CHILDREN’S LONG-TERM SUPPORT (CLTS) WAIVER PROGRAM
STATEWIDE UNIFORM RATE-SETTING TRANSITION

FREQUENTLY ASKED QUESTIONS (FAQs)

Below are FAQs for county waiver agencies and providers as they transition to the statewide uniform rates for in-scope services. DHS will continue to update this document and provide further clarification or guidance when necessary.

The Wisconsin Department of Health Services (DHS) submitted and received approval from the Centers for Medicare & Medicaid Services (CMS) to amend the approved CLTS Waiver Program § 1915(c) waiver application. The amendment implements a statewide uniform rate methodology for most CLTS waiver services.

For more information, including the list of in-scope services, access the CLTS Rate-Setting Initiatives Website.

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| 1. | Are providers required to accept the rate schedule amount as payment in full? | • Yes. All providers who sign a CLTS Waiver Program Provider Agreement agree to accept CLTS rates for in-scope services.  
  o Service Provider Agencies, F-02363  
  o Sole Proprietor or Individual Waiver Service Providers, F-02364  
  o Fiscal Agents Managing Self-Directed Waiver Supports, F-02365  
  o County Waiver Agencies, F-02349  
  • By signing the form, a CLTS Waiver provider is agreeing to accept the amount in the rate schedule as full payment and not seek more payment for the same service from another source.  
  • As with any Medicaid provider, balance billing is prohibited. |
| 2. | What is balance billing? | Balance billing is when a provider bills another source for the difference between the amount authorized for payment through the CLTS waiver and the provider's usual and customary amount, if higher. Medicaid regulations prohibit this practice. |
|   | **Usual and Customary** | |
| 1. | What is “usual and customary”? | • “Usual and customary” is the amount a provider charges for the same or similar service to the general public, regardless of funding source.  
  • It is the typical cost of that service within a geographic area. |
| 2. | How does “usual and customary” work with the CLTS max rate schedule? | • The CLTS rate schedule provides the maximum service rate for any CLTS waiver program service listed on the schedule. The CLTS rate schedule must be used when authorizing services included in the rate schedule.  
  • A service provider may submit a claim for less than the unit rate listed on the CLTS rate schedule. This is an instance where the provider’s usual and customary rate is less than the CLTS max rate schedule.  
  • Providers may also bill at a higher rate than the rate schedule if the rate is an approved outlier rate. If the rate is not an approved outlier rate, then the provider will be paid according to the maximum rate schedule. |
### County Waiver Agencies

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| 3. | When the rate methodology pays at 85% of a provider’s usual and customary, how is this determined? | In instances where the fee schedule rate is calculated at 85% of usual and customary and a provider supplies services to the general public, has an established rate typically billed to any customer, or has a published rate, then the CLTS rate is 85% of the rate that the provider charges to its general customers. For example: Counseling and Therapeutic Services (G0176) is 85% of provider’s usual and customary rate, up to $170 per visit:  
- If the provider’s usual and customary rate is $150 per session:  
  - 85% of $150 = $127.50  
  - Rate is $127.50 per session  
- If the provider’s usual and customary rate is $200 per session:  
  - 85% of $200 = $170  
  - Rate is $170 per session  
- If the provider’s usual and customary rate is $225 per session:  
  - 85% of $225 = $191.25  
  - Rate is $170 per session |
| 4. | How is usual and customary determined when a provider has a sliding fee scale? | A sliding fee scale allows uninsured or underinsured people to access the service by determining service fees based on the consumer’s ability to pay.  
Children enrolled in the CLTS Waiver Program access needed supports and services through the program and the established rate schedule for in-scope services.  
A sliding fee scale does not impact usual and customary for the purposes of the CLTS rate schedule. Usual and customary is the rate usually charged by the provider outside of any sliding fee scale. |

### Child Care

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| 1. | How do you decide the “basic cost” of child care for a child in the CLTS waiver program? | **Basic Child Care Rates for all Children**  
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.  
- [Community Coordinated Child Care, Inc. Child Care Data and Publications](#) is one resource for the average cost of child care, sorted by counties.  
- The basic cost of child care for children under 12 is not covered by the CLTS Waiver.  
**Supplemental Rates for additional needs and support**  
- For children under the age of 12, the CLTS supplemental rate covers child care when additional staffing or supports are needed to meet the child’s exceptional care needs in settings where the child’s peers commonly receive child care.  
- The supplemental rate does not include the basic cost of child care.  
- This supplemental rate is allowed during times when a parent is working, pursuing education and employment goals, or taking training to strengthen their capacity to care for their child. |
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| 2. | What is the difference between child care and respite?                  | • The child care service aims to help families with children with disabilities access community child care settings where the child is with their peers and can benefit from the opportunity to socialize and build friendships.  
  • This child care is used during times when a parent is working, pursuing education and employment goals, or taking training to strengthen their capacity to care for their child.  
  • Respite is to temporarily relieve the child’s primary caregiver from the demands of daily caregiving. |
| 3. | How does the supplement work for children 12 and older?                  | • In the case where a child care provider offers care for children 12 and older, the total cost of child care is allowable through this service.  
  • Currently, the rate includes both the basic cost plus the supplemental cost.                                      |

### Transportation

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| 1. | Does transportation include a trip charge and per-mile charge or only per-mile? | • Transportation can be billed either per trip or per mile but not both.  
  • The only exception is when a child or youth requires wheelchair-accessible transportation, for which a per-trip and a per-mile claim are allowed. |
| 2. | When is an attendant’s transportation covered?                           | • A rendering provider can be reimbursed for transportation with a child during the provision of a separate (not transportation-related) service.  
  • Transportation is only covered for a child or youth and attendant.  
  • This service cannot fund costs associated with a caregiver’s transportation to and from their shift with the child or youth. |