

# Children's Long-Term Support Waiver Provider Bulletin

## *Program Information for Children's Waiver Providers*

As a waiver provider, you serve an essential role in supporting the lives of children and families. This Bulletin is part of DHS' commitment to support you by communicating important children's waiver information directly to you.



## **UNDERSTANDING THE CHILDREN'S LONG- TERM SUPPORT WAIVER PROGRAM STATEWIDE UNIFORM RATES**

The information provided in this Bulletin is published in accordance with Social Security Act § 1915(c) and 42 C.F.R. § 440.180.

On July 1, 2019, the Children's Long-Term Support (CLTS) Waiver Program began to use statewide rates for specific services to comply with federal regulations. Uniform statewide rates are more consistent and transparent for providers and for children with disabilities and their families.

Rates for CLTS services have historically been negotiated between county waiver agencies (CWAs) and providers. With this initiative, CWAs no longer negotiate rates with you for services included in the statewide uniform rate schedule.

The Wisconsin Department of Health Services (DHS) has distributed the [statewide uniform rate schedule](#) for specific services. The rate schedule shows the maximum amount a CLTS provider can be paid for each service by unit.

As a CLTS provider, you are responsible for determining your usual and customary costs, otherwise known as the amount it costs you to provide the service. If your actual cost is lower than the amount in the CLTS rate schedule, services must be paid at your usual and customary rate. You must follow all terms and conditions as documented in the CLTS Waiver Provider Medicaid Agreement.

The [Children's Long-Term Support Waiver Program Service Rates Initiative](#) webpage provides more information on services, rates, and resources related to the initiative.

### What Services Are Included in the Rate Schedule?

The statewide uniform rates schedule primarily includes rates for CLTS services delivered by a direct care provider. Services exempt from the rates will continue to be paid at market rates. The following benefit categories are included in the statewide uniform rate schedule.

BENEFIT CATEGORIES	
Adult family home	Mentoring
Child care	Nursing services
Community integration services	Respite
Counseling and therapeutic services	Support and service coordination*
Daily living skills training	Supported employment
Day services	Supportive home care
Financial management services	Transportation

\*Support and service coordination rates are set by DHS for each CWA.

### Phased Rollout

DHS is rolling out the statewide rates in phases. The phases are designed to meet federal requirements while thoughtfully working to limit any disruption to participant access.

DHS began phasing in the statewide uniform rate schedule on July 1, 2019, and will fully transition all included services to the rate schedule by January

## DID YOU KNOW?

DHS continues the process of eliminating the waitlist for CLTS Waiver Program enrollment. Currently, more than 10,000 children are enrolled in the CLTS Waiver Program! The need for waiver providers is greater than ever. If you or someone you know is interested in providing new or expanded services to children with disabilities, refer to the [Children's Long-Term Support \(CLTS\) Waiver: Provider Registration](#) webpage.

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1, 2020. Collectively, we will work to make this transition as smooth as possible.

The current phase includes statewide rates for respite day rates, group rates, and outlier rate requests. Within the rate schedule, one-on-one, group, and day rates are explained in detail. The payment rates listed in the schedule may not be exceeded.



**The rate schedule shows the maximum amount a CLTS provider can be paid for each service by unit.**

### **Respite Day Rate**

The respite day rate allows the authorization of respite care for an extended period of time (eight hours or more). As a CLTS respite provider, you should work with the CWA to determine how the respite day rate can be used for the participants you serve.

### **Group Rates**

The rate schedule issued during the first phase included group rates for some services such as child care, supported employment in small groups, and adult family homes. The purpose of these rates is to deliver services to CLTS participants in a group setting.

DHS has established group rates for certain services that are typically provided on a one-on-one basis; the new rates are per participant and support the access and delivery of these services for participants in small groups of two or three. Smaller groups support access to services, peer-to-peer interaction, and social learning.

The updated rate schedule includes small group rates for the following services:

- Daily living skill training
- Mentoring
- Respite care
- Supportive home care

### ***New Group Rate Actions***

Certain group rates will require additional action to identify them as group services on claims. This billing requirement applies to the following services when performed for a group:

- Daily living skills training
- Mentoring

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- Respite care
- Supportive home care

When you are submitting a claim for a group rate, you are required to include:

- Modifier HQ, which the CWAs will enter on the service authorization to identify approval for group settings.
- The corresponding rate for the size of the group based on group attendance and the direct care worker-to-participant ratio.

Direct care worker-to-participant ratios of 1:2 or 1:3 are supported by the group rate requirements. In groups larger than three children, additional workers are required to maintain the direct care worker-to-participant ratio.

If a group service was delivered to a different size group than what the CWA authorized, you must submit the claim for the actual group size.

If a service authorized at a group rate was delivered to a single child, you are required to contact the CWA to seek a revised authorization or correction so you can submit an accurate claim.

### Outlier Rate Requests and Process

Nearly all CLTS service rates are expected to fit within the statewide uniform rate schedule. When a child's exceptional and individual service needs cannot be accommodated within the rate schedule, CWAs may authorize payments higher than the rate schedule with approval from DHS. These rates are referred to as outliers and incorporate the child's care level and provider accessibility.

CWAs are responsible for determining the need for an outlier rate. Outlier rates are based on outlier guidelines and the complexity or intensity of the child's care needs or access to care.

There are no provider agency-wide outlier rates; outlier rates are service-specific and approved based on each child's specific needs. When a CWA determines that an outlier rate may be necessary to meet those child-specific needs, the CWA will request that you complete the [CLTS Provider Cost-Based Outlier Form](#) and return it to the CWA. This form is designed to gather the costs of meeting the child's specific needs that would exceed the service rate listed in the rate schedule.

# COMING SOON!

DHS has started the compliance review process for the home and community-based services settings rule for the CLTS Waiver Program. If you deliver children's day services to CLTS participants in a nonresidential setting, you are subject to this rule and may be contacted.

See [Implementation of Federal Home and Community-Based Services Settings Rule in Wisconsin, P-02428](#) for more details about the compliance review process.

More information about home and community-based waiver services and the settings rule is available on the [Home and Community-Based Services \(HCBS\) Settings Rule](#) webpage.

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CWAs will use the outlier form information to seek approval from DHS. During the outlier review process, you may be asked for additional information from either the CWA or DHS. Once a determination is made, DHS will inform the CWA of the approval, modified approval, or denial of the outlier rate. The CWA will in turn inform you of the approval or denial of the rate.

## County and Provider Contracts and the Rate Schedule

All 2020 county and provider contracts or agreements are required to reflect the statewide CLTS uniform rate schedule for included services.

## Service Rate vs. Wage: What Is the Difference?

Since statewide uniform rate setting began on July 1, 2019, DHS has received questions regarding the difference between the service rate and the hourly wage paid to direct care workers. The statewide uniform rate schedule determines service rates for included services and does not set wages for direct care workers.

### Service Rate

The statewide uniform rate schedule is a maximum fee schedule for specific CLTS services. As a service provider, you should bill your usual and customary rates. You will be paid the rate listed on the rate schedule or below the rate schedule if your usual and customary rate is lower than the rate schedule. You are responsible for determining your usual and customary rates based on your cost for providing services. In addition, you are required to follow the terms and conditions included on the CLTS Waiver Provider Medicaid Agreement for billing.

### Wage

The statewide uniform rate schedule does not determine direct care worker wages. The hourly wage paid to the direct care worker is determined by the employer.

## Financial Management Services Providers

Financial management services (FMS) have their own rate, which is separate from the rate for direct care services delivered to participants. FMS may be delivered at one of two levels, basic or enhanced, as determined by the CWA.

# RATE RESOURCES

DHS has published the following information regarding statewide CLTS waiver rates, which has been posted on the [CLTS Waiver Program Service Rates Initiative](#) webpage:

- [CLTS Waiver Program Rate Schedule, P-02184](#)
- [Interim Third Party Administration \(TPA\) Guidance for Statewide Uniform Rates, P-02390](#)
- [CLTS Waiver Program Benefit Code Crosswalk, P-02283](#)
- [Frequently Asked Questions, P-02392](#)
- [CLTS Outlier Rate Guidelines, P-02274](#)

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All direct care services delivered to a participant through an FMS provider have a separate individual rate that is intended to cover the costs of the direct services and all applicable taxes and benefits as determined by state and federal law. FMS providers are prohibited from retaining any portion of the direct care service rate. Any remaining funding for direct care services paid to the FMS provider must be returned to the CLTS Waiver Program.

## CONTACT INFORMATION

- For more information on the rate schedule, authorizations, or claims, contact the Wisconsin Physicians Service (WPS) CLTS Customer Service Call Center at 877-298-1258.
- DHS has added a new Provider CLTS Contact Center to answer general provider questions about the CLTS Waiver Program. Contact the new call center at 833-940-1576.

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The CLTS Waiver Program is a home and community-based services waiver. It provides services funded by Wisconsin Medicaid for children who have substantial limitations in their daily activities and need support to live full and inclusive lives in their home or community. Eligible children include those with developmental disabilities, severe emotional disturbances, or physical disabilities. Funding can be used for a range of services and supports based on the goals and identified outcomes for each child and their family.

For more information, visit the [Services for Children With Delays or Disabilities](#) webpage.