, and/or a suspected or confirmed suicide attempt.

Critical Incident Definition

If an incident is serious and/or the set of circumstances constituting an incident are unresolved and significant risk to a child’s or youth’s well-being continues, the incident is deemed critical.

Critical incidents that must be reported to DHS include:

- Any event or set of conditions that qualifies as a reportable incident and that also poses active, ongoing, and continued significant risk to the health, safety, and welfare of the child or youth.
- Any incident that results in the death of the child or youth.

CWAs must have policies and protocols in accordance with the requirements below for managing incidents.
Incident Management

CWAs must determine the best design of their incident management protocol, in accordance with the requirements in this section, so long as the protocol, policy, and procedures enable staff to proactively respond to incidents, remove children and youth from danger or risk, and prevent the recurrence of threats to children’s and youth’s health, safety and welfare or violations of their rights. The CWA’s incident management protocol must include:

- Response procedures and assignment of responsibility for incidents that require an immediate, urgent, or emergency response.
- Response procedures for a range of scenarios including but not limited to health emergencies; dangerous behavior; criminal activity by or to a child or youth enrolled in the CLTS Waiver Program; environmental dangers including fires and weather events; and other events or situations that involve high levels of risk to health and safety.
- Written requirements and procedures for each of the following CMS-defined key elements of an effective incident management system:
  - Identifying incidents
  - Reporting incidents
  - Referring incidents
  - Gathering information about incidents
  - Resolving incidents
  - Tracking and trending incidents

Identifying Incidents

The CWA’s incident management protocol must define procedures and roles and responsibilities for identifying conditions and/or situations that meet the definition of an incident or a critical incident. The CWA is responsible for ensuring that a child’s or youth’s family, caregivers, and service providers have a shared understanding of what constitutes an incident and a critical incident, as defined above at the beginning of Section 9.03, and must distribute and discuss the informational material (Family Guide to Incident Reporting P-00069A) DHS has developed for this purpose.

Reporting Incidents

The CWA’s incident management protocol must define who is responsible for reporting incidents and the procedure for reporting. A child’s or youth’s family and/or legal guardian(s), caregivers, and providers are all responsible for reporting threats to the child’s or youth’s safety or well-being to the CWA. In turn, the CWA must notify DHS of any incident or critical incident by completing the Incident Report in the online Children’s Incident Tracking and Reporting (CITR) System within the timeframes listed below.

There are two timelines by which CWAs must report incidents and critical incidents to DHS, incident notification and a complete incident report. An incident notification includes, at
minimum, preliminary information about an incident as designated by CITR. The notification allows DHS to assist with identifying any actions or resources beyond those identified by the CWA in the notification that are necessary to remove the child or youth from danger or risk. A complete report occurs when a CWA completes all information required by CITR. Refer to the Resolving Incidents section below for additional information about the CWA steps that are required for completing an incident report.

**Timeframes for Reporting**

**Critical incident**
- Notification – 1 business day. CWAs should notify DHS immediately about any critical incident, and must complete the notification within 1 business day of the date that the CWA was notified of the critical incident.
- Complete Report – 30 calendar days. CWAs must close a report for a critical incident within 30 calendar days of the date that the CWA was notified of the critical incident.

**Noncritical incident**
- Notification - 3 business days. CWAs must notify DHS within 3 business days of the date that the CWA was notified of the incident.
- Complete Report – 30 calendar days. CWAs must close an incident report within 30 calendar days of the date that the CWA was notified of the incident.

In addition to notifying DHS of an incident or critical incident, the CWA must also notify a child’s or youth’s parent(s) and/or legal guardian(s) if they are not already aware of the incident.

Although it is necessary in some cases for the CWA to collaborate with and share information with the local CPS agency to promote a child’s or youth’s well-being, CLTS Waiver Program incident reporting responsibilities, requirements and timeframes are different than and separate from those for reports to child protective services (CPS). When there is a concern regarding the health and safety of a child or youth enrolled in the CLTS Waiver Program the CWA must respond.

**Anti-Retaliation Requirements**

The CWA must have policies in place that protect individuals (children and youth enrolled in the CLTS Waiver Program and/or their parent(s) and/or legal guardian(s) and authorized service providers) who report possible or actual incidents, as defined in this chapter, from retaliation by providers. Such policies should incorporate anti-retaliation requirements in Wis. Stat. § 51.61 and Wis. Admin. Code Ch. 94. Any provider that violates these requirements has breached their contract with the CWA and is subject to disallowance for the entire cost of services provided to the subject child or youth for the period when retaliation occurred.
Referring Incidents

After identifying an incident or critical incident, the CWA must refer the information to other agencies, as appropriate, to coordinate a comprehensive network of support to remove risk to the child’s or youth’s safety and well-being and prevent recurrence of that risk. In some cases, the circumstances of an incident legally require that the CWA notify particular agencies, such as child protective services or law enforcement. When a CWA refers an incident to another agency, the CWA is responsible for continuing to work in conjunction with that agency to remediate risk to the child or youth.

Agencies that the CWA may need to notify to refer the incident or critical incident include but are not limited to:
- Adult protective services agency
- Advocacy organization
- Child protective services agency
- Law enforcement agency
- Legal services
- Provider licensing agency (e.g., DHS Division of Quality Assurance, DCF Division of Early Care and Education, Department of Safety and Professional Services)
- Medical provider(s)
- Tribal agency

Gathering Information about Incidents

In any situation that meets the definition of either a reportable incident or critical incident, the CWA must immediately gather information to determine what occurred and how it affected the child or youth. The gathered information is the basis for establishing, in collaboration with any agency to which the incident was referred, the necessary remediation actions and preventive strategy to minimize recurrence of the incident.

The CWA must include the following information to complete an incident report:
- The person or people who reported the incident to the CWA.
- The people who were involved in or witnessed the incident.
- The setting where the incident occurred.
- The events or circumstances that presented risk to the child’s or youth’s health and well-being.
- The maltreater, if any, and the maltreater’s relationship to the child or youth.
- The type of involvement, if any, of a service provider.
- The people and/or agencies to which the CWA referred the incident.
- The people and/or agencies that the CWA contacted in relation to the incident.
- Any court order in place for the program participant involved in the incident.
Resolving Incidents

When either an incident or critical incident has been identified for a child or youth enrolled in the CLTS Waiver Program, CWAs are required to coordinate the actions necessary to remove risk to the child’s or youth’s safety and well-being and minimize recurrence of that risk. The actions taken to remove risk to the child’s or youth’s well-being are referred to as remediation actions, and the actions taken to minimize recurrence of an incident are referred to as preventive strategies.

When either an incident or critical incident occurs, the CWA must complete the following remediation and prevention activities and document the activities in the incident report. Remediation and prevention activities that make a change to the child’s or youth’s current service and support network should occur for most incidents.

- The CWA works closely with the child or youth and their family and providers to identify and implement remedial and preventive actions.
- The CWA partners with other agencies in the child’s or youth’s care network to define the roles and responsibilities of each agency for incident remediation and prevention.
- The CWA reevaluates the child’s or youth’s ISP and identifies and implements needed changes to the supports, services, and/or providers to prevent further incidents and ensure the child’s health, safety, and well-being.
- Action is taken to make the changes identified in the service plan reevaluation.
- The CWA assures, to the best of its ability, that actions taken will prevent further similar incidents.

The outcome of the incident must also be documented in the incident report. The outcome is a description of how the events that took place during the incident have been verified by an agency or entity other than the CWA. Examples of outcomes include but are not limited to:

- Abuse, neglect, or exploitation that has been substantiated by a government agency. When a government agency investigates allegations of abuse, neglect, or exploitation, the status of substantiation must also be reported as one of three categories:
  - Substantiated by a government agency.
  - Unable to substantiate.
  - Unsubstantiated by a government agency.
- The cause of death of a child or youth enrolled in the CLTS Waiver Program.
- The circumstances of admission of a child or youth enrolled in the CLTS Waiver Program to a hospital.
- The findings of an investigation by a law enforcement agency.

When a CWA has referred an incident to the local CPS agency, they are required to seek a final determination of the allegation of child abuse or child neglect from CPS assessments. In some cases, CLTS waiver staff may fall into one of the categories of mandated reporters enumerated in Wis. Stat. § 48.981(2). In those cases, pursuant to Wis. Stat. § 48.981(3)(c) 6., an agency social
services department must inform the reporter what action, if any, was taken to protect the
health and welfare of the child or youth who is the subject of the report within 60 days after
receiving the report. In other cases when CLTS Waiver Program staff report allegations of child
abuse and/or child neglect, child welfare workers may share the outcome of the child welfare
assessment with CLTS Waiver Program staff under the authority provided by law if they fall
within the provisions set forth in Wis. Stat. § 48.981(7)(a) 2 or 5.

Tracking and Trending Incidents

A CWA’s incident management protocol, policy, and procedures must enable the tracking and
trending of incidents and critical incidents. Recognizing patterns in the types of incidents that
occur across different children or youth as well as trends of incidents that occur to a particular
child or youth helps to identify particular circumstances that can be modified to prevent future
incidents. Examples of modifications include but are not limited to:

- Increased frequency of or changes to the content of contacts and communication between
  service systems, such as the CWA and CPS.
- Increased frequency of or changes to the content of contacts and communication between
  the CWA and service providers.
- Educational information from the CWA to families and providers about seasonal changes that
  increase certain types of risks to children’s and youth’s well-being.

9.04 Restrictive Measures

Restrictive measures are used rarely as part of the CLTS Waiver Program, and CWAs must have
written policy and protocol barring the use of restrictive measures unless such measures are
approved according to the provisions of the Instructions and Requirements for the Use of
Restrictive Measures in Long-Term Support Programs for Children (P-02616). Restrictive
measures should be considered the method of last resort and only after less intrusive, alternate
strategies to address the child’s or youth’s dangerous behavior have been determined
ineffective. Restrictive measures may not be used as part of an intervention plan or in an
emergency, unless there is imminent harm or risk to the child or youth or others. If restrictive
measures are considered, the provider must develop a behavior intervention plan detailing
replacement skill development, prevention measures, and response strategies including de-
escalation techniques and apply for county and DHS approval for their use. Prior to the use of
restrictive measures, positive behavior support strategies must be employed and exhausted.

Children and youth who are receiving services for mental illness, developmental disabilities,
alcoholism, or drug dependency and enrolled in the CLTS Waiver Program are covered by the
provisions in Wis. Stat. § 51.61 and have the right to be free of restraints, including the
intentional and unreasonable confinement of an individual in a locked room, involuntary
separation of a child or youth from their living area, use of physical restraining devices on a child
or youth, or the provision of unnecessary or excessive medication to a child or youth. It does not
include the use of these methods or devices in entities regulated by DHS if the methods or devices are used in conformance with state and federal standards governing confinement and restraint.

CWAs are required to maintain documentation of any application for and/or use of restrictive measures for children or youth enrolled in the CLTS Waiver Program. Refer to the Instructions and Requirements for the Use of Restrictive Measures in Long-Term Support Programs for Children (P-02616) for detailed information, including documentation requirements, about restrictive measures and the CLTS Waiver Program.

9.05 Resources

- Child Protective Services and Children's Long-Term Support Waiver Program Collaboration (DMS, DCF Information Memo 2019-03)
- Children with Disabilities: Preventing Abuse and Neglect (DCF-P 5324)
- Children's Incident Tracking and Reporting (CITR) System
- Family Guide to Incident Reporting (P-00069A)
- Incident Report - Medicaid Waiver Programs (F-22541)
- Instructions and Requirements for the Use of Restrictive Measures in Long-Term Support Programs for Children (P-02616)
- Mandated Reporter Online Training
- Wis. Stat. § 48.981
- Wis. Stat. § 51.61