

# Outlier Rate Guidelines

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Many of the supports and services available through Wisconsin's Children's Long-Term Support (CLTS) Program are subject to a uniform, statewide rate schedule set by the Wisconsin Department of Health Services (DHS). The purpose of uniform rates is to comply with the Centers for Medicare and Medicaid Services (CMS) requirements for state-based rates for the CLTS. Nearly all CLTS participants' service needs will fit within the set rate schedule. However, there may be some situations that will call for an exception to the set rate for any service included in the statewide rate schedule. Exceptions to the rate schedule are called outlier rates.

## Outlier Rate Considerations

Any consideration of an outlier rate for one or more services must be based on a participant's unique circumstances that include one of the following:

- The complexity or intensity of the individual's care needs
- Provider access issues

All outlier rate requests are subject to review and require approval by DHS.

### Complex or Intense Individual Care Needs

It may be appropriate to request an outlier rate when the complexity or intensity of an individual's care needs exceeds what is common among CLTS participants. Consider whether the participant:

- Exhibits significant behaviors that require frequent intervention or near-constant supervision.
- Has physical or mental health diagnoses that require intensive intervention or care.
- Has ongoing involvement with multiple systems (such as juvenile justice, substance abuse treatment, hospitalizations, or institutionalizations).

Additional questions related to determining whether an individual participant's care needs may necessitate an outlier rate include:

- Does the child have a diagnosis for which few trained individuals can deliver care?
- Does the child have multiple diagnoses that add to the complexity of their situation?
- Does the child require intensive therapeutic care or care for medical fragility?
- Is the child undergoing intense active treatment where they might need additional care at home or in the community?
- Does the child's situation require added training to multiple caregivers on an ongoing basis to provide care?
- Does the child need frequent or constant supervision or more than one staff at a time to remain safe in their environment?

**Note:** For respite and personal support services, support and service coordinators (SSCs) must first apply the care level guidelines. If it is determined that the participant's care needs exceed the high care level outlined in the guidelines, then the county waiver agency (CWA) may request an outlier rate from DHS for either of these services as well.

Typical additional expenses that could be allowable in addition to the CLTS Statewide Uniform Rate are as follows:

- **Staff wages** — If staff members are paid a higher-than-average direct care wage (for example, due to experience, additional training, credentials needed to provide the service, complex behaviors or health of the participant that require more experienced staff). Documentation of experience, additional training, and credentials is required.
- **Supervisor span of control** — If the supervisor needs to provide more than average on-site or face-to-face support for direct care staff (for example, additional hours of oversight or

mentoring due to the nature of individual needs, or the supervisor receives many calls from staff for consultation).

- **Additional time off** — If staff are away from work more than usual for additional training that is specific to the participant. This could also be projected time off due to injuries that occurred in the previous year as a result of providing services to the participant.
- **Program plan support**—If the participant’s needs are complex and require extraordinary time for documentation (behavioral support plan or complex medical), consultation, or planning.
- **Workers’ compensation** — If the participant has high behavioral support needs and there are numerous incidents that result in higher-than-average injuries to staff and the worker’s compensation rate is increased due to that specific child.

### Provider Access Issues

It may be appropriate to request an outlier rate when access to a service is limited by there not being a CLTS provider located within a reasonable distance of the participant.

An exception for provider access would be requested in situations where a participant needs a service that is not available from a CLTS provider in their local community, and a provider is willing to provide this service from a location outside of the local community.

Additional expenses for provider access that could be allowable in addition in the CLTS Statewide Uniform Rate are as follows:

- Mileage and transportation costs associated with travel to and from the participant
- Staff travel time (indirect time spent on behalf of participant, not face-to-face)

### Process for Requesting an Outlier Rate

When a CWA identifies that a CLTS participant may need an outlier rate for one or more services, the CWA must submit a CLTS Outlier Rate Request form, F-02538 to DHS with the appropriate rationale for the outlier rate(s). The CWA must accompany the [CLTS Outlier Rate Request form, F-02538](#), with the [Cost-Based Outlier form, F-02538A](#), completed by the individual provider or provider agency.

Outlier rate forms must be submitted by an authorized representative of the CWA who has the authority to request and allocate resources on behalf of the agency. By submitting an outlier rate request, the authorized representative is certifying all of the following:

- The request reflects that the CWA worked in partnership with the child and family to determine support needs and the appropriate services for the individual participant.
  - The service category most appropriately fits what is required to meet the participant’s unique needs and identified outcomes.
  - The rate schedule and code crosswalk were applied.
  - Effort was made to identify a CLTS provider within a reasonable distance to meet the needs of the participant.
- The CWA has indicated on F-02538 which services are part of the request and identified the Procedure Code, CLTS Statewide Uniform Rate, Units and Outlier Rate requested for each service provider.
- The CWA must additionally designate a reason for each outlier rate request. The CWA must provide detailed rationale for the request. For child care, this must include the child’s level of care and if the child is under the age of 12 the CWA must also include the family’s basic cost of care.
- The CWA must indicate whether each service identified on the form requires an outlier rate due to individual care needs or provider access issues.
  - “Individual care needs” indicates that the participant’s complex support needs require an exceptional care level (for example, intensive care, frequent or ongoing supervision, additional professional training) compared to what is common among CLTS participants.

- “Provider access” indicates that the CWA attests to having explored all options to acquire the service for the participant and there is no CLTS provider in the local community.
- The CWA attests that the identified outlier rate is required to obtain the support or service.
- The CWA attests that both the rate requested and the justification meet the CWA’s assessment of the need.
- The CWA’s leadership supports the requested outlier rate.
- The services meet all Medicaid Home and Community-Based Service Waiver Manual policies and appropriate service description requirements.
- All required documentation associated with the outlier rate request is in the participant’s file.

Outlier rate request forms must be submitted to [dhscltsrateoutlier@dhs.wisconsin.gov](mailto:dhscltsrateoutlier@dhs.wisconsin.gov) and are subject to review and approval by DHS.

## DHS Responses and Reviewing Approved Rates

DHS will complete the review and provide approval, denial, or notice of missing information decision within 10 business days of receiving the request. Below is a list of the potential DHS responses to an outlier request and any required review of an approved rate.

- **DHS approves the outlier rate request:**

**DHS approves the outlier request and rate as proposed by the CWA, and the CWA is responsible for review.** The approved rate is effective for up to 12 months from the DHS determination date. If within that 12-month period, the participant’s situation changes causing the outlier status to change the CWA must submit a new outlier request. An example is if the requested service units increase or decrease substantially, or the service provider changes.

At the time of the annual ISP review, the CWA must review the outlier status and rate and determine if there is any change to the original request. If there is no change, the CWA documents this fact in the participant’s file. No new outlier request is needed until the expiration date. If there is a change, the CWA must submit a new request (F-02538 and F-02538A) to DHS for review and approval.

**a. DHS approves the outlier request with a modified rate, and the CWA is responsible for review.** The approved rate is effective for up to 12 months from the DHS determination date. The CWA informs the provider of approval with a modified outlier rate. If the provider accepts the rate, the CWA proceeds to authorization. If within the effective year the participant’s situation changes causing the outlier status to change the CWA must submit a new outlier request. If the provider does not accept the rate, the CWA pursues other providers to meet the participant’s service needs. If the participant’s situation changes causing the outlier status to change the CWA must submit a new outlier request. An example is if the requested service units increase or decrease substantially, or the service provider changes.

At the time of the annual ISP review, the CWA must review the outlier status and rate and determine if there is any change to the original request. If there is no change, the CWA documents this fact in the participant’s file. No new outlier request is needed until the expiration date. If there is a change, the CWA must submit a new request (F-02538 and F-02538A) to DHS for review and approval.

**b. DHS approves the outlier rate with an expiration date.** If DHS documents on the F-02538 that the outlier rate expires, either 12 months after the determination date or a specific date due to the nature of the outlier submitted, the CWA must submit a new request (F-02538 and F-02538A) to DHS for review and approval **45 days prior** to the expiration date to ensure continuity of care.

- c. All approvals will be effective on the DHS Determination Date on the Request Form (F-02538). Under certain circumstances, DHS may allow the rate to be back-dated no more than 30 days from the DHS Determination Date. The CWA must request special consideration along with the outlier submission.
- **DHS denies the outlier rate request:** DHS will include a denial reason on the F-02538. Denial will be sent to CWA. CWA will communicate the status of denial with the provider, including reason for denial. The CWA will work with the participant to secure other services to meet the participant's needs. No renewal information is needed on a denied outlier rate request. A new request can be submitted at any time with updated or additional information that supports an outlier request.
- **DHS requests additional information:** DHS will email the CWA or provider regarding the missing information. The CWA or provider will compile the missing information and send it via email to [dhscltsrateoutlier@dhs.wisconsin.gov](mailto:dhscltsrateoutlier@dhs.wisconsin.gov). DHS will review for approval within 10 business days once all requested information is received.

## Additional Information

Waiver agencies should submit any questions to their [CLTS program specialist](#), including determining the appropriateness of an outlier rate request for a participant or when the family disagrees with the decision. County Waiver agencies must work with DHS and follow the state's guidance to resolve any issues when they arise.

All outlier rates are subject to record review, corrective action plans, or financial disallowances upon a negative finding.