



WISCONSIN DEPARTMENT of HEALTH SERVICES

P-02493A (10/2019)

Children's Long-Term Support (CLTS) Waiver Program Rate-Setting Implementation

Operational Aid for County Waiver Agencies: Rates Determined by Provider Type and the Intersection with Financial Management Services

Summary:

This operational aid includes information to support county waiver agencies (CWAs) to operationalize financial management services under the CLTS Waiver Program Statewide Rate-Setting Initiative.

CWAs must comply with all CLTS rate-setting requirements by January 1, 2020.

Purpose:

DHS created rates for financial management services (FMS) based on a tiered methodology (basic and enhanced levels) for different administrative tasks associated with each tier. DHS also created rates for certain services that are delivered by either an individual or a provider agency and are noted as rates by "provider type" in the CLTS Service Rate Schedule. Direct care workers who deliver services through a fiscal agent are paid at the individual rate listed under "provider type" rates.

Provider Qualifier Codes:

- The CLTS Third Party Administration (TPA) authorization file includes a mandatory Provider Qualifier field which requires the entry of a two-digit code: "24" or "34."
- Historically, these TPA Provider Qualifier codes were used to identify the billing provider's Tax ID Number (TIN), as either "24" to identify the provider's federal Employer Identification Number (EIN) or "34" to identify the provider's Social Security number (SSN).
- Under the CLTS Waiver Program Rate-Setting Initiative certain service rates are determined by provider type. The two Provider Qualifier codes are used to identify if the provider type is an agency or an individual to establish the appropriate rate:
 - Code "24" designates an agency provider and achieves an agency rate
 - Code "34" designates an individual provider and achieves an individual rate

Operational considerations:

Financial Management Services (FMS):

- FMS may be delivered at one of two levels, basic or enhanced, as determined by the CWA.
- See the [Financial Management Services](#) service description published under Ch. 4 of the [CLTS Waiver Manual](#) for more details about the two levels

- Fiscal agents may be a provider agency or an individual sole proprietor and CWAs must accurately enter the “24” or “34” Provider Qualifier code on all authorizations for issuing FMS payments to fiscal agents according to the fiscal agent provider type; however, their provider type does not impact the tiered FMS rate (basic level or enhanced level).

Direct Care Services Paid through Fiscal Agents:

- When a CWA authorizes a direct care worker to deliver respite care, supportive home care, daily living skills training, mentoring, or child care to a CLTS participant and the worker is paid through a fiscal agent, the service must **always** be authorized using the “34” Provider Qualifier code to achieve the individual rate, as an individual “rendering” provider.
- Enter the fiscal agent’s EIN or SSN, as appropriate, on the authorization Tax ID/SSN field as the billing provider.
- The entry of the fiscal agent’s provider agency’s EIN for the Provider Qualifier code “34” on the authorization will not be rejected by the TPA system.
- The Provider Qualifier code entered on the authorization to pay for services delivered by direct care workers through the fiscal agent may differ from the Provider Qualifier code entered on the TPA Provider file for the fiscal agent.
- CWA systems may require modification to separate the Provider Qualifier code as it pertains to the TPA Provider file from the code used to designate the provider type (agency or individual) for accurate CLTS rate authorization and claims payment processing.
- Based on the authorized service rate, the fiscal agent is responsible for paying the appropriate payment to the direct care worker.
- FMS providers are prohibited from retaining any portion of the authorized direct care worker’s rate. Only the appropriate state and federal taxes and other allowable employee or employer deductions are permitted.

Source Documents for Rate and Authorization Coding Instructions:

- The source documents for details about rates and the use of modifiers are included below:
 - [CLTS Service Rate Schedule \(P-02184\)](#), Services with Tiered Rates. Page 2.
 - [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#), Coding Notes section.
- Refer to these documents for specific and up-to-date details about modifiers and other authorization details.