New Provider Users: Submit a New Registration

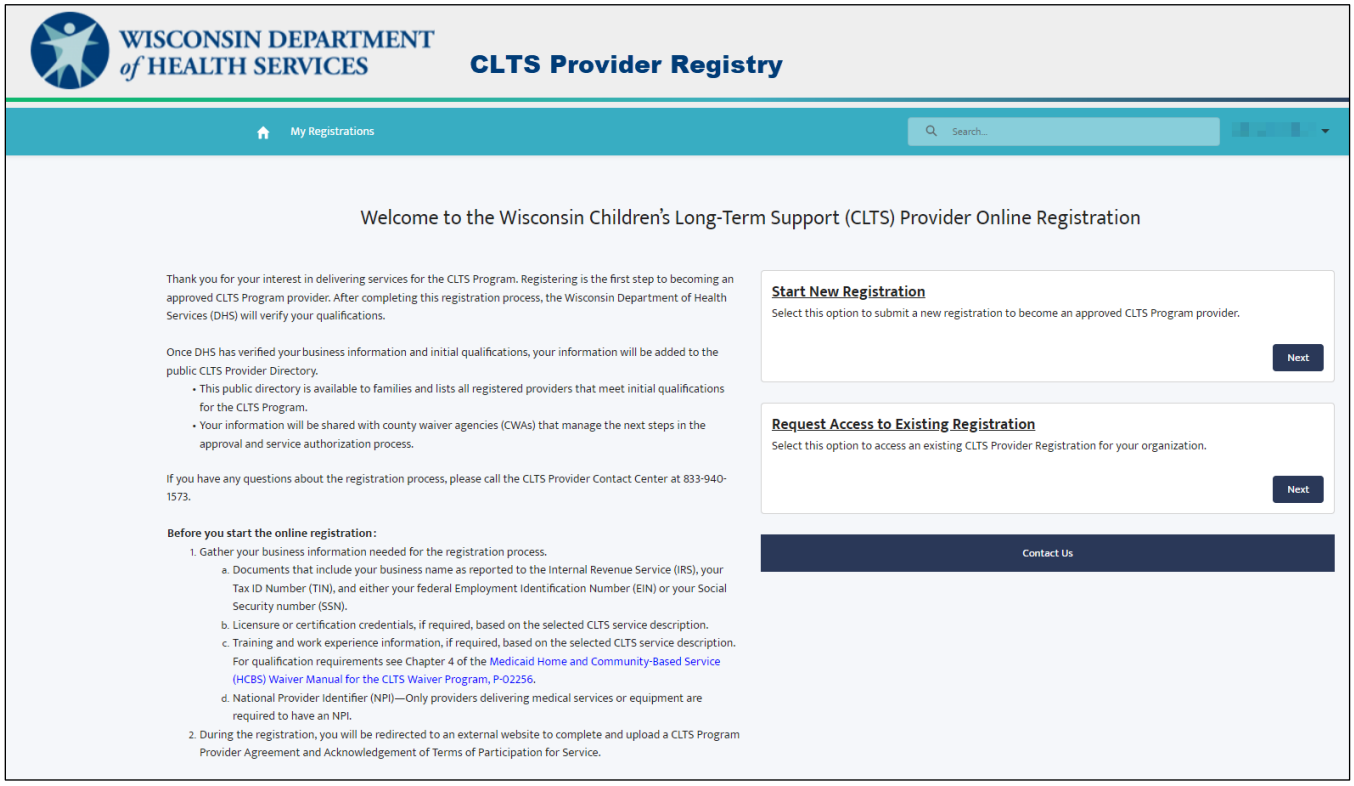
General Introduction

This guide explains how you can submit a new registration in the CLTS Provider Registry, including how to do the following:

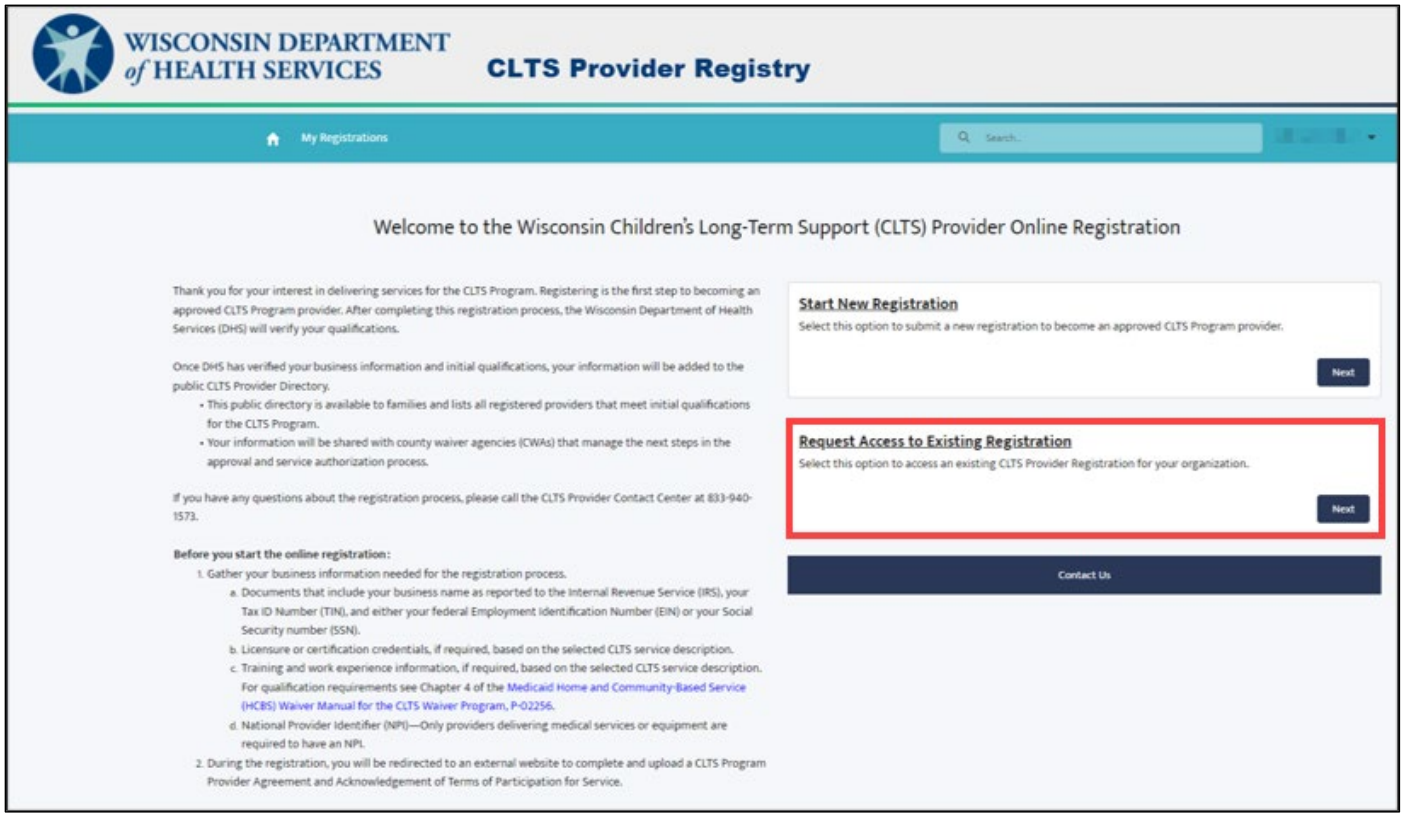
- Start a new registration (or link to an existing one).
- Enter billing information.
- Select services (including providing qualifications, a National Provider Identifier (NPI), and status as a Medicaid-certified provider).
- Enter directory locations.
- Submit the registration.

Home Page

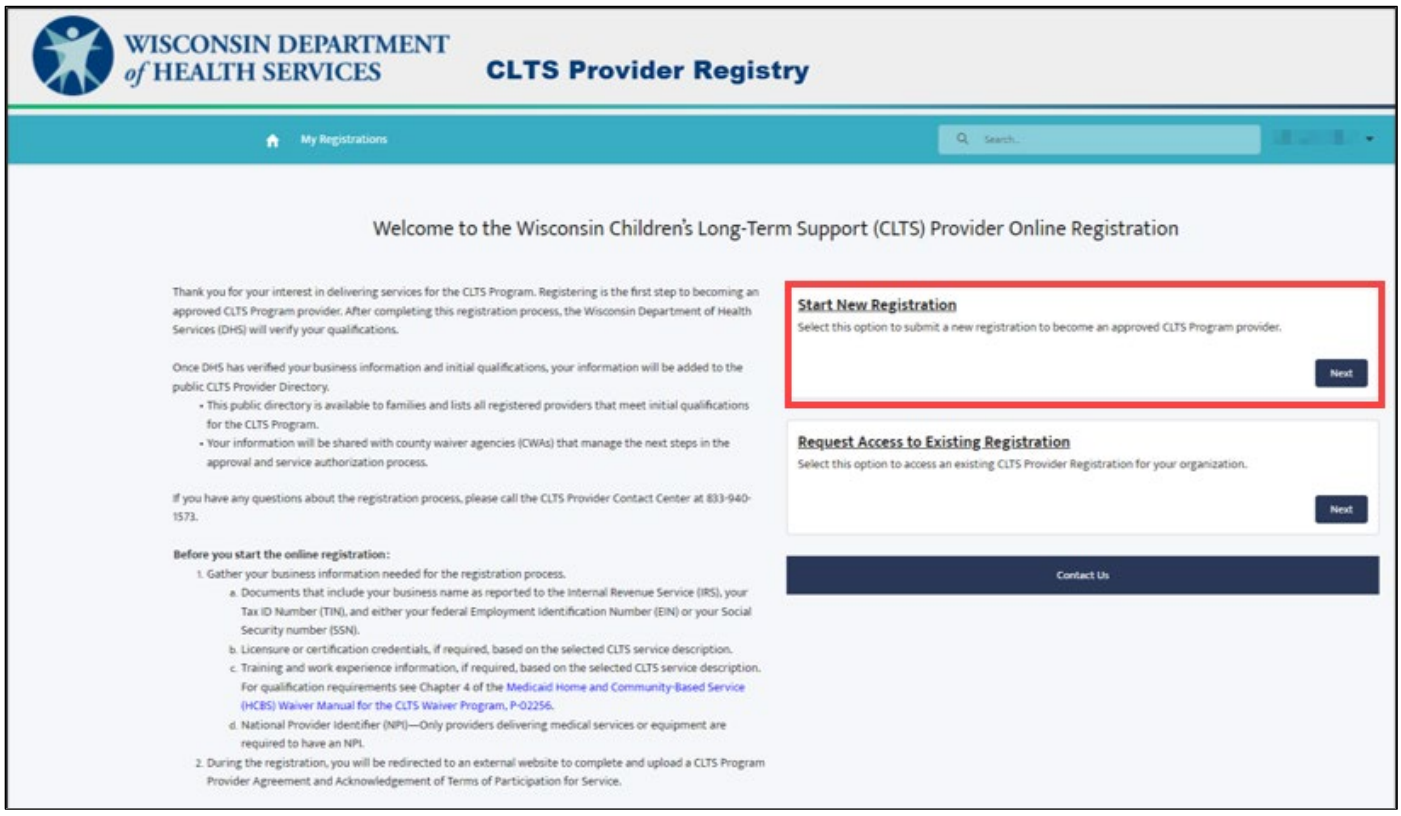
On the home page, you have a few options.



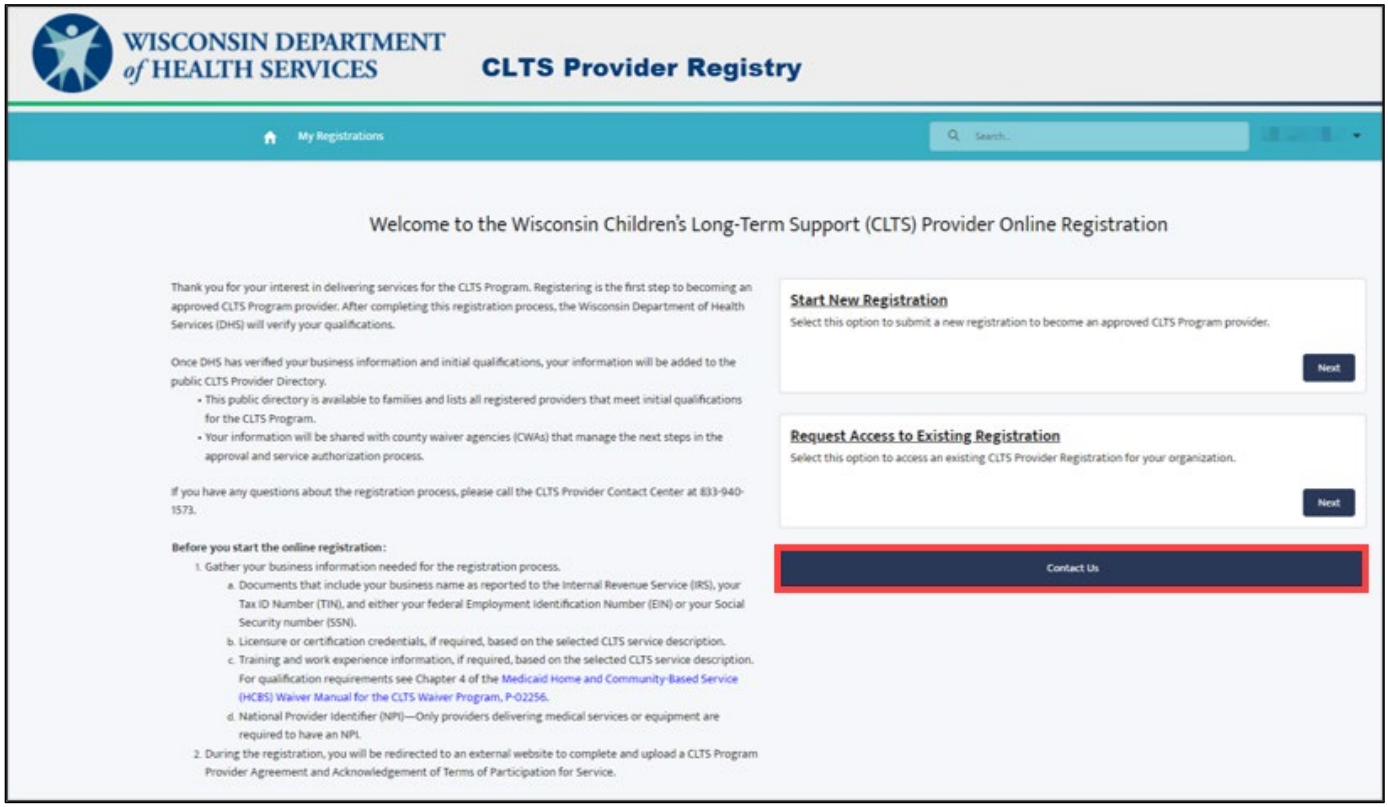
Request access to an existing registration.



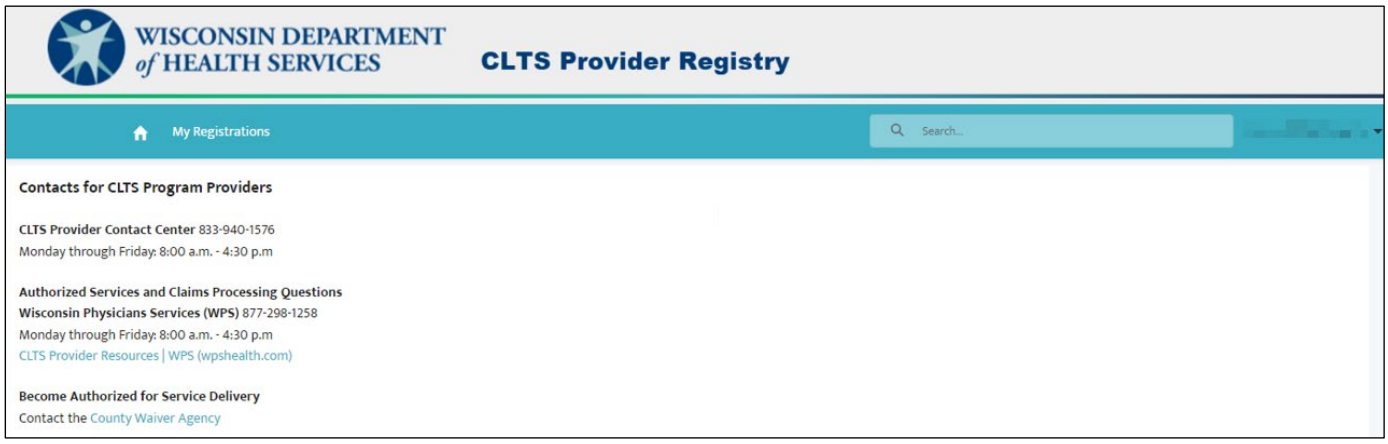
Start a new registration.



Click **Contact Us** for a set of helpful contacts.



And here is that set of helpful contacts.



Link to an Existing Registration

If you click **Next** to Request Access to Existing Registration, you then complete this form and click Submit.

Link Registration

Please provide either the Business Name or Tax ID for the registration you are looking to link to.

Organization Information

Business Name

TIN Type

--None--

TIN

Your Information

First Name

Last Name

* Email

Phone

###-###-####

Role

Previous | Submit

The Wisconsin Department of Health Services (DHS) will review your request and send a response to your email.

Link Registration

Please provide either the Business Name or Tax ID for the registration you are looking to link to.

Organization Information

Business Name

TIN Type

--None--

TIN

Your Information

First Name

Last Name

* Email

Phone

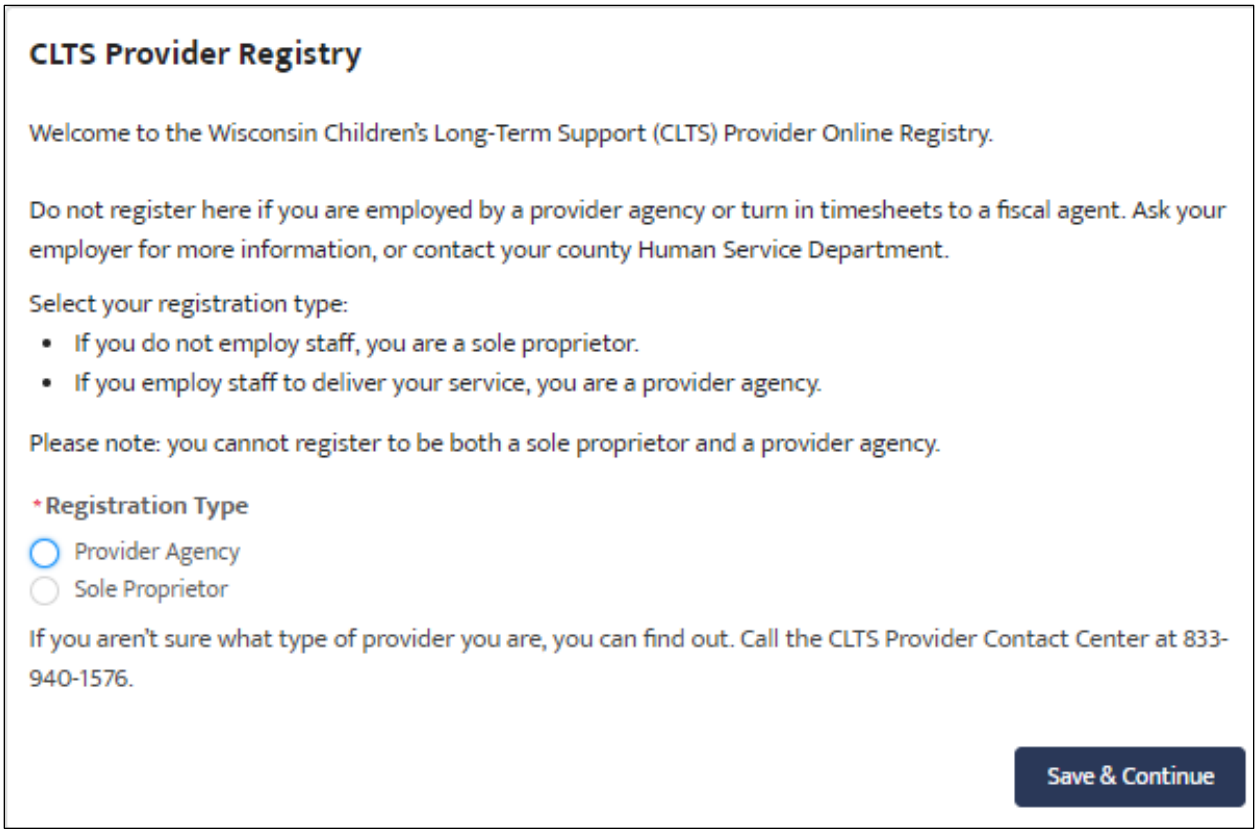
###-###-####

Role

Previous | Submit

Start New Registration

If you click **Next** for Start a New Registration, you start by choosing a registration type.



CLTS Provider Registry

Welcome to the Wisconsin Children's Long-Term Support (CLTS) Provider Online Registry.

Do not register here if you are employed by a provider agency or turn in timesheets to a fiscal agent. Ask your employer for more information, or contact your county Human Service Department.

Select your registration type:

- If you do not employ staff, you are a sole proprietor.
- If you employ staff to deliver your service, you are a provider agency.

Please note: you cannot register to be both a sole proprietor and a provider agency.

*Registration Type

Provider Agency

Sole Proprietor

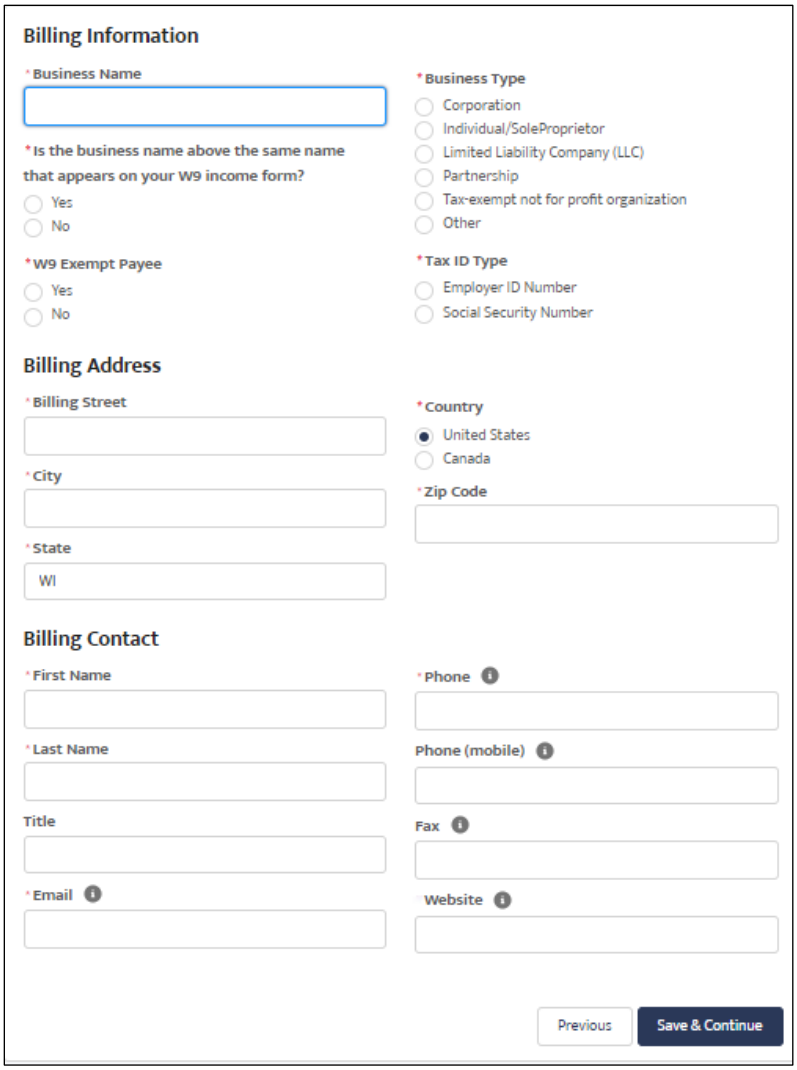
If you aren't sure what type of provider you are, you can find out. Call the CLTS Provider Contact Center at 833-940-1576.

Save & Continue

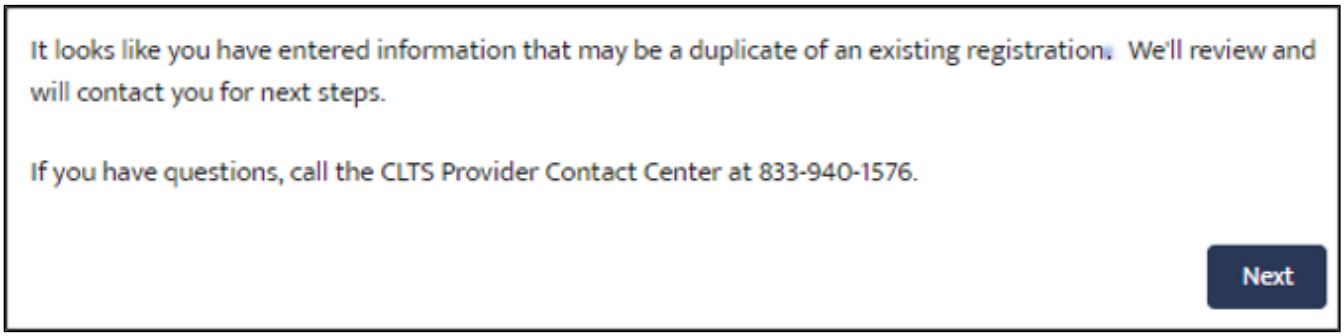
Helpful Hint: Providing complete information in a new registration will reduce the chances DHS will send you follow-up requests.

Billing Information

Next, enter billing information including the business details, tax details, address, and contact person.



Note you will get a message if you enter the same information as a registration previously entered in the system.



Link to Agreement

Next, click the link to complete the CLTS Provider Agreement form online. The form to complete depends on the business type (sole proprietor or provider agency).

Please review and sign the applicable CLTS Provider Agreement form(s) before continuing with your registration.

Note that information included in the Billing Information on your registration will need to match the information on your CLTS Provider Agreement form.

CLTS Waiver Program Provider Agreement and Acknowledgement of Terms of Participation for Sole Proprietor or Individual Waiver Service Providers, F-02364

Previous | Save & Continue

Clicking the link will open a DocuSign form in a separate browser window.
After electronically signing the form, manually switch back to the original browser window.

PowerForm Signer Information

Completion of this form is required under Federal Law by the Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, under the Code of Federal Regulations 42 CFR 431.107.

Please enter your name and email to begin the signing process.

Provider Agency Authorized Signer

Your Name: *

Full Name

Your Email: *

Email Address

Please provide information for any other signers needed for this document.

CLTS Provider Registration System

Name:

CLTS Provider Registration

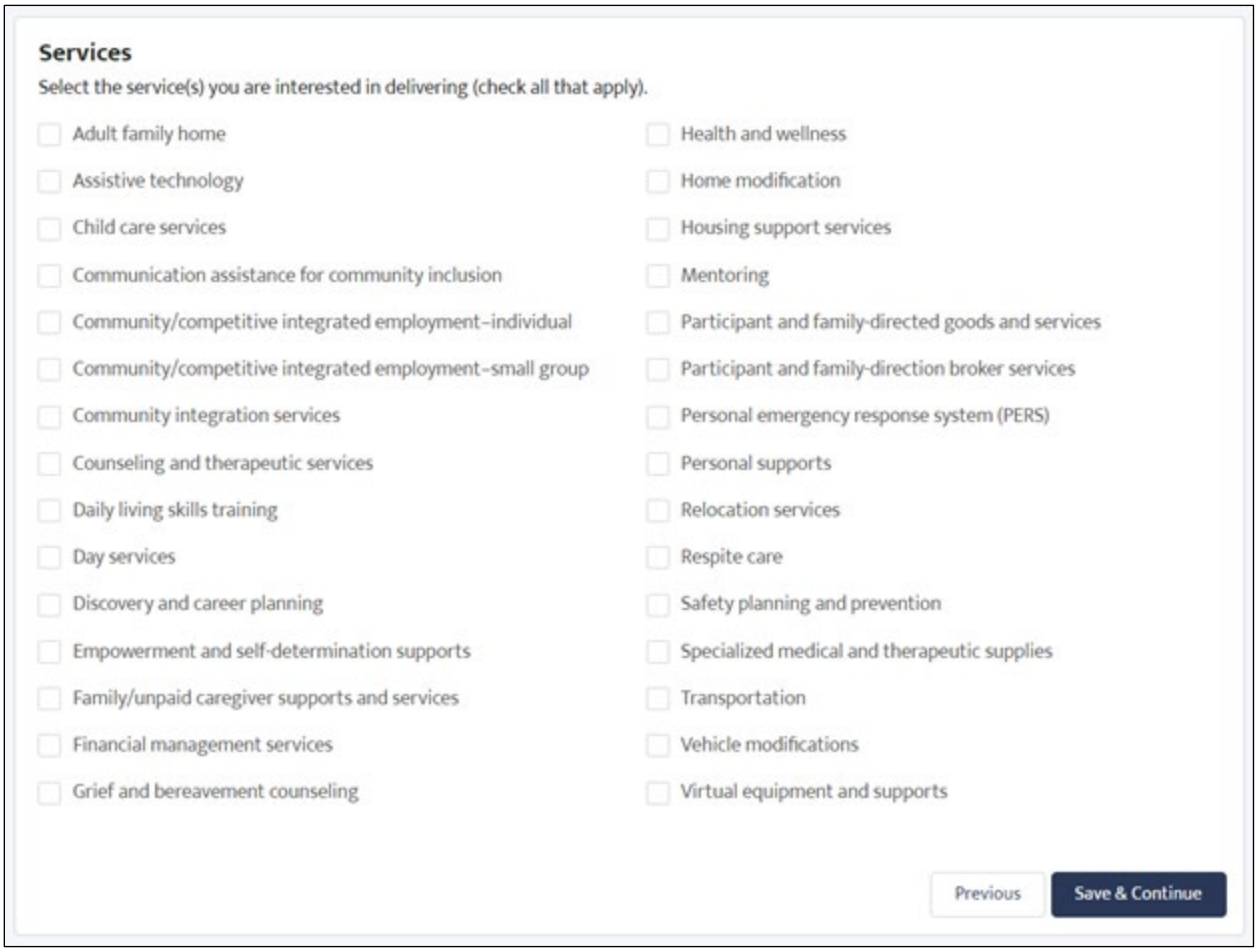
Email:

dhscltsprovider@dhs.wisconsin.gov

BEGIN SIGNING

Services

Next, check the box for each service you intend to offer as a provider.



Services — Additional Info N/A

Depending on the business type and service selected, you may not need to provide additional information.

Selecting the following services as a sole proprietor **does not** require additional information:

- Assistive technology
- Discovery and career planning
- Empowerment and self-determination support
- Family/unpaid caregiver supports and services
- Mentoring
- Participant and family-direction broker services
- Personal emergency response system (PERS)
- Transportation
- Virtual equipment and supports

Selecting the following services as a sole proprietor **does not** require additional information:

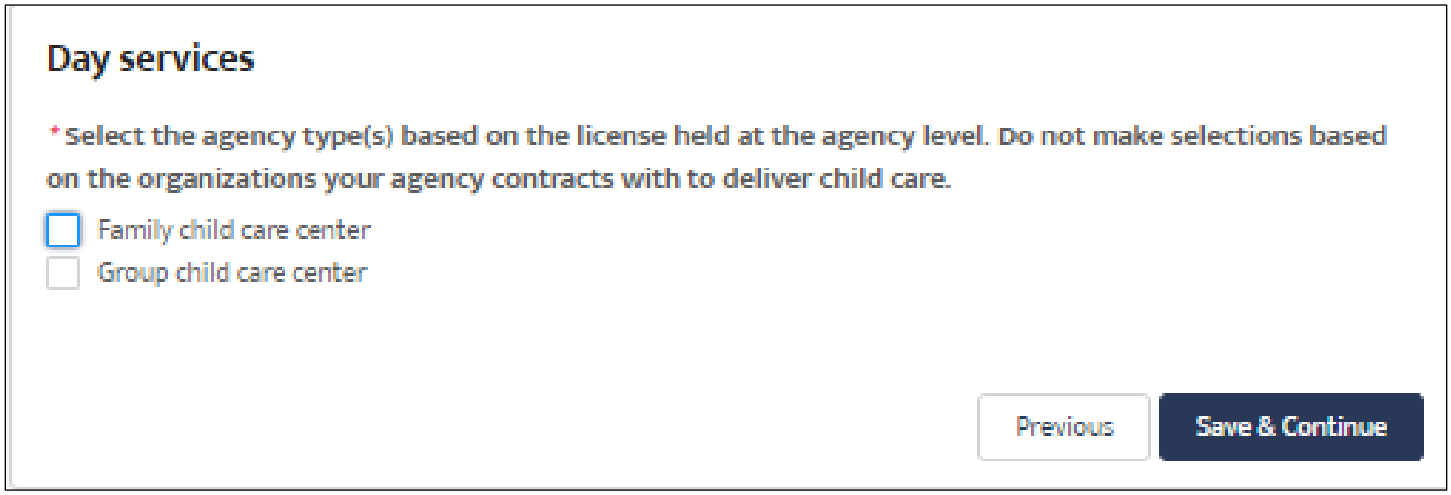
- Assistive technology
- Discovery and career planning
- Empowerment and self-determination support
- Family/unpaid caregiver supports and services
- Mentoring
- Participant and family-direction broker services
- Personal emergency response system (PERS)
- Transportation
- Virtual equipment and supports

Services — Additional Info Req.

Selecting the following services **does** require additional information:

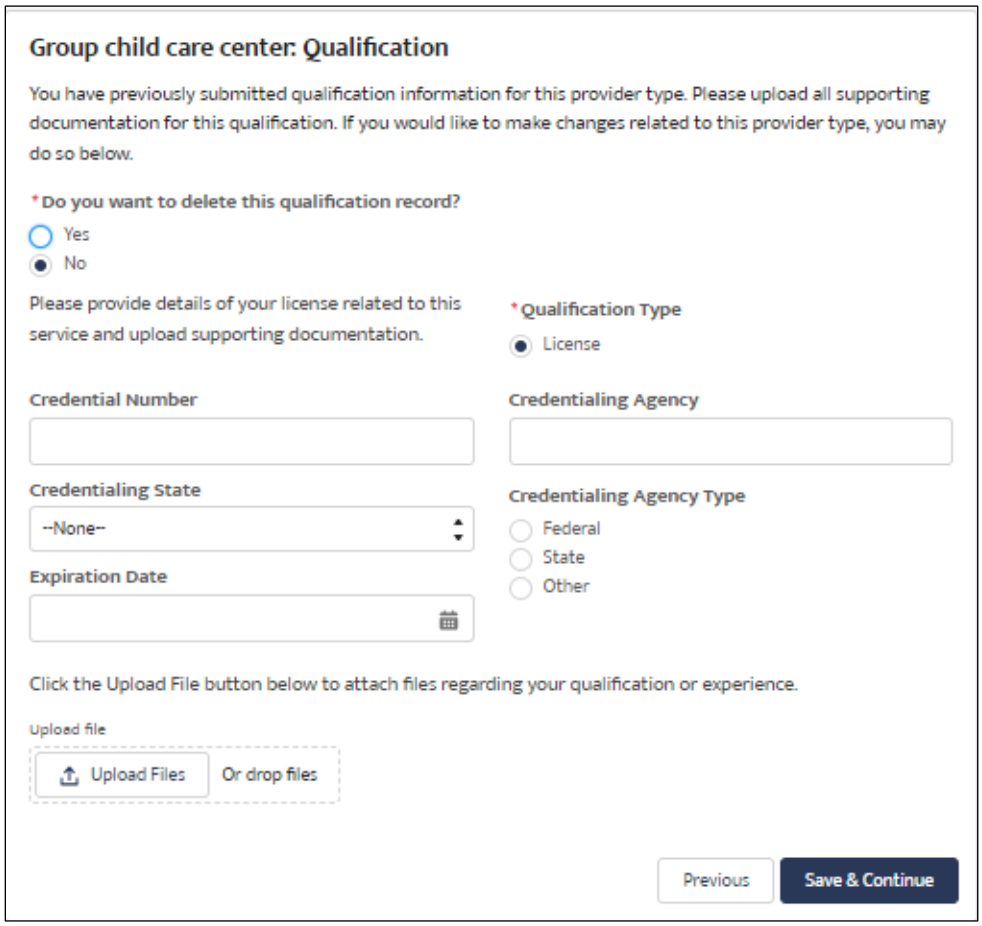
- Child care
- Day services
- Daily living skills training
- Discovery and career planning
- Adult family home
- Respite care
- Counseling and therapeutic services

When you select a service that requires additional information, additional questions will follow. Here are the additional questions that follow the selection of Day services. First, select options for the Provider Type.

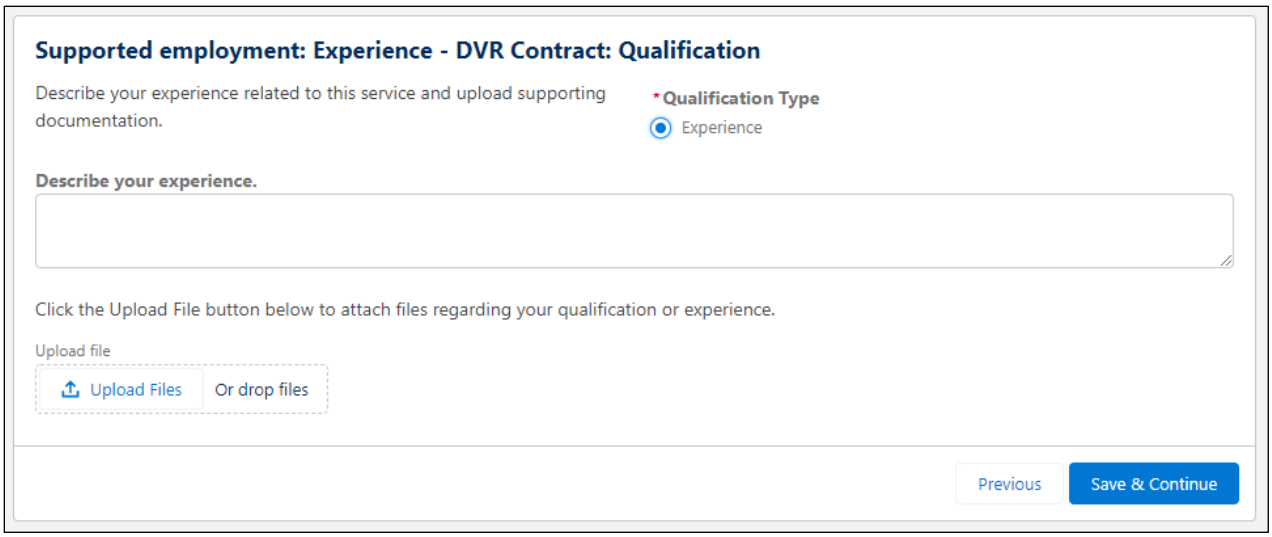


Services — Qualifications

After selecting services, you must enter information for the provider agency's accreditation, certification and license.



And, depending on the Provider Type you select, you may be need to enter qualifications related to education, experience, or training.



Services — NPI

After submitting details on qualifications, you must enter an NPI if you chose any of these Provider Types:

- Adult family home
- Medical supplier
- Licensed practical nurse
- Nurse aide
- Personal care worker
- Registered nurse
- Home health agency
- Hospice
- Sign language interpreter
- Licensed psychologist

And you must submit an NPI if you choose Assistive technology as a Service Type and both of the following are true:

- Durable medical equipment supplier is the Provider Type.
- Medical supplies or services is selected.

If you choose **Yes** for the question "Do you have an NPI?", then a field is displayed to enter one.

Provider Agency

Sole Proprietor

If you choose **No** for the question "Do you have an NPI?", then a message is displayed noting the registration is saved and can be continued later.

National Provider Identification (NPI)

You have selected provider types that require an NPI.

*Do you have an NPI?

Yes

No

If you do not have an NPI, you can save your registration now and continue later

Save & Continue

If you choose **No** for the question "Do you have an NPI?" and clicks **Save & Continue**, then a confirmation message is displayed.

National Provider Identification (NPI)

You have selected provider types that require an NPI.

Clicking Save and Exit will save your registration. Please get your NPI and then come back to finish your registration.

Save and Exit

Services — Medicaid-Certified

After entering an NPI, you must enter information for being a Medicaid-certified provider if you choose any of the following as a service: Durable medical equipment supplier, Personal care worker, or Medical supplier.

Medicaid-Certified Provider

You have selected services that require you be a Medicaid-certified provider.

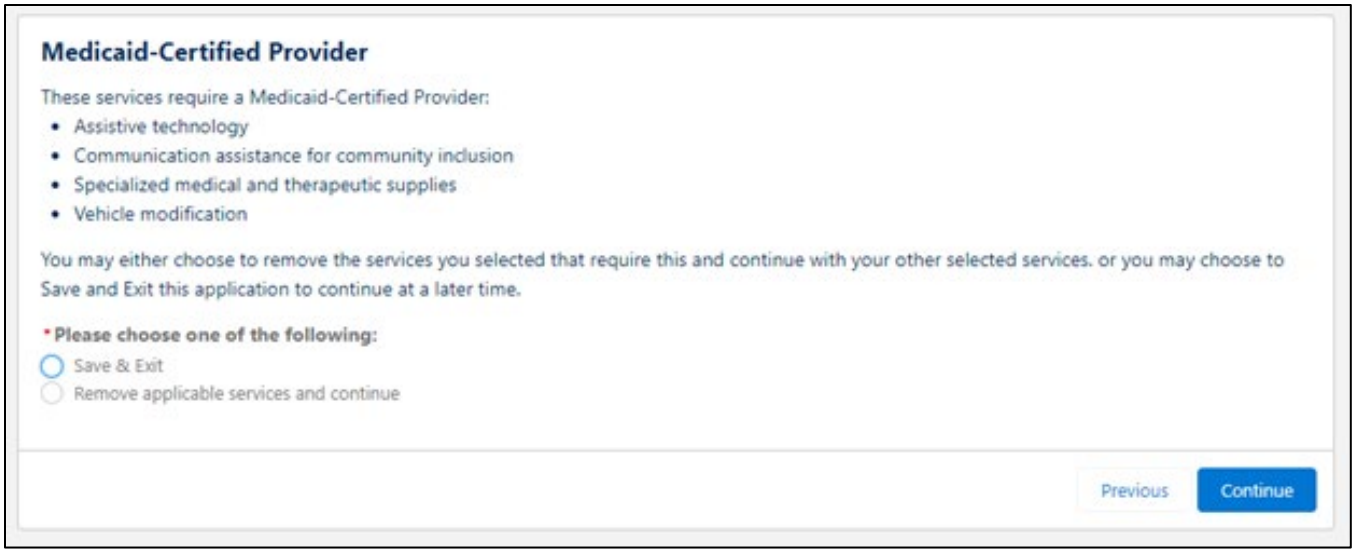
*Are you a Medicaid-certified provider?

Yes

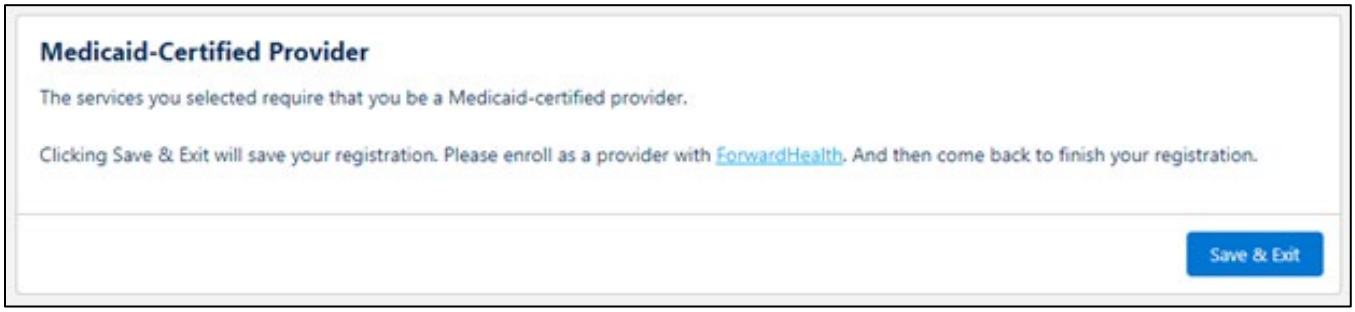
No

Save & Continue

If you choose **No**, you have the option to save the registration and exit or go backwards in the application to remove the services that require being a Medicaid-certified provider.



However, if you select **No**, and all the services selected require being a Medicaid-certified provider, the only option is to click **Save & Exit**.



Notice the link to enroll as a provider with ForwardHealth.

Directory Locations

Next, you can add directory locations for the account.

Location Information

Please provide details about your office location(s).

*Business Name

*Phone

*Street

Phone (mobile)

*City

Fax

*State

WI

Email

*Zip Code

Website

*Services Offered (select all that apply)

- Adult family home
- Community/competitive integrated employment–individual

*Does your location offer services statewide?

- Yes
- No

*Counties Served (select all that apply)

Statewide
Adams
Ashland
Barron
Bayfield

*Do you have additional office locations to add?

- Yes
- No

Save & Continue

Submit a New Registration

After selecting the services, entering qualifications, possibly reporting an NPI or Medicaid-certified provider status, and providing the directory location(s), you can submit the new registration.

Just click **Submit**!

Thank you for completing your CLTS provider registration!

Clicking the Submit button below will submit your registration to DHS for review. You will receive a confirmation email message indicating your registration was received.

After your information and qualifications are reviewed, you will receive an email notification from DHS regarding your status. If you are initially approved, DHS will add your information to the public CLTS Provider Directory . DHS will share your information with the county waiver agency(ies) in the county(ies) you are willing to deliver services. They will handle the rest of the process. That may include:

- Completing caregiver background checks
- Issuing contracts
- Authorizing services

If you have any additional comments you would like to include with your registration, please enter them below before submission.

Previous | Submit

Summary

This presentation covered the following topics:

- Start a new registration (or link to an existing one).
- Enter billing information.
- Select services (including providing qualifications, a National Provider Identifier (NPI), and status as a Medicaid-certified provider).
- Enter directory locations.
- Submit the registration.

Conclusion

- This concludes the guide on how to submit a new registration in the CLTS Provider Registry.
- If you have specific questions concerning how providers register for the CLTS Program, please call the CLTS Provider Contact Center at 833-940-1576.