

# 2026 Children’s Long-Term Support (CLTS) Program Quality Guide

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**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

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**Contact for the Wisconsin Department of Health Services (DHS):**

Technical Assistance Center  
Bureau of Children’s Services  
Division of Medicaid Services  
Wisconsin Department of Health Services  
[DHSBCSTAC@dhs.wisconsin.gov](mailto:DHSBCSTAC@dhs.wisconsin.gov)

# I. Introduction

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## Overview of the CLTS Program

The Children’s Long-Term Support (CLTS) Program is one of Wisconsin’s Home and Community-Based Services (HCBS) Medicaid Waiver programs, federally authorized under § 1915(c) of the Social Security Act. The CLTS Program provides a structure within which Medicaid funding is available to support children and youth who live at home or in the community and have substantial limitations in multiple daily activities as a result of one or more of the following:

- Intellectual and/or developmental disabilities
- Physical disabilities
- Mental health disabilities

The program seeks to ensure participants are treated with respect and assure service systems empower the individual, build on their strengths, enhance individual self-worth, and supply the tools necessary to achieve maximum independence and community participation through a working partnership between the participant and their support and service coordinator (SSC).

Primary values of the CLTS Program include:

- Supporting individual choice
- Enhancing relationships
- Building accessible, flexible service systems
- Achieving optimum physical and mental health for the participant
- Promoting presence, participation, optimal social functioning, and inclusion in the community

As the state Medicaid Agency, the Wisconsin Department of Health Services (DHS) has sole statewide authority in all Medicaid waiver policy and program administration. Locally contracted county waiver agencies (CWAs) operate the CLTS program according to the policies defined by DHS in the [CLTS Program Manual](#).

## Purpose of the CLTS Program Quality Guide

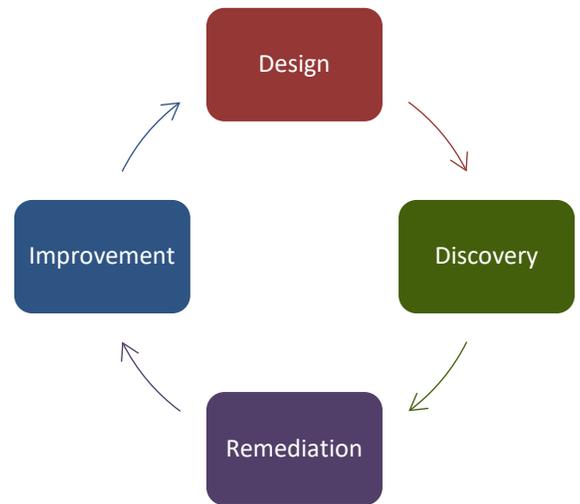
This quality guide provides information for CWAs on the compliance and quality measures DHS uses to monitor CLTS Program performance. The guide details the elements of the CLTS Program Quality Improvement Strategy (QIS), including roles and responsibilities; performance measurement; data collection methods; remediation and program improvement activities; and reporting on program performance.

# CLTS Program Quality Improvement Strategy

DHS uses a continuous quality improvement cycle for the CLTS Program QIS. These continuous quality improvement activities have the goal of monitoring how well the program is operating in accordance with the approved waiver design; meeting statutory and regulatory assurances and requirements; and achieving desired outcomes and goals for participants.

The steps of the quality improvement cycle are:

- **Design** of a quality improvement system.
- **Discovery** of program performance through data collection, analysis, and monitoring.
- **Remediation** to address identified deficiencies.
- **Improvement** of processes system-wide to create measurable change.



## Quality roles and responsibilities

DHS maintains administrative authority for the CLTS Program and is responsible for ensuring program quality and compliance with federal and state laws. CWAs operate and maintain program data at the local level and participate in quality improvement activities led by DHS.

### Wisconsin Department of Health Services

As the state Medicaid agency, it is the responsibility of DHS to maintain direct administrative oversight of the CLTS Program and demonstrate that the program has met federal statutory assurances and sub-as assurances as described in [Section II](#) of this guide. DHS measures program performance on the indicators identified in [Section II](#) and [Section III](#) of this guide through quantitative and qualitative data collection methods described in [Section IV](#). DHS monitors program performance and addresses identified performance deficiencies directly through remediation and program improvement activities described in [Section V](#). DHS communicates program performance through federal reporting and partner engagement described in [Section VI](#).

### County Waiver Agencies

As the operational agencies for the CLTS Program, CWAs maintain complete and accurate participant records and update the following systems to ensure data accuracy and quality:

- Functional Screens Information Access ([FSIA](#))
- Enrollment & Eligibility System ([EES](#))
- Program Participation System ([PPS](#))
- Children’s Incident Tracking and Reporting ([CITR](#))
- [CLTS Provider Registry](#)
- Local service authorization systems

CWAs are responsible for correcting operations quality issues discovered through internal monitoring or by DHS through administrative oversight activities. CWAs are then responsible for informing DHS of any remediation actions taken to resolve county level issues. CWAs also provide insight into systems-level issues impacting quality. DHS considers this insight when developing quality improvement activities for the statewide CLTS Program.

### **External Quality Review Organization**

The External Quality Review Organization (EQRO) for Wisconsin, MetaStar, conducts quality reviews of the CLTS Program at the direction of DHS. The EQRO evaluates the CLTS program through annual participant record reviews and Support and Service Coordinator (SSC) verification. Refer to [Appendix B](#) for detailed information on the record review process.

## **Activities within the CLTS Quality Improvement Strategy**

DHS uses a range of quality improvement processes and activities throughout the continuous quality improvement cycle to monitor performance, identify deficiencies, and make program improvements.

### **Operational support for CWAs**

DHS engages with and supports CWAs through:

- Written policy defined in the [CLTS Program Manual](#).
- [Numbered memos](#) and [information memos](#) issued by the Division of Medicaid Services.
- Other [published resources](#) related to CLTS Program policy and operations.
- Regular CLTS Program [teleconferences](#).
- Operational impact discussions.
- Ongoing consultation with DHS staff.
- Outreach on practice, quality, and performance.

### **Quantitative data collection and analysis**

DHS collects, aggregates, and analyzes data from a range of sources including:

- CWA operations data reported through DHS administered information systems.
- Record reviews conducted by the EQRO for Wisconsin.
- Statewide [provider directory](#).
- Financial and claims analysis.
- Administrative data provided by other state agencies or departments.
- National Core Indicator (NCI) family experience survey.

### **Partner feedback**

DHS gathers qualitative data, identifies issues, and discusses options for improvement strategies through partner engagement including:

- Quarterly partner engagement with the [CLTS Council](#).
- Participant and family surveys.
- Operations discussions with CWAs.
- Communication with families, providers, and other state agencies.

# II. Federal Performance Measures

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## Federal Requirements

The CLTS Program is an HCBS Waiver program, federally authorized under §1915(c) of the Social Security Act. As a condition of waiver approval, DHS must make satisfactory assurances to the Centers for Medicare & Medicaid Services (CMS) concerning the protection of participant health and welfare, financial accountability, and other elements of waiver operations. These federal assurances are set forth in [42 CFR §441.301](#) and [§441.302](#) and refer to specific elements of waiver operations in the areas of:

- Administrative Authority
- Level of Care
- Qualified Providers
- Service Planning
- Health and Welfare
- Financial Accountability

## Overview

Federal Performance Measures (PMs) are key indicators defined by DHS to measure CLTS Program performance in meeting federally defined requirements related to important dimensions of waiver quality including participant health and welfare, service planning and delivery, and financial accountability. These measures provide DHS and CWAs data on how the CLTS Program is meeting federal requirements and identify areas for improvement at the local and state levels.

## Performance Measurement

DHS has developed a set of performance measures to monitor CLTS Program compliance with federal assurances for waiver period 2022-2026. These measures are defined in the approved [Application for §1915\(c\) Home and Community-Based Services Waiver](#) for the CLTS Program.

The Federal Performance Measure Set includes both process measures, which measure how well program processes are working as planned, and outcome measures, which measure whether participants experience good outcomes. DHS gathers data on CLTS Program performance related to federal assurances through the collection of administrative data, participant record reviews, and participant experience surveys. See [Section IV](#) for detailed information on data collection methods.

# Summary of Federal Performance Measure Set

The following federal performance measures have been developed and are defined in the approved [Application for §1915\(c\) Home and Community-Based Services Waiver](#) for the CLTS Program. Refer to [Appendix A](#) for full technical specifications.

## Assurance A: Administrative Authority

DHS retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and local/regional non-state agencies and contracted entities.

PM #	Measure Name	Measure Description	Method
<a href="#">A-i-1</a>	<b>Participant Rights and Responsibilities Notification</b>	Participants or their guardians, as applicable, sign a notification of their rights at least annually.	Record Review <a href="#">Indicator 2.5</a>
<a href="#">A-i-2</a>	<b>Timely Enrollment</b>	Children/youth are enrolled according to DHS-established timeframes.	Administrative
<a href="#">A-i-3</a>	<b>Record Review Remediation</b>	Locally contracted waiver agencies must complete Record Review remediation by the end of the review cycle.	Record Review <a href="#">Remediation Indicator</a>

## Assurance B: Level of Care

DHS demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, nursing facility, or intermediate care facility for individuals with intellectual and developmental disabilities (ICF/ID-DD).

PM #	Measure Name	Measure Description	Method
<a href="#">B-i-1</a>	<b>Timely Initial Functional Screen</b>	Applicants have an initial functional screen completed according to DHS-established timelines from the date of referral.	Administrative
<a href="#">B-i-2</a>	<b>Eligible Level of Care</b>	All new enrollees must have an eligible level of care prior to enrollment.	Administrative

PM #	Measure Name	Measure Description	Method
<a href="#">B-ii-1</a>	Annual Level of Care Re-Evaluation	Participants' level of care is re-evaluated annually	Administrative
<a href="#">B-iii-1</a>	Accurate Initial Functional Screen	An applicant's initial functional screen was completed according to the clinical instructions resulting in an appropriate level of care determination.	Administrative

### Assurance C: Participant Services (Qualified Providers)

DHS demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

PM #	Measure Name	Measure Description	Method
<a href="#">C-i-1</a>	Initially Approved Licensed/ Certified Providers	Providers initially meet DHS required licensure and/or certification standards and are listed on the Provider Registry.	Administrative
<a href="#">C-i-2</a>	Continuously Qualified Licensed/ Certified Providers	Providers continuously meet required licensure and/or certification standards and are listed on the Provider Registry.	Administrative
<a href="#">C-ii-1</a>	Approved Non-Licensed/ Non-Certified Providers	Non-licensed/non-certified providers are listed on the Provider Registry and adhere to waiver requirements.	Administrative
<a href="#">C-iii-1</a>	Provider Training	Participants have providers who meet State and waiver training requirements that are specific to participant needs.	Administrative

## Assurance D: Service Planning

DHS demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

PM #	Measure Name	Measure Description	Method
<a href="#">D-i-1</a>	Participant-Centered Individual Service Plan (ISP)	Most recent ISP addresses participant's assessed needs, health and safety risks, personal goals, and outcomes through the provision of waiver and non-waiver services.	Record Review <a href="#">Indicator 2.1</a>
<a href="#">D-ii-1</a>	Timely Initial ISP	Initial ISPs are completed according to DHS-established timelines.	Record Review <a href="#">Indicator 1.2</a>
<a href="#">D-iii-1</a>	Timely ISP Updates	ISPs are updated / revised by the SSC at least annually or as warranted by changes in the waiver participant's needs.	Record Review <a href="#">Indicator 2.3</a>
<a href="#">D-iv-1</a>	Services Consistent with ISP	Services were delivered consistent with the ISP.	Record Review <a href="#">Indicator 2.6</a>
<a href="#">D-v-1</a>	Service and Provider Choice	Participants, parents and/or guardians were afforded choice between and among waiver services and providers.	Record Review <a href="#">Indicator 2.7</a>
<a href="#">D-v-2</a>	ISP Developed with Family Input	Parent/guardian input was used to develop the ISP based on the child and family's needs and goals.	Participant Survey

## Assurance G: Health and Welfare

DHS demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

PM #	Measure Name	Measure Description	Method
<a href="#">G-i-1</a>	Family Guide to Incident Reporting	The participant's parents or guardians were provided information on how to report abuse, neglect, exploitation, and other incidents.	Record Review <a href="#">Indicator 3.3</a>
<a href="#">G-i-2</a>	Timely Incident Reporting	Incident reports are submitted to DHS within required timeframe, based on DHS-established incident reporting requirements.	Administrative
<a href="#">G-ii-1</a>	Reporting Incidents to DHS	Incident reports are completed and submitted to DHS for each identified incident.	Record Review <a href="#">Indicator 3.1</a>
<a href="#">G-ii-2</a>	Incident Resolution	Incidents of abuse, neglect, exploitation, and unexplained death are effectively resolved and prevented to the extent possible.	Administrative
<a href="#">G-iii-1</a>	Approved Restrictive Measures	All restraint applications seeking renewal are submitted to DHS according to DHS-established timelines.	Administrative
<a href="#">G-iii-2</a>	Unapproved Restrictive Measures	Unauthorized uses of restrictive measures have a remediation plan developed as a result of an incident per DHS policy.	Administrative
<a href="#">G-iv-1</a>	Annual Well Visit	Parents or guardians are educated on the importance of an annual well visit with their primary care provider.	Record Review <a href="#">Indicator 2.8</a>
<a href="#">G-iv-2</a>	Access to Health Care	Child can see health professionals when needed.	Participant Survey

## Assurance I: Financial Accountability

DHS must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

PM #	Measure Name	Measure Description	Method
<a href="#">I-i-1</a>	<b>Authorized Service Claims</b>	Paid waiver service claims are consistent with the approved service authorization.	Administrative
<a href="#">I-ii-1</a>	<b>Consistent Rate Methodology</b>	Claims are paid in accordance with the state rate methodology.	Administrative

# III. State Performance Measures

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## Overview

State Performance Measures are indicators defined by DHS to measure CLTS Program performance in program access, timeliness, and participant health and safety. State Performance Measures are based on requirements found in the [CLTS Program Manual](#). These measures provide CWAs and DHS data on how the CLTS Program is performing beyond Federal Performance Measures and identify areas for improvement at the local and state levels. DHS monitors state performance measures on an ongoing basis but does not report results federally.

## Performance Measurement

Beyond the federal assurances described in [Section II](#), DHS has developed a set of indicators to monitor program performance in meeting certain state-defined requirements laid out in the [CLTS Program Manual](#).

DHS gathers data on these state-defined performance measures through participant record reviews conducted by the External Quality Review Organization (EQRO) for Wisconsin. The record review evaluates CWA compliance with requirements in four categories:

- Enrollment Practices.
- Individual Service Plan (ISP).
- Health, Safety, and Welfare.
- Qualified Providers.

Refer to [Section IV](#) for detailed information on data collection methods and [Appendix B](#) for full record review methodology and indicator technical specifications.

## Summary of State Performance Measure Set

The following state level performance measures have been developed for participant record reviews in the CLTS Program for the current measurement year. Refer to [Appendix B](#) for record review methodology and indicator technical specifications.

### 1. Enrollment

PM #	Measure Name	Measure Description	Method
1-a	Timely Initial Contact	The participant’s parents or guardians were contacted within 10 calendar days of	Record Review <a href="#">Indicator 1.1</a>

		identification of referral, to schedule a CLTS Functional Screen (FS).	
1-b	Timely Signatures on Initial ISP	The initial ISP is signed by all appropriate parties within 60 days of the SSC and family agreeing to the ISP.	Record Review <a href="#">Indicator 1.3</a>

## 2. Individual Service Plan (ISP)

PM #	Measure Name	Measure Description	Method
2-a	Timely ISP Review and Update	The most recent ISP and Outcomes were reviewed as required at least once every six months.	Record Review <a href="#">Indicator 2.2</a>
2-b	Use of Deciding Together	The most recent ISP was developed using the guidelines outlined in the Deciding Together Guide.	Record Review <a href="#">Indicator 2.4</a>
2-c	ISP Outcomes Shared with Providers	The most recent ISP outcomes were distributed as required to all essential providers.	Record Review <a href="#">Indicator 2.9</a>
2-d	Timely Assessment for Supports and Services	A participant-focused assessment was completed timely.	Record Review <a href="#">Indicator 2.10</a>
2-e	Comprehensive Assessment for Supports and Services	A participant-focused assessment was comprehensive.	Record Review <a href="#">Indicator 2.11</a>

## 3. Health, Safety, and Welfare

PM #	Measure Name	Measure Description	Method
3-a	SSC Contacts	During the review period, contact between the support and service coordinator and the participant/family meets the minimum required by waiver guidelines.	Record Review <a href="#">Indicator 3.2</a>

# IV. Data Collection Methods

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## Overview

DHS monitors CLTS Program performance in meeting federal assurances, state established standards, and program goals through a range of data sources including:

- Administrative systems.
- Record reviews.
- Participant experience surveys.

Data is collected continuously, and analysis is conducted at regular intervals for federal reporting and to inform DHS led efforts and initiatives to improve the CLTS Program. Refer to [Section V](#) for information on remediation and program improvement activities. Refer to [Section VI](#) for information on reporting and partner communications.

## Administrative Systems

DHS collects and analyzes administrative systems data at regular intervals to monitor CLTS Program performance, identify deficiencies, and make improvements at both the statewide and individual CWA levels.

Administrative data is collected by DHS from a range of systems including:

- DHS administered information systems used by CWAs for operational data on:
  - Functional Screens.
  - Enrollment.
  - Pending enrollment.
  - Service Authorizations.
  - Incident Reports.
- Statewide provider directory.
- Financial records including CWA authorization and provider claims.
- Administrative data provided by other state agencies or departments.

Results of administrative data analysis are used for reporting on federal performance measures and to inform DHS led remediation and program improvement activities.

## Record Reviews

At the direction of DHS, Wisconsin's EQRO evaluates the CLTS Program through participant record reviews. The focus of the participant record review is to ensure CWA compliance with requirements set forth in the [CLTS Program Manual](#) in three categories:

- Enrollment Practices

- Individual Service Plan (ISP)
- Health, Safety, and Welfare

The EQRO conducts annual participant record reviews for each CWA serving Wisconsin's 72 counties. Using a DHS-approved [record review tool](#), the EQRO evaluates the most current files from a randomly selected, statistically significant sample of current program participants. Records are randomly selected from active enrollment data for the CLTS Program with an annual statewide sample exceeding requirements to reach a 95 percent confidence interval with a margin of error of 5%. Refer to [Appendix B](#) for full record review methodology and indicator technical specifications.

Results of the record review are tracked by participant and aggregated to show the overall compliance with each indicator at the CWA and statewide level. In addition to participant and aggregate reports, each CWA is provided with a narrative summary of findings that provides explanations of results and EQRO recommendations for indicators with less than optimal performance. Statewide record review results are used for state level and some federal performance measures.

## Participant Experience Survey

DHS distributes the NCI [Child-Family Survey](#) annually to families who have a child with an intellectual or development disability who lives in the family's home and is enrolled in the CLTS Program. The NCI Child-Family Survey is part of a [nationwide project](#) to measure and improve the performance of long-term care services such as the CLTS Program.

DHS uses results of the NCI Child-Family Survey to gain insight into family experiences within the CLTS Program in the areas of:

- Choice, decision-making, and control
- Access and determination of care
- Services and supports in the CLTS Program
- Community involvement and inclusion
- Health and safety
- Satisfaction with services

Results of the survey are reported at the statewide level and are used to inform DHS led efforts, priorities, and initiatives to improve the CLTS Program. DHS uses results on some questions for federal reporting. Refer to [Section II](#) for detailed information on federal performance measures.

# V. Monitoring, Remediation, and Program Improvements

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## Overview

DHS uses quantitative and qualitative data from federal and state-defined performance measures, as described in the above sections, to identify opportunities for program improvement. When data analysis identifies program performance deficiencies, remediation and program improvement activities are initiated to develop strategies to increase compliance and performance. Remediation seeks to address CWA or individual deficiencies, while program improvement activities address deficiencies in processes, policies, and practices that impact overall CLTS Program operations across multiple sectors of administration.

## Performance Monitoring

DHS uses data-driven practices in the QIS for the CLTS Program. Analysis and holistic review of all performance measure findings across CWAs and at a state level allow DHS to assess the CLTS Program performance in meeting federal assurances, state established standards, and program goals. Data from federal and state-defined performance measures are analyzed at regular intervals to identify trends and themes, find system deficiencies, develop plans for remediation and program improvement, and continuously monitor for improved performance.

## Identifying performance deficiencies

Performance measures that fall below the minimum compliance threshold of 86% or show a chronic decreasing trend are considered areas of deficiency and require further investigation. DHS uses additional data analysis as well as qualitative and contextual information gathered from CWAs, families, and other partners to assess for the cause of an identified deficiency.

When findings identify that deficiencies are the result of practices established by operational agencies, remediation activities are initiated. When findings identify that deficiencies are due to a systemic issue, program improvement activities are initiated.

When DHS identifies deficiencies, the following steps may be used to guide the remediation and system improvement processes:

- Review data across all state and federal performance measures.
- Evaluate for commonality and thematic areas of deficiency.
- Separate deficiencies between system and individual impact.
- Assess for root cause.
- Develop improvement plan and monitoring tools.
- Implement improvement plan and monitor for improved performance.

## Remediation Activities

DHS maintains administrative oversight of operational agencies by directing CWAs to complete remediation activities related to specific performance measures as well as requiring remediation during the participant record review process.

### Remediation for local operational practices

When DHS identifies that performance deficiencies are the result of practices established by operational agencies, remediation activities are initiated with the CWA. During remediation, DHS provides technical assistance for the CWA to develop strategies to enhance performance. For serious or recurring issues, DHS may require immediate remedial action or impose a mandatory corrective action plan. In addition to DHS led quality activities, CWAs are encouraged to monitor program performance and develop quality improvement strategies at the local level.

### Remediation for participant record reviews

As described in [Section IV](#), Wisconsin's EQRO conducts annual record reviews for each CWA to assess compliance with specific CLTS Program requirements. When compliance with a record review requirement is not evidenced, the CWA is provided with options for remediation to correct the error. Remediation options may include corrections to the record reviewed or process changes to prevent future errors. The CWA is required to provide the EQRO evidence of remediation before the record review results are finalized. Compliance with remediation efforts is required and is reported as Federal Performance Measure [A-i-3: Record Review Remediation](#).

## Program Improvement Process

DHS uses a variety of strategies within the program improvement process to address systems level deficiencies. All program improvement strategies include an improvement design, monitoring plan, and communication plan. This ensures that all implemented system improvement strategies are reviewed regularly and that results are shared transparently with partners.

DHS system improvement strategies follow the below process:

1. Identify deficiency priority.
2. Review base quantitative and qualitative data.
3. Establish performance target.
4. Develop and implement improvement strategy.
5. Monitor progress toward target.

### Prioritizing areas for program improvement

DHS recognizes the need to thoughtfully prioritize system improvements for identified deficiencies. Implementing systemwide improvement efforts requires significant investment in time and resources, so DHS has developed a process for prioritizing improvement efforts.

System deficiencies that impact participant health and safety are prioritized, followed closely by those that would improve participant outcomes or experience. In addition to categorically prioritizing improvement activities, DHS leverages partner expertise as a primary method to gather qualitative data, identify concerns, and discuss options for system improvement strategies. This multilayered approach ensures that DHS identifies and prioritizes areas of improvement that are most impactful to participant outcomes and program operations.

## Developing program improvement strategies

Program improvement strategies are designed to fit the specific program need and may include knowledge sharing through data, policy, or practice clarification; enhancements to DHS administered information systems for program and participant data; or policy updates to the [CLTS Policy Manual](#). As needed, DHS develops and incorporates new performance indicators into the EQRO record review process.

Program improvement strategies are developed collaboratively with feedback from CWAs and other partners where appropriate. CWA and state advisory councils provide important guidance and insight when developing program improvement strategies and are leveraged as often as feasible.

## Monitoring progress on program improvement

Embedded within each program improvement strategy is continuous monitoring of progress toward the performance goal. Monitoring is conducted at least annually and is dependent upon data source. Performance data collected through administrative systems and ongoing record reviews is monitored more frequently than performance data collected through participant and family surveys.

## Communicating program improvement activities

Communication with CWAs and other partners about deficiencies, improvement strategies, and progress is critical to successful program changes.

DHS uses a variety of communication techniques, including:

- Increasing data access and transparency.
- Ongoing and strategy-specific consultation with DHS staff.
- Updates to program policy defined in the [CLTS Program Manual](#).
- Other new or updated [resources](#) related to CLTS Program policy and operations.
- Engagement with partners including CWAs through regular and ad hoc teleconferences, discussions, and meetings.

# VI. Performance Reporting and Communications

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## Overview

DHS maintains a variety of reporting and communication avenues to ensure all partners are aware of performance data, program improvement strategies, and policy changes. DHS reports program performance to meet CMS reporting requirements in addition to directly communicating information to CWAs and other partners.

## Federal Reporting

Federal reporting on the CLTS Program's performance in meeting waiver assurances is required for each year of the waiver and as a summary of program performance through the first three years of the waiver.

The State's Annual Report on Home and Community-Based Services Waivers, also known as the annual 372 Report, includes information pertaining to:

- Annual waiver recipients and expenditures.
- Monitoring processes and findings for quality assurance and improvement.
- Other financial and statistical waiver information.

In the year prior to the expiration of the approved waiver, DHS must also report on the implementation of the approved waiver. In accordance with CMS [Interim Procedural Guidance \(IPG\)](#), this report provides details on performance monitoring, remediation, and improvement activities of the approved waiver in preparation for the next five-year renewal application.

## Quality Improvement Communications

Communication with operational partners, partners, and the public about performance deficiencies, program improvement strategies, and progress is critical to successful change. Below are communication methods and information on regularly occurring communications unique to each audience.

## County Waiver Agencies

DHS uses a variety of modalities to communicate with CWAs regarding program performance and quality improvement.

### **Teleconferences**

DHS holds regularly scheduled [teleconferences](#) for CWAs to share information on a variety of policy and program operations updates, performance measure findings, and improvement strategies.

### **Ongoing communication and engagement**

DHS maintains regular communication with CWAs using email, operational impact discussions, and technical assistance. These ongoing and as-needed communications are used to efficiently share or receive timely information.

### **DHS published resources**

DHS supports implementation of program improvements through published resources including:

- Written policy defined in the [CLTS Program Manual](#).
- [Numbered memos](#) and [information memos](#) issued by the Division of Medicaid Services (DMS).
- Other [published resources](#) related to CLTS Program policy and operations.

## **Partners and public audiences**

In all partner communications, DHS provides information in an accessible style, written in plain language, and provided in a format that facilitates understanding of the content.

### **CLTS Council**

DHS engages with partners through quarterly meetings with the [CLTS Council](#) to share information and receive input from families, providers, and other partners.

### **Participants and families**

DHS maintains a [family-focused webpage](#) for the CLTS Program with plain language resources and updates. DHS also publishes All in for Kids, a quarterly newsletter for families with the latest program news, highlights, and tips for the CLTS Program.

### **Public**

DHS maintains a [public webpage](#) dedicated to services for children with delays or disabilities. The webpage is regularly reviewed and updated to share information with partners on a variety of topics, including data, state and federal reporting, improvement strategies, and survey results.

# Appendix A: Federal Performance Measure Technical Specifications

This section provides the full technical specifications for the Federal Performance Measure Set for the CLTS Program for waiver period 2022-2026. These performance measures are defined in the approved [Application for §1915\(c\) Home and Community-Based Services Waiver](#) for the CLTS Program. Refer to [Section II](#) for detailed information on federal performance measure requirements.

## Assurance A: Administrative Authority

DHS retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and local/regional non-state agencies and contracted entities.

### Sub-Assurance A

There are no federal sub-assurances for Assurance A.

#### A-i-1: Participant Rights and Responsibilities Notification

**Program Goal:** CLTS Program participants and their guardians understand their rights within the program.

<b>Measure Description</b>	The percentage of records reviewed that contain evidence that participants or their guardians, as applicable, signed a notification of their rights at least annually.
<b>Numerator</b>	Number of records in the sample with evidence that participants or their guardians, as applicable, signed a notification of their rights at least annually.
<b>Denominator</b>	Total number of records reviewed in the sample.
<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">Indicator 2.5</a> : Participants or their guardians, as applicable, sign a notification of their rights at least annually.

#### A-i-2: Timely Enrollment

**Program Goal:** Children newly referred and determined eligible for the CLTS Program will be enrolled within DHS established timelines to ensure timely access to supports and services.

<b>Measure Description</b>	Percentage of children who became newly eligible during the reporting period whose enrollment was effectuated within 90 days.
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<b>Numerator</b>	Number of children and youth whose enrollment is effectuated within 90 days.
<b>Denominator</b>	Total number of children and youth eligible for enrollment.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	100% Review
<b>Data Source</b>	Program Participation System ( <a href="#">PPS</a> ) Enrollment & Eligibility System ( <a href="#">EES</a> )
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Child in enrollable status</li> <li>2. Enrollment not deferred</li> <li>3. Child became enrollable during the reporting period</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. 90 days or less between enrollable status date and CLTS start date</li> </ol>

### A-i-3: Record Review Remediation

**Program Goal:** DHS retains administrative authority and responsibility for the operation of the CLTS Program by exercising oversight of CWA compliance with program policy and requirements through record review remediation.

<b>Measure Description</b>	Percent of records identified for remediation that were remediated by CWAs by the end of the review cycle.
<b>Numerator</b>	Number of participant records in the sample that were remediated by the end of the review cycle.
<b>Denominator</b>	Total number of participant records reviewed in the sample with remediation needed.
<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">Remediation Indicator</a> : Remediation documentation is needed for all unmet indicators, when identified.

## Assurance B: Level of Care

DHS demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, nursing facility, or intermediate care facility for individuals with ICF/ID-DD.

### Sub-Assurance B-i: Initial Level of Care

An evaluation for level of care is provided to all applicants for whom there is a reasonable indication that services may be needed in the future.

#### B-i-1 Timely Initial Functional Screen

**Program Goal:** Children newly referred to the CLTS Program have a timely initial level of care determination.

<b>Measure Description</b>	The percentage of applicants who have an initial functional screen completed within 45 calendar days from the date of referral.
<b>Numerator</b>	Number of applicants whose completed initial functional screen LOC determination was determined according to DHS-established timelines from the date of referral
<b>Denominator</b>	Total number of new applicants
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	100% Review
<b>Data Source</b>	Functional Screens Information Access ( <a href="#">FSIA</a> )
<b>Inclusion Criteria</b>	<b>Denominator</b> <ol style="list-style-type: none"><li>Referral date during the reporting period<ol style="list-style-type: none"><li>Level of Care determination date is in the reporting period</li><li>Include both functionally eligible and not functionally eligible determinations</li></ol></li></ol> <b>Numerator</b> <ol style="list-style-type: none"><li>Identified for denominator</li><li>Level of care determination date is within 45 days of referral date</li></ol>

#### B-i-2: Eligible Initial Level of Care

**Program Goal:** Children have an eligible level of care determination prior to enrollment in the CLTS Program.

<b>Measure Description</b>	Percentage of newly enrolled children who have an eligible level of care prior to enrollment.
<b>Numerator</b>	Number of new enrollees enrolled in the program who have an eligible level of care.
<b>Denominator</b>	Total number of new enrollees
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	100% Review
<b>Data Source</b>	Enrollment & Eligibility System ( <a href="#">EES</a> )

	Functional Screens Information Access ( <a href="#">FSIA</a> )
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Enrollment effective date during reporting period</li> <li>2. Include all new enrollment during reporting period</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Eligible level of care determination before CLTS enrollment date</li> </ol>

## Sub-Assurance B-ii: Level of Care Re-Evaluation

The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.

### B-ii-1: Annual Level of Care Re-Evaluation

**Program Goal:** CLTS Program participants have a level of care determination once every 12 months to ensure continued functional eligibility.

<b>Measure Description</b>	Percentage of participants enrolled in the CLTS Program whose annual level of care is re-evaluated annually.
<b>Numerator</b>	Number of participants whose CLTS Functional Screen was completed annually.
<b>Denominator</b>	Total number of participants.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	100% Review
<b>Data Source</b>	Enrollment & Eligibility System ( <a href="#">EES</a> ) Functional Screens Information Access ( <a href="#">FSIA</a> )
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Enrollment date at least one year prior to end of reporting period</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Level of care determination date completed within one year of previous level of care determination date</li> </ol>

## Sub-Assurance B-iii: Accurate Level of Care

The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine the initial participant level of care.

### B-iii-1: Accurate Initial Functional Screen

**Program Goal:** Children newly referred to the CLTS Program have an accurate functional screen leading to an appropriate level of care determination.

<b>Measure Description</b>	The number of initial functional screens completed according to the clinical instructions resulting in an appropriate level of care.
<b>Numerator</b>	Number of initial applications where the functional screen was completed according to the clinical instructions resulting in an appropriate level of care.

<b>Denominator</b>	Total number of initial applications with a completed functional screen.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	100% Review
<b>Data Source</b>	Functional Screens Information Access ( <a href="#">FSIA</a> ) DHS Internal Tracking for Not Functionally Eligible determinations
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Initial level of care determination date in reporting period</li> <li>2. Include both functionally eligible and not functionally eligible determinations</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Separately report not functionally eligible determinations overturned by DHS</li> </ol>

## Assurance C: Qualified Providers

DHS demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

### Sub-Assurance C-i: Licensed and Certified Providers

DHS verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

#### C-i-1: Initially Approved Licensed or Certified Providers

**Program Goal:** Providers for the CLTS Program have the licensure or certification required to deliver services.

<b>Measure Description</b>	Percentage of registered licensed or certified providers in the sample who meet initial DHS requirements for licensure and/or certification and are listed on the Provider Registry.
<b>Numerator</b>	Number of providers in the sample who are listed on the Provider Registry and obtained appropriate licensure and/or certification.
<b>Denominator</b>	Number of licensed and/or certified providers reviewed in the sample.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">CLTS Provider Registry</a> CLTS Program encounter claim records
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <p>Deduplicated random sample of:</p> <ol style="list-style-type: none"> <li>1. Providers who submitted a claim in the previous 12 months</li> <li>2. Initially approved in CLTS Provider Registry</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Provider credentials verified</li> </ol>

## C-i-2: Continuously Qualified Licensed/ Certified Providers

**Program Goal:** Providers for the CLTS Program maintain licensure or certification required to deliver services.

<b>Measure Description</b>	Percentage of registered licensed or certified providers in the sample who continuously maintained required licensure and/or certification.
<b>Numerator</b>	Number of providers in the sample who are listed on the Provider Registry and continuously maintained licensure and/or certification.
<b>Denominator</b>	Number of licensed and/or certified providers reviewed in the sample.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">CLTS Provider Registry</a> CLTS Program encounter claim records
<b>Inclusion Criteria</b>	<p><b>Denominator</b> Deduplicated random sample of:</p> <ol style="list-style-type: none"> <li>1. Providers who submitted a claim in the previous 12 months</li> <li>2. Initially approved in CLTS Provider Registry</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for the denominator</li> <li>2. Required license or certification not expired</li> </ol>

## Sub-Assurance C-ii: Non-licensed or Non-Certified Providers

DHS monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

### C-ii-1: Initially Approved Non-Licensed / Non-Certified Providers

**Program Goal:** All providers for the CLTS Program are appropriately qualified to deliver services.

<b>Measure Description</b>	Percentage of non-licensed/ non-certified providers in the sample with paid claims who are listed on the Provider Registry and adhere to waiver requirements.
<b>Numerator</b>	Number of non-licensed/non-certified providers in the sample who are listed on the Provider Registry and adhere to waiver requirements.
<b>Denominator</b>	Total number of non-licensed/non-certified providers reviewed in the sample.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">CLTS Provider Registry</a> Encounter claim records
<b>Inclusion Criteria</b>	<p><b>Denominator</b> Deduplicated random sample of:</p> <ol style="list-style-type: none"> <li>1. Providers who submitted a claim in the previous 12 months</li> <li>2. Initially approved in CLTS Provider Registry</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> </ol>

- 
2. Signed and approved provider agreement attesting to adherence to CLTS Program requirements
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## Sub-Assurance C-iii: Provider Training Requirements

DHS implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

### C-iii-1: Provider Training

**Program Goal:** Participants in the CLTS Program have providers who are trained on their specific needs.

<b>Measure Description</b>	Percent of participants in the sample with providers who meet state and waiver training requirements.
<b>Numerator</b>	Number of participants in the sample with providers who are required to have training specific to participant needs who meet state and waiver training requirements.
<b>Denominator</b>	Total number of participants in the sample with providers who are required to have training specific to participant needs.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">CLTS Provider Registry</a> Encounter claim records
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Providers required to have training specific to participant needs with claims paid during reporting period</li> <li>2. Claims for participants included in annual EQRO record review sample for the state</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Signed and approved CLTS Program Medicaid Agreement attesting to adherence to CLTS Program requirements</li> </ol>

## Assurance D: Service Planning

DHS demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

### Sub-Assurance D-i: Individual Service Plan

Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

## D-i-1: Participant-Centered Individual Service Plan (ISP)

**Program Goal:** Each CLTS Program participant has an individual service plan (ISP) that is participant-centered and includes outcomes and supports and services that reflect their needs and preferences.

<b>Measure Description</b>	Percent of records reviewed evidencing that the most recent ISP addresses participant’s assessed needs, health and safety risks, personal goals, and outcomes through the provision of waiver and non-waiver services.
<b>Numerator</b>	Number of most recent ISPs reviewed that addressed assessed needs, health and safety risks, personal goals, and outcomes through waiver and/or non-waiver services.
<b>Denominator</b>	Total number of most recent ISPs reviewed in the sample.
<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">Indicator 2.1</a> : The most recent ISP addresses the participant’s assessed needs, health and safety risks, personal goals and outcomes through the provision of waiver and non-waiver services.

## Sub-Assurance D-ii: ISP Development

DHS monitors service plan development in accordance with its policies and procedures.

### D-ii-1: Timely Initial ISP

**Program Goal:** Newly enrolled CLTS Program participants have an initial ISP developed in within DHS established timelines to ensure timely access to supports and services.

<b>Measure Description</b>	Percent of records reviewed for newly enrolled participants evidencing that initial ISPs are completed within 60 days of enrollment.
<b>Numerator</b>	Number of initial ISPs that are completed according to DHS-established timelines.
<b>Denominator</b>	Total number of initial ISPs reviewed.
<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">Indicator 1.2</a> : The initial ISP was developed within 60 calendar days of the date the participant was determined enrollable.

## Sub-Assurance D-iii: Service Plan Updates

Service plans are updated / revised at least annually or when warranted by changes in the waiver participant's needs.

### D-iii-1: Timely ISP Updates

**Program Goal:** Participants in the CLTS Program have updated ISPs reflecting their current goals, outcomes, and preferences and summary of their current formal and informal supports and services.

<b>Measure Description</b>	Percent of records reviewed evidencing updates to the ISP at least annually or as appropriate to changes in the child’s needs.
<b>Numerator</b>	Number of ISPs reviewed in the sample that indicate the ISP was updated by the SSC at least annually or as warranted by changes in the waiver participant’s needs.
<b>Denominator</b>	Total number of ISPs reviewed in the sample.
<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">Indicator 2.3</a> The ISP was updated by the SSC at least annually, or as warranted by changes in the participant’s needs.

## Sub-Assurance D-iv: Service Delivery

Services are delivered in accordance with the ISP, including the type, scope, amount, duration, and frequency specified in the service plan.

### D-iv-1: Services Consistent with ISP

**Program Goal:** Services provided within the CLTS Program are consistent with the participant’s ISP.

<b>Measure Description</b>	Percent of records reviewed evidencing that services were delivered consistent with the ISP.
<b>Numerator</b>	Number of ISPs in the sample where evidence indicates the waiver services were delivered consistent with the ISP
<b>Denominator</b>	Total number of ISPs reviewed in the sample.
<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">Indicator 2.6:</a> The participant received services consistent with the ISP.

## Sub-Assurance D-v: Participant Choice

Participants are afforded choice between/among waiver services and providers.

### D-v-1: Service and Provider Choice

**Program Goal:** CLTS Program participants and their families have the information and support needed to make informed choices and decisions in service planning and selection of a qualified service provider.

<b>Measure Description</b>	Percent of records reviewed evidencing that participants, parents and/or guardians were afforded choice between and among waiver services and providers.
<b>Numerator</b>	Number of ISPs reviewed that includes clear documentation that the SSC offered choice of waiver services and providers.
<b>Denominator</b>	Total number of ISPs reviewed in the sample.
<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%

<b>Data Source</b>	<a href="#">Indicator 2.7</a> : Participants and parents or guardians were afforded choice of waiver services and providers.
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## D-v-2: ISP Developed with Parent or Guardian Input

**Program Goal:** CLTS Program participants and their families actively contribute to the development of the ISP.

<b>Measure Description</b>	Percent of families reporting that a family member helped make the ISP.
<b>Numerator</b>	Number of surveys in the sample that reflect parent/guardian input was used to develop the ISP.
<b>Denominator</b>	Total number of surveys reviewed in the sample with responses to the inquiry about input for ISP development.
<b>Data Collection Method</b>	Participant survey
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	NCI Survey Question: “Did you or another family member help make the plan?” or question with similar intent if the question is altered by the survey administrators.
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Participation in the Wisconsin NCI Survey in the reporting period.</li> <li>2. Include response types: Yes or No</li> <li>3. Exclude response types: Does not apply; Don't know; and Null</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Response type: Yes</li> </ol>

## Assurance G: Health and Welfare

DHS demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

### Sub-Assurance G-i: Identify and Prevent Health and Welfare Related Incidents

DHS demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death.

#### G-i-1: Incident Report Information for Parent/ Guardian

**Program Goal:** Parents or guardians of children enrolled in the CLTS Program understand how the CLTS Program can help keep the participant safe and healthy.

<b>Measure Description</b>	The percentage of record reviews evidencing that the participant’s parents or guardians were provided information on how to report abuse, neglect, exploitation, and other incidents.
<b>Numerator</b>	Number of records in the sample with evidence that participants’ parents or guardians were provided information on how to report abuse, neglect, exploitation, and other incidents.

<b>Denominator</b>	Total number of records reviewed in the sample.
<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">Indicator 3.3</a> : The participant’s parents or guardians were provided information on how to report abuse, neglect, exploitation, and other incidents.

## G-i-2: Timely Incident Reporting

**Program Goal:** DHS is notified timely when CWAs identify an incident indicating risk for a CLTS Program participant.

<b>Measure Description</b>	Percentage of incident reports submitted to DHS within 3 business days of CWA notification.
<b>Numerator</b>	Number of incidents reports that were submitted to DHS within the required timeframe.
<b>Denominator</b>	Total number of incidents reports.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	100% Review
<b>Data Source</b>	Children’s Incident Tracking and Reporting ( <a href="#">CITR</a> )
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Incident status: certified</li> <li>2. DHS certification date is within the reporting period</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. DHS notification date within 3 business days of CWA notification date</li> </ol>

## Sub-Assurance G-ii: Incident Management System

DHS demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.

### G-ii-1: Reporting Incidents to DHS

**Program Goal:** When incidents indicating risk for CLTS Program participants are identified, CWAs notify DHS to assist with identifying actions that are necessary to remove the risk to the participant’s well-being.

<b>Measure Description</b>	Percent of records reviewed with an identified risk to the participant’s well-being that had been submitted as an incident report to DHS.
<b>Numerator</b>	Number of records in the sample with identified incidents that had a completed incident report submitted to DHS.
<b>Denominator</b>	Total number of records with identified incidents reviewed in the sample.
<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%

<b>Data Source</b>	<a href="#">Indicator 3.1</a> : An incident report was completed and submitted to DHS for each identified incident, based on DHS incident reporting requirements that occurred during the review period.
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## G-ii-2: Incident Resolution

**Program Goal:** Following incidents that indicate risk to CLTS participants, CWAs effectively resolve the incident to reduce risk to health and safety and minimize recurrence of that risk.

<b>Measure Description</b>	Percent of incidents of abuse, neglect, exploitation, and unexplained death that are effectively resolved and prevented to the extent possible.
<b>Numerator</b>	Number of incident reports of abuse, neglect, exploitation, and unexplained death where the documented prevention strategy of an incident effectively resolves the incident and prevents further similar incidents to the extent possible.
<b>Denominator</b>	Total number of incident reports of abuse, neglect, exploitation, and unexplained death.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	100% Review
<b>Data Source</b>	Children’s Incident Tracking and Reporting ( <a href="#">CITR</a> )
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Incident status: certified</li> <li>2. DHS certification date is within the reporting period</li> <li>3. CWA notification date is within the reporting period</li> <li>4. Incident type: abuse, neglect, exploitation, or death</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Incident status certified, indicating DHS has verified incident remediation or prevention strategies when applicable</li> </ol>

## Sub-Assurance G-iii: Restrictive Interventions

DHS policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.

### G-iii-1: Approved Restrictive Measures

**Program Goal:** DHS maintains administrative oversight of all approved uses of protective equipment or mechanical restraint through timely review of renewal applications.

<b>Measure Description</b>	Percentage of renewal applications for approved restraint submitted timely.
<b>Numerator</b>	Number of restraint renewal applications that were submitted to DHS within the DHS-established timelines.
<b>Denominator</b>	Total number of restraint renewal applications submitted to DHS
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	100% Review
<b>Data Source</b>	DHS Restrictive Measures Application Log

<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Renewal application submitted for currently approved restrictive measure</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Application submitted to DHS prior to current approval expiration date.</li> </ol>
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## G-iii-2: Unapproved Restrictive Measures

**Program Goal:** All incidents involving the unapproved use of restrictive measures with CLTS Program participants are fully resolved to prevent future incidents.

<b>Measure Description</b>	Percent of incident reports submitted due to an unauthorized restrictive measures intervention with a remediation plan per DHS policy.
<b>Numerator</b>	Number of unauthorized restrictive measures incident reports with a remediation plan per DHS policy.
<b>Denominator</b>	Total number of incident reports submitted due to an unauthorized restrictive measures intervention per DHS policy.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	100% Review
<b>Data Source</b>	Children’s Incident Tracking and Reporting ( <a href="#">CITR</a> )
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Incident status: certified</li> <li>2. DHS certification date is within the reporting period</li> <li>3. Incident type: Unapproved use of restrictive measure</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Incident status certified, indicating DHS has verified incident remediation or prevention strategies</li> </ol>

## Sub-Assurance G-iv: Health Care Standards

DHS establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

### G-iv-1: Annual Well Visit

**Program Goal:** CLTS Program participants and their families understand the importance of an annual well visit with their primary care provider and how to access Medicaid healthcare benefits.

<b>Measure Description</b>	Percentage of record reviews evidencing that parents or guardians were educated on the importance of an annual well visit with a primary care provider.
<b>Numerator</b>	Number of records reviewed in the sample that document parents or guardians were educated on the importance of an annual well visit with their primary care provider.
<b>Denominator</b>	Total number of records reviewed in the sample.

<b>Data Collection Method</b>	Record Review
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	<a href="#">Indicator 2.8</a> : Parents or guardians were educated on the importance of an annual well visit with their primary care provider (PCP).

## G-iv-2: Access to Health Care

**Program Goal:** CLTS Program participants are able to access Medicaid healthcare benefits and see health professionals when needed.

<b>Measure Description</b>	Percent of families reporting that their child can always or usually see a primary care provider when needed.
<b>Numerator</b>	Number of surveys in the sample that reflect that the child can see health professionals when needed
<b>Denominator</b>	Total number of surveys reviewed in the sample with responses to the inquiry about seeing a health professional when needed.
<b>Data Collection Method</b>	Participant Survey
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	NCI Survey Question: “Response to the annual question, “Can your child see health professionals when needed (for example, doctor, dentist, psychologist)?” or question with similar intent if the question is altered by the survey administrators.
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Participation in the Wisconsin NCI Survey during the reporting period</li> <li>2. Include response types: always, usually, sometimes, seldom/never</li> <li>3. Exclude response types: don’t know and null</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Response types: always and usually</li> </ol>

## Assurance I: Financial Accountability

DHS must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

### Sub-Assurance I-i: Claims and Reimbursement

DHS provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

#### I-i-1: Authorized Service Claims

**Program Goal:** Paid service claims for the CLTS Program are consistent with the approved service authorization.

<b>Measure Description</b>	Percentage of paid service claims consistent with approved service authorization.
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<b>Numerator</b>	Number of paid service claims in the sample that are consistent with the approved service authorization.
<b>Denominator</b>	Total number of paid service claims reviewed in the sample.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	Encounter claim records Service prior authorization data
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Claims paid during reporting period</li> <li>2. Claims for participants included in annual EQRO record review sample for the state</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>3. Identified for denominator</li> <li>4. Paid service claim consistent with approved service authorization</li> </ol>

## Sub-Assurance I-ii: Rate Methodology

DHS provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.

### I-ii-1: Consistent Rate Methodology

**Program Goal:** Claims for the CLTS Program are paid in accordance with the state rate methodology.

<b>Measure Description</b>	Percent of claims in the sample that were paid in accordance with the state rate methodology.
<b>Numerator</b>	Number of claims reviewed in the sample that were paid in accordance with the state rate methodology.
<b>Denominator</b>	Total number of paid claims reviewed in the sample.
<b>Data Collection Method</b>	Administrative
<b>Sampling Approach</b>	Representative sample with confidence interval +/-5%
<b>Data Source</b>	Encounter claim records Service prior authorization data
<b>Inclusion Criteria</b>	<p><b>Denominator</b></p> <ol style="list-style-type: none"> <li>1. Claims paid during reporting period</li> <li>2. Claims for participants included in annual EQRO record review sample for the state</li> </ol> <p><b>Numerator</b></p> <ol style="list-style-type: none"> <li>1. Identified for denominator</li> <li>2. Claims paid in accordance with state rate methodology</li> </ol>

# Appendix B: Record Review Technical Specifications

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This section provides an overview of the record review process as well as the technical specifications for record reviews conducted by the EQRO.

## Background

As one measure of how well the CLTS Program is operating in accordance with the approved waiver design; meeting statutory and regulatory assurances and requirements; and achieving desired outcomes and goals for participants, DHS directs MetaStar to conduct an annual review of a sample of participant files for each county. Records are evaluated using a DHS-approved record review tool based on requirements laid out in the [CLTS Program Manual](#).

The review evaluates CWA compliance with requirements in three categories:

- Enrollment Practices
- Individual Service Plan (ISP)
- Health, Safety, and Welfare

Results of the record review are tracked by participant and aggregated to show the overall compliance with each indicator at the CWA and statewide level. Statewide record review results are used for some federal performance measures and all state level performance measures.

## Summary of Record Review Indicators

The following indicators have been developed for participant record reviews for measurement year 2026. Refer to the [record review tool](#) for full technical specifications.

### 1. Enrollment Practices

Indicator	Indicator Name	PM Type	PM #
<a href="#">1.1</a>	Timely Initial Contact	State	<a href="#">1-a</a>
<a href="#">1.2</a>	Timely Initial ISP	Federal	<a href="#">D-ii-1</a>
<a href="#">1.3</a>	Timely Signatures on Initial ISP	State	<a href="#">1-b</a>

### 2. Individual Service Plan (ISP)

Indicator	Indicator Name	PM Type	PM #
<a href="#">2.1</a>	Complete ISP	Federal	<a href="#">D-i-1</a>

<a href="#">2.2</a>	Timely ISP Review and Update (6 month)	State	<a href="#">2-a</a>
<a href="#">2.3</a>	Timely Annual ISP Updates	Federal	<a href="#">D-iii-1</a>
<a href="#">2.4</a>	Use of Deciding Together	State	<a href="#">2-b</a>
<a href="#">2.5</a>	Notification of Rights	Federal	<a href="#">A-i-1</a>
<a href="#">2.6</a>	Services Consistent with ISP	Federal	<a href="#">D-iv-1</a>
<a href="#">2.7</a>	Service and Provider Choice	Federal	<a href="#">D-v-1</a>
<a href="#">2.8</a>	Annual Well Visit	Federal	<a href="#">G-iv-1</a>
<a href="#">2.9</a>	ISP Information Shared with Providers	State	<a href="#">2-c</a>
<a href="#">2.10</a>	Timely Assessment for Supports and Services	State	<a href="#">2-d</a>
<a href="#">2.11</a>	Comprehensive Assessment for Supports and Services	State	<a href="#">2-e</a>

### 3. Health, Safety, and Welfare

Indicator	Indicator Name	PM Type	PM #
<a href="#">3.1</a>	Reporting Incidents to DHS	Federal	<a href="#">G-ii-1</a>
<a href="#">3.2</a>	Support and Service Coordinator Contacts	State	<a href="#">3-a</a>
<a href="#">3.3</a>	Incident Report Information Provided to Parent	Federal	<a href="#">G-i-1</a>

### Record Review Remediation

If an indicator is identified as unmet during the review, it must be remediated by the CWA by the end of the review cycle. Remediation does not change final scores. Completion of required remediation at the aggregate state level is reported as a federal performance measure.

Indicator	Indicator Name	PM Type	PM #
<a href="#">Remediation</a>	Remediation for Unmet Indicators	Federal	<a href="#">A-i-3</a>

### Record Review Process

Record reviews are conducted for each CWA annually. Prior to the review, MetaStar and DHS meet with CWAs to discuss the documents that will be included in the record review. Reviews of file level documentation for services rendered in the first half of the year (Jan 1-June 30) are conducted in Q3 and Q4 of the current year. Reviews of documentation for services rendered in the second half of the year (July 1-Dec 31) are conducted in Q1 and Q2 of the following year.

MetaStar reviews the selected files remotely and scores according to the Review Protocol. To ensure consistent application of requirements, quality reviewers use a standardized review

process and follow the guidance laid out in the record review tool. The team of quality reviewers is comprised of licensed social workers, licensed counselors, and other degreed professionals with extensive education and experience working with the target groups served by the CLTS Program. Prior to conducting reviews, each quality reviewer receives standardized training on the record review requirements and review process. An interrater reliability test is conducted annually with each reviewer to ensure consistency and reliability.

## Sampling Method

To ensure samples are large enough to produce reliable results, the sampling approach exceeds the requirements to yield a statewide sample size with a 95% confidence interval and a 5% margin of error. The sample is distributed across all CWAs for the CLTS Program to ensure statewide representation of each agency.

The sampling method developed includes the following conditions:

- Random sampling of participant records within a CWA.
- The participant record sample is based on the total program enrollment for each CWA during the review period.
- Participants must be enrolled in the CLTS program for at least 60 days during the review period to be included in the record sample.

## Record Review Results

Following review of the selected records, MetaStar issues preliminary file level results to the county. The county is given 6 weeks to request a rescore of any measure scored as not met. In consultation with DHS, MetaStar reviews any rescore requests before finalizing results. Following finalization of scores, MetaStar issues a Summary of Findings with the county's final results. Any indicators identified as unmet during the review must be remediated by the CWA by the end of the review cycle. Remediation does not change final scores.

DHS uses statewide aggregate data for [federal reporting](#). In addition to federal reporting, DHS uses record review results to better understand how the CLTS Program is working at both the local and state level. DHS uses trends and themes of record review results along with data from other sources for the monitoring, remediation, and program improvement activities described in [Section V](#).

# Record Review Tool

The following Record Review Tool will be used for record reviews conducted for Measurement Year 2026. These reviews will be conducted between July 2026 and June 2027 for records with dates of service between January 1, 2026, and December 31, 2026.



Children’s Long-Term Support (CLTS) Program  
Home and Community Based Services (HCBS) 1915(c) Waiver  
2025-2026 Record Review for Assurance & Quality Measures

SECTION 1: ENROLLMENT				
<i>(Section is only applicable to participants that enrolled during the review period)</i>				
<b>(1.1) The participant’s parent/legal authority was contacted within 10 calendar days of identification of referral, to schedule a CLTS Functional Screen (FS).</b>				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDICATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	a. Evidence of contact with the new enrollee was not found.  b. Evidence of contact was found, but was outside of the required timeframe.  c. Unable to determine date of referral.	1. Going forward, ensure participant’s parent or legal authority is contacted within 10 days from the referral date to schedule a home visit to conduct the CLTS Functional Screen. No record-level remediation needed.	<p><u>GUIDANCE:</u> The participant’s legal authority is required to be contacted within 10 calendar days of identification of referral to schedule a Functional Screen, if the last screen was not completed within the previous 12 months. If the Functional Screen is done prior to referral (and in past 12 months) a new Functional Screen is not needed and this indicator is scored as NA.</p> <p><u>UPDATES:</u> No changes to guidance.</p>	<a href="#">CLTS Waiver Manual (P-02256)</a> : Chapter 6, Section 6.1.1 Requirements and Timelines for Enrollment
<b>(1.2) The initial ISP was developed within 60 calendar days of the date the participant was determined enrollable.</b>				
Scoring Options	Reasons for Not Met	Remediation Options	GUIDANCE & UPDATES	Source
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	a. An initial ISP was not found.  b. The ISP was completed beyond the required timeframe.  c. Unable to determine date participant became enrollable.	1. The initial ISP was completed after the required timeframe. Going forward, ensure the initial ISP was developed within 60 calendar days of the enrollable date. No record-level remediation needed.  2. The initial ISP was not found. Complete and submit the initial ISP.	<p><u>GUIDANCE:</u> The initial ISP is required to be developed within 60 days of the enrollable date. (Enrollable date is the functional eligibility date listed on the DHS Enrollment File.)</p> <p><u>UPDATES:</u> No changes to guidance.</p>	<p><a href="#">CLTS Performance Measure: D-ii-1</a>: Initial ISPs are completed according to DHS-established timelines.</p> <ul style="list-style-type: none"> <li>• Numerator = Number of initial ISPs that are completed according to DHS-established timelines.</li> <li>• Denominator = Total number of initial ISPs reviewed</li> </ul>



				<a href="#">CLTS Waiver Manual (P-02256)</a> : Chapter 6, Section 6.1.1 Requirements and Timelines for Enrollment
<b>(1.3) The initial ISP is signed by all appropriate parties within 60 days of the SSC and family agreeing to the ISP.</b>				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDICATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	a. The ISP was not signed and/or dated by the participant’s parent/legal authority. b. The ISP was not signed by a participant age 14 and older, if they are able to sign. c. The ISP was not signed by the SSC. d. The ISP was signed beyond the required timeframe. e. Case notes do not indicate there was agreement with the family.	1. Going forward, ensure the initial ISP is signed by all appropriate parties within 60 days of the SSC and family agreeing to the ISP. No record-level remediation needed. 2. Going forward, ensure case notes indicate agreement of the initial ISP with family. No record-level remediation needed.	<u>GUIDANCE</u> : The initial ISP is required to be signed by all appropriate parties within 60 days of the SSC and family agreeing to the ISP. Appropriate parties include the SSC, legal authority, and the participant if age 14 or older and able to sign. If the participant is age 14 or older and unable to sign, this needs to be documented on the ISP.  <u>UPDATES</u> : No changes to guidance.	<a href="#">CLTS Waiver Manual (P-02256)</a> : Chapter 7, Section 7.4 Requirements and Procedures for Developing Outcomes and an ISP.

<b>SECTION 2: INDIVIDUAL SERVICE PLAN (ISP)</b>				
<b>(2.1) The most recent ISP addresses the participant’s assessed needs, health and safety risks, personal goals, and outcomes through the provision of waiver and non-waiver services.</b>				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDICATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	a. Education/School b. Medical Supports c. SSC Services d. CLTS Service (other than SSC)	1. Develop an ISP with the participant/parent/legal authority and submit.	<u>GUIDANCE</u> : The ISP needs to address the participant’s assessed needs, health and safety risks, personal goals and outcomes through the provision of waiver and non-waiver services.  Support and Service Coordination (SSC) services are expected to be identified on the ISP for all	<a href="#">CLTS Performance Measure: D-i-1</a> : Most recent ISP addresses participant’s assessed needs, health and safety risks, personal goals, and outcomes through the provision of

	<p>e. Outcomes</p> <p>f. Health and safety risks</p> <p>g. ISP was not found</p>	<p>2. Update the ISP to include the missing element(s) and submit.</p> <p>3. Update the ISP to include the missing health and safety risks and submit.</p> <p>4. Update the ISP to include an outcome for each service authorized on the ISP and submit.</p> <p>5. Develop a completed outcomes page and submit.</p>	<p>participants. As long as it is included on the most recent ISP, this is sufficient.</p> <p><u>UPDATES:</u> No changes to guidance.</p>	<p>waiver and non-waiver services.</p> <ul style="list-style-type: none"> <li>Numerator = Number of most recent ISPs reviewed that addressed assessed needs, health and safety risks, personal goals, and outcomes through waiver and/or non-waiver services.</li> <li>Denominator = Total number of most recent ISPs reviewed in the sample.</li> </ul> <p><a href="#">CLTS Waiver Manual (P-02256)</a>:Chapter 7, Section 7.4 Requirements and Procedures for Developing Outcomes and an ISP</p>
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**(2.2) The most recent ISP and Outcomes were reviewed as required at least once every 6 months.**

SCORING OPTIONS	REASONS FOR NOT MET	REMEDIATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	<p>a. The most recent ISP was reviewed beyond the required timeframe.</p> <p>b. No evidence was found in the record that the ISP was reviewed at least every 6 months.</p> <p>c. The participant was not present at the most recent ISP review.</p> <p><input type="checkbox"/> No evidence of an in-person visit was found for</p>	<p>1. The ISP was not reviewed/updated. Meet with the participant and parent/legal authority to review and update the ISP and submit. This meeting will occur after the record review.</p> <p>2. The ISP was not reviewed timely or with the participant. Going forward, ensure ISP is reviewed within required timeframes.</p>	<p><u>GUIDANCE:</u> The most recent ISP and Outcomes are required to be reviewed and updated at an in-person meeting with the SSC, participant and their parent/legal authority at least once every 6 months.</p> <p>This indicator is not applicable to new participants who have been enrolled less than 6 months during the review period. Signature requirements are evaluated under Section 1 for new enrollees. That is the only situation where this indicator is NA.</p> <p><u>UPDATES:</u> No changes to guidance</p>	<p><a href="#">CLTS Waiver Manual (P-02256)</a>:Chapter 7, Section 7.5 ISP Review, Update, and Recertification</p>

	the most recent ISP review.	No record-level remediation needed.		
(2.3) The ISP was updated by the SSC at least annually, or as warranted by changes in the participant’s needs.				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDICATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	<p>a. The ISP was not reviewed and updated at least annually.</p> <p>b. An updated/revised ISP was not found to reflect the change in assessed needs, based on input from the participant’s parent/legal authority and/or participant.</p>	<p>1. The ISP was not reviewed/updated. Meet with the participant and their parent/legal authority to review and update the ISP and submit. This meeting will occur after the record review.</p> <p>2. Submit an updated ISP addressing the changes in the participant’s needs.</p>	<p><u>GUIDANCE:</u> The ISP is required to be updated/ revised at least annually.</p> <p><u>UPDATES:</u> No changes to guidance.</p>	<p><a href="#">CLTS Performance Measure: D-iii-1</a>: ISPs are updated / revised by the SSC at least annually or as warranted by changes in the waiver participant’s needs.</p> <ul style="list-style-type: none"> <li>Numerator = Number of ISPs reviewed in the sample that indicate the ISP was updated by the SSC at least annually or as warranted by changes in the waiver participant’s needs.</li> <li>Denominator = Total number of ISPs reviewed in the sample.</li> </ul> <p><a href="#">CLTS Waiver Manual (P-02256)</a>: Chapter 7, Section 7.5 ISP Review, Update, and Recertification</p>
(2.4) The most recent ISP was developed using the guidelines outlined in the <i>Deciding Together Guide</i> .				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDICATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	<p>a. Documentation did not provide evidence of the use of the Deciding Together Guide.</p>	<p>1. Going forward, ensure use of the <i>Deciding Together Guide</i> at every ISP review. No record-level remediation needed.</p>	<p><u>GUIDANCE:</u> Evidence of the use of the Deciding Together Guide needs to be documented in the record either through a case note or a signed and dated form. Reference to the use of the guide with the family is sufficient.</p>	<p><a href="#">CLTS Waiver Manual (P-02256)</a>: Chapter 7, Section 7.1.1 Participant-Driven Service Planning Tool: Deciding Together Guide</p>

			UPDATES: No changes to guidance.	
(2.5) Participants or their parent/legal authority, as applicable, sign a notification of their rights at least annually.				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	a. Annual rights notification not signed. b. Annual rights notification not found.	1. Meet with the participant and their parent/legal authority to review and sign rights notification and submit. This meeting will occur after the record review.	<p><u>GUIDANCE:</u> The Participant Rights and Responsibilities Notification (F-20985) form will be reviewed to confirm compliance. The form must be signed and dated within the annual timeframe.</p> <p><u>UPDATES:</u> No changes to guidance.</p>	<p><a href="#">CLTS Performance Measure: A-i-1</a>. Participants or their guardians, as applicable, sign a notification of their rights at least annually.</p> <ul style="list-style-type: none"> <li>Numerator = Number of participants or their guardians, as applicable, in the sample who signed a notification of their rights at least annually.</li> <li>Denominator = Total number of records reviewed in the sample.</li> </ul> <p><a href="#">CLTS Waiver Manual (P-02256)</a>: Chapter 8, Section 8.2.1 Notification of Rights</p>
(2.6) The participant received services consistent with the ISP.				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	a. Services were billed on the CLTS TPA claims report that are not on the ISPs. b. There are services on the ISPs that are not on the CLTS TPA claims report, or evidence through case notes, and no clear reason why the service was not delivered.	1. Update the ISP to include authorizations for all services expended and ensure each service includes a service code written on the ISP. Submit the updated ISP. 2. Write a case note that describes why a service was authorized on the participant’s ISP, but was	<p><u>GUIDANCE:</u> Services authorized on the ISP are expected to be received by the participant. If a service is not received as authorized, documentation, such as case notes, reflecting why the service was not received is expected. The CLTS TPA Claims Report and case notes are reviewed to determine compliance. The current 365-day TPA timely filing claim deadline is considered. Services are evaluated based on monthly use, not by unit or matching exact costs e.g., if respite is authorized to occur weekly,</p>	<p><a href="#">CLTS Performance Measure: D-iv-1</a>: Services were delivered consistent with the ISP.</p> <ul style="list-style-type: none"> <li>Numerator = Number of ISPs in the sample where evidence indicates the waiver services were delivered consistent with the ISP.</li> </ul>



		not used by the participant or expended. The case note should become part of the participant’s record. Submit the case note.	evidence that respite was received at least once each month is sufficient. Services authorized as needed, or with a frequency less than monthly will not be scored ‘Not Met’ if not evidenced during the six-month review period. Services are authorized on the ISP when there is a ‘start date’ identified and the funding source is listed as CLTS. If the funding source is blank, it is not considered to be a CLTS funded service.  <u>UPDATES:</u> No changes to guidance.	<ul style="list-style-type: none"> <li>Denominator = Total number of ISPs reviewed in the sample.</li> </ul> <a href="#">CLTS Waiver Manual (P-02256)</a> : Chapter 4, Section 4.5
<b>(2.7) Participants and parents or guardians were afforded choice of waiver services and providers.</b>				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDICATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	a. Choice between institutional and community services not evidenced. b. Choice of services and providers not evidenced. c. Informed both verbally and in writing of rights and responsibilities not evidenced. d. Informed both verbally and in writing of the right to request a hearing not evidenced. e. Confirmation of acceptance of waiver services not evidenced.	1. Meet with the participant and parent/legal authority to complete and sign the participant-informed rights and choice assurances section of the ISP. Submit the updated ISP.	<u>GUIDANCE:</u> At least one ISP during the annual timeframe needs to have all participant-informed rights and choice assurances checked on the ISP signature page. The participant rights are included on the ISP signature page. Signature on the ISP indicates the participant’s parent/legal authority is informed of choice of waiver services and providers. This is an annual requirement and may not occur during the 6-month review period. Reviewers may need to look in the annual timeframe for confirmation for this requirement.  <u>UPDATES:</u> No changes to guidance.	<a href="#">CLTS Performance Measure: D-v-1</a> : Participants, parents and/or guardians were afforded choice between and among waiver services and providers. <ul style="list-style-type: none"> <li>Numerator = Number of ISPs reviewed that includes clear documentation that the SSC offered choice of waiver services and providers.</li> <li>Denominator = Total number of ISPs reviewed in the sample.</li> </ul> <a href="#">CLTS Waiver Manual (P-02256)</a> : Chapter 7, Section 7.2 Participant-Informed Rights and Choice

(2.8) Parents or guardians were educated on the importance of an annual well visit with their primary care provider (PCP).				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	a. Documentation was not found to verify participants parent/legal authority received information / education on the importance of an annual well visit with their PCP.	1. Met with the parent/legal authority to provide education on the importance of an annual well visit with the primary care provider. Document the education provided and submit.	<p><u>GUIDANCE:</u> The CWA is required to provide the participant’s parent/legal authority education on the importance of an annual well visit with their primary care provider (PCP). This could be captured in a case note that includes, ‘annual well visit [with PCP]’ and demonstrates an exchange of information. Or on a signed attestation that the information was received, signed and dated by the parent/legal authority. If signed by the SSC, it must have a date that corresponds with a case note that demonstrates an exchange of information.</p> <p><u>UPDATES:</u> No changes to guidance.</p>	<p><a href="#">CLTS Performance Measure: G-iv-1</a> Parents or guardians are educated on the importance of an annual well visit with their primary care provider.</p> <ul style="list-style-type: none"> <li>Numerator = Number of records reviewed in the sample that document parents or guardians were educated on the importance of an annual well visit with their primary care provider.</li> <li>Denominator = Total number of records reviewed in the sample.</li> </ul> <p><a href="#">CLTS Waiver Manual (P-02256)</a>: Chapter 4, Section 4.4.3 Requirement to Use Medicaid</p>
(2.9) The most recent ISP outcomes were distributed as required to all essential providers.				
SCORING OPTIONS	REASONS FOR NOT MET	REMEDATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	a. No evidence that the ISP outcomes were distributed to all essential providers.	Send a copy of the ISP outcomes to the essential provider(s) who did not receive them. Submit documentation, such as a case note or form F-20445A, showing the outcomes were sent.	<p><u>GUIDANCE:</u> The SSC is required to send all essential service providers form F-20445A and request that they sign and send back. If the essential providers form is appropriately signed and dated, then we do not need to see the requirements listed below. If a service is “on hold” but is authorized on the ISP, essential</p>	<p><a href="#">CLTS Waiver Manual (P-02256)</a>: Chapter 7, Section 7.4.2 ISP Information Sharing</p> <p>Section 7.4.2.1 Distribution and Provider Signatures (42 CFR § 441.301(c)(2)(ix-x))</p>



			<p>provider requirements are still expected to be met.</p> <p>If the essential providers form is not appropriately signed and dated, then we need to see documentation in the record of:</p> <ul style="list-style-type: none"> <li>• The agency(ies) to which it was sent.</li> <li>• The date it was sent to each agency.</li> <li>• The method of distribution (for example, email, mail, electronic access) to each agency.</li> </ul> <p>The ISP Outcomes are to be sent to all essential providers annually. Verification completed through the methods identified above. The participant’s parent/legal authority can sign for individually hired respite workers and those hired through an agency if a contract is utilized to give to the individual provider.</p> <p><u>UPDATES:</u> No changes to guidance.</p>	
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**(2.10) A participant-focused assessment was completed timely.**

SCORING OPTIONS	b. REASONS FOR NOT MET	REMEDATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/>	<p>a. A participant-focused assessment was not completed at enrollment.</p> <p>c. A participant-focused assessment was not completed at least annually.</p>	<p>Connect with the participant/parent/legal authority and complete a comprehensive assessment and submit.</p>	<p><u>GUIDANCE:</u> The assessment utilized by the CWA will be evaluated to ensure the assessment is completed at enrollment, and at least annually thereafter. Reference to a prior assessment, or the Functional Screen is not sufficient.</p> <p><u>UPDATES:</u> No changes to guidance.</p>	<p><a href="#">CLTS Waiver Manual (P-02256)</a>: Chapter 7, Section 7.3 Assessment for Supports and Services</p>

**(2.11) A participant-focused assessment was comprehensive.**

SCORING OPTIONS	REASONS FOR NOT MET	REMEDIATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NA <input type="checkbox"/>	<ul style="list-style-type: none"> <li>a) Background information</li> <li>b) Social history</li> <li>c) Description of physical health and medical history</li> <li>d) ADLs</li> <li>e) IADLs</li> <li>f) Emotional functioning</li> <li>g) Cognitive functioning</li> <li>h) Behaviors</li> <li>i) Social participation and supports</li> <li>j) Culture, ethnic, and spiritual traditions and beliefs</li> <li>k) Current friendships</li> <li>l) Community participation and involvement</li> <li>m) Personal preferences for how and where to live, including daily activities</li> <li>n) Potential benefits and risk for behaviors</li> <li>o) Future plans, including ability to direct their own supports</li> <li>p) Preference regarding physical environment</li> <li>q) Available resources and how they are managed</li> <li>r) Need for long-term community support services as an alternative to institutional care</li> <li>s) Understanding of rights</li> </ul>	<ol style="list-style-type: none"> <li>1. Connect with the participant/parent/legal authority to assess the missing category(s) on the assessment. Update the assessment with the new information and submit.</li> </ol>	<p><u>GUIDANCE:</u> The assessment utilized by the CWA will be evaluated to ensure all required information is included and assessed. The assessment can be a CWA case management tool, case notes, or other assessment tool. All criteria identified in the CLTS Waiver Manual is to be assessed at least annually and evidenced in documentation. Reference to a prior assessment, or the Functional Screen is not sufficient.</p> <p><u>UPDATES:</u> No changes to guidance.</p>	<p><a href="#">CLTS Waiver Manual (P-02256)</a>: Chapter 7, Section 7.3 Assessment for Supports and Services</p>

**SECTION 3: HEALTH, SAFETY, AND WELFARE**

**(3.1) An incident report was completed and submitted to DHS for each identified incident, based on DHS incident reporting requirements that occurred during the review period.**

SCORING OPTIONS	REASONS FOR NOT MET	REMEDATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	Incident report not found in CTR.	<ol style="list-style-type: none"> <li>Complete an incident report in CTR for each identified Incident. Using the Rescore and Remediation Report, inform MetaStar of completion.</li> <li>Submit documentation evidencing the participant’s known condition that would result in death or hospitalization.</li> <li>Submit documentation evidencing the safety and appropriateness of a restrictive measure or intervention, as an assessment of use, behavior support plan, or other plan including behavior interventions.</li> </ol>	<p><u>GUIDANCE:</u> Incident reports are required for identified incidents that occur at any location and with any provider; home, school, paid or unpaid. Incident reports should be completed for screened in cases of abuse, neglect, or exploitation, medication error hospitalization, psychiatric hospitalization, law enforcement contact or investigation involving the participant, unapproved use of a restrictive measure, or death of the participant.</p> <p><u>UPDATES:</u> No changes to guidance</p>	<p><a href="#">CLTS Performance Measure: G-ii-1</a>: Incident reports are completed and submitted to DHS for each identified incident.</p> <ul style="list-style-type: none"> <li>Numerator = Number of records in the sample with identified incidents that had a completed incident report that was submitted to DHS.</li> <li>Denominator = Total number of records with identified incidents reviewed in the sample</li> </ul> <p><a href="#">CLTS Waiver Manual (P-02256)</a>: Chapter 9. Section 9.33 Incident Management, Resolution and Reporting</p>

**(3.2) During the review period, contact between the support and service coordinator and the participant/family meets the minimum required by waiver guidelines.**

SCORING OPTIONS	REASONS FOR NOT MET	REMEDATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	<ol style="list-style-type: none"> <li>Evidence of at least one direct or collateral contact each month of the review period was not found.</li> <li>Evidence of at least one direct contact with the participant’s</li> </ol>	<ol style="list-style-type: none"> <li>Contacts have resumed and no negative impact to the participant occurred. Going forward, ensure future contact requirements are met. No record-level remediation needed.</li> </ol>	<p><u>GUIDANCE:</u> Every participant and their family require varying levels of engagement with the SSC. At a minimum, the SSC is required to make the following contacts:</p> <ul style="list-style-type: none"> <li>Monthly collateral contact – can occur with any party that would have knowledge of the</li> </ul>	<p><a href="#">CLTS Waiver Manual (P-02256)</a>: Chapter 4, Section 4.6.29.2, Support and Service Coordination</p>

	<p>family every 3 months of the review period was not found.</p> <p>c. Evidence of in-person contact with the waiver participant at least every 6 months during the review period was not found.</p> <p>d. Evidence of at least one in-person participant contact in the participant and family’s place of residence during the review period was not found.</p>	<p>2. Submit a case note showing a contact with the participant’s family. The contact will occur after the record review.</p> <p>3. Submit a case note showing an in-person contact with the participant occurred. The contact will occur after the record review.</p> <p>4. Submit a case notes showing a home visit occurred with the participant. The contact will occur after the record review.</p>	<p>participant’s wellbeing, such a respite provider, or an educator.</p> <ul style="list-style-type: none"> <li>• Direct contact with the family every three months – Direct contact must be with the participant’s family and/or the participant.</li> <li>• In-person contact with the participant at least every six months.</li> <li>• Annually, at least one of the in-person contacts is required to take place at the child and family’s place of residence. This is an annual requirement and may not occur during the 6-month review period. An SSC reviewing progress reports from providers could be considered collateral if the case note includes details from the reports being reviewed – this would be considered an exchange of information between the SSC and provider. SSCs processing paperwork or consulting with a supervisor are not considered collateral contacts. For children who are dually enrolled in CLTS and CCS, team meetings and correspondence with CCS CM (if SSC does not cover both programs) about the participant can be considered a monthly collateral contact.</li> </ul> <p><u>UPDATES:</u> No changes to guidance.</p>	
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**(3.3) The participant’s parents or guardians were provided information on how to report abuse, neglect, exploitation, and other incidents.**

SCORING OPTIONS	REASONS FOR NOT MET	REMIEDIATION OPTIONS	GUIDANCE & UPDATES	SOURCE
<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	<p>a. Documentation was not found to verify participant’s parent/legal authority received information / education on how to report</p>	<p>1. Met with the parent/legal authority to provide information on how to report abuse, neglect, exploitation, and other</p>	<p><u>GUIDANCE:</u> The CWA is required to provide the participant’s parent/legal authority information on how to report abuse, neglect, exploitation, and other incidents. This could be a detailed case note from the SSC that demonstrates an</p>	<p><a href="#">CLTS Performance Measure: G-i-1</a>: The participant’s parents or guardians were provided information on how to report</p>

	<p>abuse, neglect, exploitation, and other incidents.</p>	<p>incidents. Document the education provided and submit.</p>	<p>exchange of information, a signed pamphlet or other documentation from the CWA that reflects these conversations took place between the CWA and parent/legal authority/participant, signed and dated by the parent/legal authority. If signed by the SSC, it must have a date that corresponds with a case note that demonstrates an exchange of information.</p> <p><u>UPDATES:</u> No changes to guidance.</p>	<p>abuse, neglect, exploitation, and other incidents.</p> <ul style="list-style-type: none"> <li>• Numerator = Number of records in the sample with evidence that participants’ parents or guardians were provided information on how to report abuse, neglect, exploitation, and other incidents.</li> <li>• Denominator = Total number of records reviewed in the sample.</li> </ul> <p><a href="#">CLTS Waiver Manual (P-02256)</a>:Chapter 9, Section 9.2 Preventing Risk to the Health and Safety of Program Participants</p>
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**REMEDATION**

Remediation documentation is needed for all unmet indicators, when identified.

GUIDANCE & UPDATES	SOURCE
<p><u>GUIDANCE:</u> Remediation is needed for all indicators that remain unmet after re-scoring is complete. Remediation will likely include documentation completed after the review period such as an incident report in CTR, an updated ISP or updated or amended case notes to provide additional information. Remediation is about making corrections in the current records to ensure requirements are satisfied going forward. Remediation does not change scores.</p> <p><u>UPDATES:</u> No changes to the remediation process, or expectations for completing timely.</p>	<p><a href="#">CLTS Performance Measure: A-i-3</a>: Locally-contracted waiver agencies must complete Record Review remediation by the end of the review cycle.</p> <ul style="list-style-type: none"> <li>• Numerator = Number of participant records in the sample that were remediated by the end of the review cycle.</li> <li>• Denominator = Total number of participant records reviewed in the sample with remediation needed.</li> </ul>

(2.11) COMPREHENSIVE ASSESSMENT GUIDANCE

The participant-focused assessment provides the foundation for developing a participant’s individual support plan (ISP). It is a means for the SSC to become knowledgeable about the participant’s strengths, challenges, interests, hopes, dreams, priorities, and resources.

The SSC must complete an assessment at program enrollment and updated at least annually. The assessment provides a comprehensive description of the participant’s strengths, circumstances, preferences, and needs and must document information gathered in each of the following areas.

ASSESSMENT CATEGORY	DEFINITION
<b>Personal and Family History</b>	
Background information, including any relevant diagnoses	Background information refers to the participant’s demographics, social and family history or make-up, and other personal information.
Social history	Social history refers to the details of the participant’s life experiences including but not limited to the participant’s identity, family, social supports, housing, education or employment, and other aspects of their daily life.
Cultural, ethnic, and spiritual traditions and beliefs	Cultural, ethnic, and spiritual traditions and beliefs refers to the values, practices, and preferences that are important to the participant and their family including but not limited to languages spoken in the home, religious affiliation, holidays celebrated, traditions, or other cultural practices.
<b>Physical Health</b>	
Description of physical health and medical history	Physical health refers to details of the participant’s current physical health <b>AND</b> medical history including but not limited to current physical health status, medical needs, medical supports or services, <b>AND</b> medical history.  This should not just be a list of diagnoses and names of doctors.
<b>Mental Health</b>	
Cognitive functioning	Cognitive functioning refers to the participant’s ability to learn and maintain new information and skills including but not limited to how the participant acquires new skills, academic performance, or results from testing using a specific cognitive assessment tool.
Emotional functioning	Emotional functioning refers to the participant’s ability to understand, express, and regulate emotions including but not limited to managing and expressing both positive and negative emotions in a range of settings and understanding and reacting to the emotional expressions of others.
Behaviors that positively or negatively affect lifestyle and relationships with potential benefits and risks	Behaviors that affect lifestyle and relationships refers to atypical behaviors that may positively or negatively impact the participant’s daily functioning, safety, social relationships, or community inclusion including but not limited to unusual, disruptive, or dangerous behavior.



	<p>Potential benefits of a behavior refer to the purpose, function or meaning of the behavior for the participation including but not limited to communication, sensory input, or social connection.</p> <p>Potential risks for a behavior refer to negative outcomes that may occur as a consequence of the behavior including but not limited to physical injury, property destruction, or social stigmatization.</p>
<b>Relationships and Community Inclusion</b>	
Social participation and existing formal and informal social supports	Social participation and supports refers to the important people in the participant’s life outside of their immediate family including but not limited to extended family, friends, neighbors, members of their religious community, teachers, or childcare providers.
Current friendships	Current friendships refer to the participant’s ability to make and keep friends including but not limited to having a close friend or friend group, a desire to make friends, or difficulty with establishing or maintaining close peer friendships. For children under age 6, this may include social interactions with peers, neighbors, family, or siblings.
Community participation and involvement	Community participation and involvement refers to the ways a participant is engaged with others outside of their home including but not limited to attending school, participating in sports or clubs, engaging in religious activities, or a preference to not engage in community activities.
<b>Daily Living</b>	
Ability to perform physical activities of daily living	Activities of daily living (ADLs) refers to the participant’s ability to engage in age-appropriate everyday activities or daily self-care tasks including but not limited to bathing, dressing, grooming, eating, mobility, and toileting.
Ability to perform instrumental activities of daily living (e.g., laundry, cooking, cleaning)	Instrumental activities of daily living (IADLs) refers to the participant’s ability to engage in age-appropriate activities that allow them to live independently in a community including but not limited to communication, social skills, learning, meal preparation, financial management, employment/schooling, transportation, and household chores.
Preferences regarding physical environment	Preferences regarding physical environment refers to how well the participant’s living environment meets their needs and preferences including but not limited to cultural preferences, sensory processing needs, and adaptations to facilitate mobility.
Personal preferences for how and where to live, including daily activities	Personal preferences for how and where to live refers to how the participant likes to spend their time including but not limited to hobbies and interests.
<b>Future Planning and Resources</b>	
Available resources and how they’re managed	<p>Available resources refer to formal and informal resources available to the participant including but not limited to natural or community supports and enrollment in specific programs such as the CLTS Program, FoodShare, or WIC.</p> <p>How resources are managed refers to the assistance the participant receives in managing listed resources.</p>
Need for long-term community support services as an alternative to institutional care	The need for long-term community support services as an alternative to institutional care refers to the supports and services needed to allow the participant to continue to live in the community, as opposed to an institutional setting.
Future plans, including the participant’s ability to direct their own supports	Future planning refers to the participant or family’s hopes, dreams, or goals for the future as well as upcoming issues or transitions including but not limited to participant’s goals for their future, family events, changes for the participant, anticipated service needs, and transition planning.



<p>Rights of the participant and their ability to understand and assert them</p>	<p>Rights of the participant refers to the ability of the participant and their parent/ guardian to understand their rights within the CLTS Program.</p> <p>The ability to assert rights refers to knowing who to contact if the participant and/ or parent feel their rights have been violated.</p>
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# Appendix C: Version Change Log

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DHS will update the CLTS Quality Guide at least annually, and more frequently as needed to stay current and consistent with evolving federal and state quality and compliance requirements and activities. Substantive changes are recorded in the table below.

Ongoing guide updates will be announced via DHS Email Updates. Sign up for email updates or access your subscriber preferences at

[https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic\\_id=WIDHS\\_591](https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_591).

## 2023 CLTS Program Quality Guide

Initial publication date of the quality guide.

## 2024 CLTS Program Quality Guide

Section	Description
<a href="#">Appendix B</a>	Added <a href="#">record review tool</a> for 2024. <ul style="list-style-type: none"><li>• No changes to indicators.</li><li>• New <a href="#">guidance on definitions</a> for assessments for <a href="#">Indicator 2.10</a>.</li></ul>

## 2025 CLTS Program Quality Guide

Section	Description
<a href="#">Section II</a>	Data collection method changed to administrative for C-iii-1: Provider Training
<a href="#">Section III</a>	Previous indicator for assessment has been split into two indicators: <ul style="list-style-type: none"><li>• Indicator 2.10: Assessment Completed</li><li>• Indicator 2.11: Comprehensive Assessment</li></ul>
<a href="#">Appendix A</a>	Technical specifications updated for <a href="#">C-iii-1: Provider Training</a>
<a href="#">Appendix B</a>	Added <a href="#">record review tool</a> for 2025 with the following changes: <ul style="list-style-type: none"><li>• Indicators<ul style="list-style-type: none"><li>○ Previous indicator for assessment has been split into two indicators:<ul style="list-style-type: none"><li>▪ <a href="#">Indicator 2.10</a>: Assessment Completed</li><li>▪ <a href="#">Indicator 2.11</a>: Comprehensive Assessment</li></ul></li><li>○ Removed Indicator 4.1: Participant Specific Training</li></ul></li><li>• Remediation Options</li></ul>

	<ul style="list-style-type: none"> <li>○ Updated remediation options throughout the tool to define requirements more clearly and better reflect the spirit and intent of remediation.</li> <li>● Guidance <ul style="list-style-type: none"> <li>○ <a href="#">Indicator 2.2</a>: Timely ISP Review and Update</li> <li>○ <a href="#">Indicator 2.4</a>: Use of Deciding Together</li> <li>○ <a href="#">Indicator 3.1</a>: Reporting Incidents to DHS</li> </ul> </li> </ul>
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## 2026 CLTS Program Quality Guide

Section	Description
<a href="#">Section III</a>	Performance measure numbers assigned for <a href="#">state performance measure set</a> .
<a href="#">Appendix B</a>	<ul style="list-style-type: none"> <li>● Updated section with expanded <a href="#">background</a> and details of the <a href="#">record review process</a>.</li> <li>● Added a <a href="#">summary of record review indicators</a> and associated performance measures.</li> <li>● Added <a href="#">record review tool</a> for 2026 with: <ul style="list-style-type: none"> <li>○ No changes to indicators</li> <li>○ No changes to guidance</li> </ul> </li> </ul>