

Medicaid Home and Community-Based Services (HCBS) Waiver Manual for the CLTS Waiver Program



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

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Chapter 1 – Overview and Administration

1.01 Wisconsin Children’s Long-Term Support (CLTS) Waiver Program

The CLTS Waiver 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 disabilities:

- Intellectual and/or developmental disabilities
- Severe emotional disturbances
- Physical disabilities

This 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. These HCBS waiver programs were authorized by Congress in 1981 and implemented in Wisconsin in 1983. HCBS waivers are called “waivers” because they permit certain federal Medicaid regulations to be waived, and Medicaid funding to be used, in a home and community setting rather than an institutional setting.

Primary values of this program support individual choice; enhancing relationships; building accessible, flexible service systems; achieving optimum physical and mental health for the participant; and promoting presence, participation, optimal social functioning, and inclusion in the community. The program seeks to ensure children and families 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 child or youth and their family and their support and service coordinator (SSC).

Policies described in this manual are grounded in Title 42 of the Code of Federal Regulations, Wisconsin Statutes, the Wisconsin Department of Health Services (DHS) administrative rules, memos and policy instruction, and provisions in the [CLTS Waiver Program applications](#), submitted to and approved by the federal Centers for Medicare & Medicaid Services (CMS).

1.02 State Medicaid Agency Authority

CMS requires statewide policies and procedures related to Medicaid waivers. In compliance with federal direction, the state Medicaid agency, DHS, assumes and exerts sole authority in all Medicaid waiver policy and program administration. County waiver agencies (CWAs) may not change or disapprove any administrative decision of the DHS or otherwise substitute their

judgment with respect to the application of policies, procedures, rules, and regulations issued by DHS.

1.03 Waiver Mandate

The waiver mandate is intended to increase the total resources available to serve participants while maximizing the use of federal funds to support the provision of community-based services.

Waiver funds must be used when:

- The applicant is enrolled or can be enrolled in the CLTS Waiver Program (i.e., comes to the top of the waitlist or can be enrolled due to circumstances that meet crisis criteria).
- CLTS Waiver Program resources are available.
- The services to be provided are covered by the CLTS Waiver Program.

Refer to the [Children's Community Options Program \(CCOP\) Procedures Guide, P-01780](#) for information about applying the waiver mandate to coordinate use of the CLTS Waiver Program and CCOP.

1.04 Registering Potentially Eligible Applicants

CWAs must register applicants who, based on a preliminary review of functional eligibility, are likely to meet eligibility criteria for the CLTS Waiver Program but who are not yet enrolled. The purpose of registering these applicants is to build a statewide registry containing standardized information that may be used for effective program planning, waitlist management, and enrollment.

Note: Currently, registration is completed in the CLTS Waitlist module in the Program Participation System (PPS).

1.05 Waitlist

Waitlist Policy

The only permissible circumstance in which a waitlist may be established is when all available CLTS Waiver Program funds (statewide) have been used. Any applicant denied immediate enrollment for this reason must be provided the opportunity to be placed on the waitlist. CWAs may not create or adopt a waitlist policy or prescribe and enforce waitlist priorities that deviate from this policy.

Placing Children on the Waitlist

CWAs must use the following procedures when placing an applicant's information on the CLTS waitlist:

1. Complete the applicant's functional eligibility determination via the CLTS Functional Screen. (Refer to Chapter 2, Waiver Eligibility, for more information.)
2. Check the applicant's enrollment status in Wisconsin Medicaid.
Note: Enrollment in a qualifying source of Medicaid is not required for placement on the waitlist; however, the time of placement on the waitlist is an opportunity for the CWA to assist applicants who are not enrolled in a qualifying Medicaid program. (Refer to Chapter 3, Financial Eligibility, for more information.)
3. Document contact with the child or youth and their family or other referral source and register the applicant.
Note: Currently, CWAs register eligible applicants in the CLTS Waitlist module in PPS.
4. Explore options that may be available through other programs (such as [CCOP](#)), schools, community resources, and the child's or youth's natural support systems (e.g., friends, family, and community).

Enrolling Children from the Waitlist

When CLTS Waiver Program resources become available, enrollment and service planning processes must occur for the next child or youth on the waitlist who wishes to enroll.

The date the child or youth is able to be enrolled starts timelines for the CWA to contact the family, determine the child's or youth's eligibility, complete the individualized service plan, and schedule and authorize services. (Refer to Chapter 2, [P-02049A](#), and [P-02049B](#) for additional information.) Service planning includes coordinating all of the supports and services that the SSC and family agree will benefit the child or youth, build on the child's or youth's strengths, and maximize the child's or youth's independence and community participation.

The only exception to the "first come, first served" standard are children and youth who meet crisis criteria.

Exception to the First-Come, First-Served Waitlist Policy: Crisis Needs

The only exception that can be made to the first-come, first-served CLTS Waiver Program waitlist policy allowing a child or youth to bypass the waitlist is when they meet one of the crisis need criteria. It is imperative that waiver services are provided quickly to these families, along with enhanced support and service coordination, to foster collaboration with other agencies that may also support the family. These criteria must be applied in all such circumstances and may not be modified or expanded by the CWA. The only permissible reasons a child or youth may be served out of first-come, first-served order are as follows:

- Crisis conditions are present in the child's or youth's life situation. The need must be classified as a crisis if an urgent need is identified as a result of any of the following:
 - Substantiated abuse, neglect, or exploitation of the child or youth in their current living situation.

- The death of the child's or youth's primary caregiver or the sudden inability of that caregiver or a support person to provide necessary supervision and support and no alternate caregiver is available.
- The lack of an appropriate residence or placement for the child or youth due to a loss of housing.
- The child or youth has a documented terminal illness and has a life expectancy of less than six months, based on the opinion of a medical professional appropriately qualified to make such a determination.
- A sudden change in the child's or youth's behavior or the discovery that they have been behaving in a manner that places anyone with whom the child or youth shares a residence or in the community at large at risk of harm.
- The CWA finds the health and safety of the child or youth is in jeopardy due to their primary caregiver's physical or mental health status.
- The CWA determines the child or youth is at imminent risk of a more restrictive placement in an intermediate care facility for individuals with intellectual disabilities, nursing home, or other institutional setting.
- The CWA finds other emergency or urgent conditions exist that place the child or youth at risk of harm.
- The CWA finds the child or youth is a vulnerable child who is either eligible for more than one of the three target groups served by the CLTS Waiver Program (intellectual and/or developmental disability, physical disability, or severe emotional disturbance), as determined by the CLTS FS or has a high level of life-sustaining needs (nutrition, fluids, or medical treatment) with a limited informal support network. In addition, at least one of the following must apply:
 - The child is isolated with limited or no adult contact outside the home and is not available to be observed.
 - The child is nonverbal and has limited ability to communicate.
 - The child is medically complex, requires significant care from a caregiver or parent, and is highly dependent on others to meet basic needs.
 - The child is the subject of current or historical child abuse and neglect reports.
 - The child has a primary caregiver who is actively abusing substances.
 - The child is dependent on caregivers or parents with limited cognitive, emotional, and/or behavioral capacity to provide for these needs.

Determining a Variance to the Waitlist Policy

CWAs determine when a variance to the waitlist policy is justified based on the criteria listed above. When it is determined that an applicant meets crisis need criteria, the CWA completes a variance to the wait list policy. A variance may be determined prior to or as part of the application process.

The CWA is required to use the system, as directed by DHS, to electronically submit a variance to the waitlist for the child. The completed variance includes a narrative summary, clearly

describing the specific nature of the crisis situation for the child or youth involved, for the requested exception.

Note: Currently, variances are submitted in the CLTS Waitlist module in PPS.

The CWA must maintain documentation of the variance request. Adherence to the DHS waitlist variance policy is subject to monitoring by state quality assurance record review and program audit processes.

1.06 Resources

- [Approved § 1915\(b\)\(4\) Waiver Application for Selective Contracting: Support and Service Coordination Requirements Desk Aid \(P-02049B\)](#)
- [Approved § 1915\(b\)\(4\) Application for Selective Contracting: Support and Service Coordination Requirements, Enrollment \(P-02049A\)](#)
- [Children's Community Options Program Procedures Guide, P-01780 \(pdf\)](#)
- [Medicaid § 1915\(c\) Home and Community-Based Services Children's Long-Term Support Waiver Application](#)
- [Medicaid § 1915\(b\)\(4\) Waiver Fee-for-Service Selective Contracting Program Application](#)

Chapter 4

Service Descriptions

Adaptive Aids

Definition

Adaptive aids include items, controls, or appliances that enable the child or youth to increase their ability to perform activities of daily living, and successfully access, navigate, and participate in their home and community.

This service includes the purchase of vehicle modifications (for example, van lifts, hand controls for youth learning to drive, equipment modifications) that make it possible for the child or youth to use the vehicle to access the community.

Adaptive aids may also cover the initial purchase, training, and routine veterinary costs for a service animal. As per the Americans with Disabilities Act, service animals are dogs trained to perform major life tasks. Wisconsin Stat. § 106.52(1)(fm) states: "Service animal" means a guide dog, signal dog, or other animal that is individually trained or is being trained to do work or perform tasks for the benefit of a person with a disability. The tasks a service animal is trained to perform support the child's or youth's disability-related functional impairment(s).

Routine veterinary care and equipment necessary for a service animal to perform its function are included in the adaptive aids service. Routine veterinary care consists of both preventive veterinary services and care, and treatment necessary to maintain or restore the health and functionality of the service animal.

Examples of adaptive aids include (items listed are illustrative examples and not an exhaustive list):

General

Accessible computer keyboards	Environmental control units
Adaptive accessories	Hygiene and meal preparation aids
Adaptive bikes or tricycles	Over the bed tables
Adaptive door handles and locks	Portable ramps
Adaptive security systems	Scald-preventing showerhead
Computer and necessary software	Service animals
Control switches and pneumatic devices including sip and puff controls	Specialized clothing
Electronic control panels	Standing boards or frames
	Talking alarm clocks

Vehicle

Van or vehicle lift or transfer unit (manual, hydraulic, or electronic)

Vehicle hand controls

The cost of installation, maintenance, and repair of allowable adaptive aids are included in the adaptive aids service. The cost of testing and/or evaluation to determine the appropriateness of an adaptive aid is also included.

Service Requirements

- To qualify as an allowable service animal, the animal is required to be trained to take a specific action when needed to assist the child or youth who has a disability. The service animal is required to be trained specific to the major life task needed to support the child or youth and is not otherwise required to have any specific accreditation. All breeds and sizes of dogs can be trained as service animals.
- The purchase of items or devices costing in excess of \$2,000 requires recommendation from a rehabilitation organization, physical therapist, occupational therapist, physician, or other professional with comparable training or experience that indicates the item or device is appropriate for the child or youth.

Service Limitations

- Adaptive aids are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service includes the purchase of adaptive aids that have been denied funding through the Medicaid state plan as well as items or devices in excess of the quantity approved under the Medicaid state plan, when applicable.
- Payment to replace or upgrade the same adaptive aid is only allowable through the Children's Long-Term Support (CLTS) Waiver Program if it is determined that the item or device has exhausted its useful life or has been rendered unsafe or unusable due to damage or defect.
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health

care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.

- Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- This service excludes food, grooming, and nonroutine veterinary care for service animals.
- This service excludes emotional support animals.
- This service excludes costs associated with adapted vehicles that are not directly related to the function of the vehicle adaptation, including the purchase of vehicles and any payment for the cost of general repairs or maintenance (for example, engine, transmission, suspension, tires).

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Pharmacy and other providers appropriately qualified as related to the unique service being provided (agency provider)

Providers of systems or devices must ensure that all items meet the applicable standards of manufacture, safety, design, and installation for those systems or devices, such as the standards of Underwriters Laboratory and Federal Communications Commission.

Durable medical equipment provider (individual provider)

Providers must be appropriately qualified to distribute durable medical equipment.

Service Documentation

- The county waiver agency (CWA) is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
- The CWA is required to maintain documentation, when applicable, that the adaptive aid has been denied by, or cannot be obtained through, the Medicaid state plan.

- For items costing in excess of \$2,000, the CWA is required to maintain documentation from a rehabilitation organization, physical therapist, occupational therapist, physician, or other professional with comparable training and experience that indicates the purchase is appropriate to the needs of the child or youth.
- The CWA is required to maintain documentation to evidence a service animal has been trained to support a child or youth in performing a major life task.

Adult Family Home

Definition

The adult family home service provides individualized treatment, supports, and services above the level of room and board for one to four people living together in a residence.

This service applies to youth living in a home certified or licensed as an adult family home, which is also the primary residence of the provider.

A key consideration of the adult family home service is maximizing the youth's integration within the community. The service is required to permit the youth to access supportive services, community activities, and employment opportunities that reflect the youth's individual preferences and goals, and contribute to the assurance of the youth's health and safety.

Adult family home services typically apply to youth who are ages 18 or older and who are not under court order for physical placement elsewhere (Wis. Stat. §§ [48.355](#), [48.357](#), [48.365](#), [938.355](#), [938.357](#) and [938.365](#)), with the exception of circumstances outlined in Wis. Stat. § 50.06. Specific requirements regarding the age of individuals permitted to reside at an adult family home are contained in [Wis. Admin. Code ch. DHS 88](#).

One- and two-bed adult family homes must be certified pursuant to the standards established by the Wisconsin Department of Health Services (DHS) and described in [Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes \(P-00638\)](#). Three- or four-person adult family homes must be licensed by DHS, Division of Quality Assurance, under [Wis. Admin. Code ch. DHS 88](#).

Adult family home operators have a primary responsibility to ensure the health and safety of the youth residing in the home, identifying risks to the youth's health and safety, and taking immediate action to mitigate the risk. Additionally, home operators must complete the reporting requirements outlined in adult family home certification and licensing standards ([Wis. Admin. Code ch. DHS 88](#)), as well as incident reporting requirements as defined and outlined in Chapter IX.

Until statutory authority is established for community care homes, the adult family home service also includes individualized treatment, services, and support above the level of room and board for one to four people living together within a community care home. A community care home operator owns, rents, or leases the residence and employs staff who provide care and services to the residents. The community care home is not the primary residence of the provider.

Payment for the provision of adult family home services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- All providers of adult family home services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
Adult family home settings are required to comply with the [Medicaid Home and Community-Based Services \(HCBS\) Settings Final Rule](#) as directed by DHS. The HCBS Settings Final Rule is a federal regulation that outlines the characteristics required to be present in the settings where HCBS supports and services are provided. Home and community-based services are required to allow the youth receiving services full access to the benefits of community living, receive services in the most integrated setting, and receive services that reflect the youth's individual preferences and goals and contribute to the assurance of their health and safety.

Service Limitations

- Only the costs directly associated with participant care, support, and supervision in the adult family home may be billed under this service.
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- Costs associated with the youth's room and board are excluded and may not be billed to the CLTS Waiver Program.

- Environmental modifications to the home, adaptive aids, and assistive technology and communication aids are not covered under the adult family home service. Any needed environmental modification, adaptive aids, or assistive technology and communication aids may be funded by the waiver but must be claimed under home modifications, adaptive aids, or assistive technology and communication aids services respectively.

Provider Standards and Documentation

General Provider Standards

- The operator of the home, all adult household members, and all care providers are subject to the required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- The adult family home provider must be informed and responsive to the youth's specific exceptional care needs and the individual psychiatric care plan, behavioral care plan, and/or individual medical care plan that the provider will implement. Specific training the provider receives related to the youth's needs and their care plan must also be documented.
- The provider is required to maintain a training record that documents the completion of training requirements.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of adult family home services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Adult family home (agency provider)

DHS, Division of Quality Assurance, must license adult family homes for three or four persons. Regulations and standards governing this service are outlined in [Wis. Admin. Code ch. DHS 88](#).

All one- to two-bed adult family homes must be certified under standards established by DHS. (Refer to [Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes \(P-00638\)](#).) Regulations and standards governing this service are outlined in [Wis. Admin. Code ch. DHS 82](#).

Service Documentation

- The provider is required to develop a written service agreement for each youth in the home.
- The provider is required to maintain and regularly update an adult family home service plan for each youth living in the home.
- The county waiver agency (CWA) is required to maintain documentation that clearly describes the individual room and board, and care and supervision costs in the facility.

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Assistive Technology and Communication Aids

Definition

Assistive technology and communication aids are items, pieces of equipment, product systems, or services that increase, maintain, or improve functional capabilities of children at home, work, and in the community.

The assistive technology and communication aids service directly assists the child or youth in the selection, acquisition, or use of an assistive technology device and/or communication aid.

Allowable devices and services assist a child who has hearing, speech, communication, or vision impairments by increasing, maintaining, or improving the child's functional capabilities. The devices and services help the child to effectively communicate; decrease reliance on staff; increase personal safety; enhance independence; and improve social and emotional well-being.

Allowable services related to the selection of an assistive technology device or communication aid:

- Evaluation of the assistive technology needs of a child or youth, including a functional evaluation of the impact of providing appropriate assistive technology and services to the child in the customary environment of the child.
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.

Allowable services related to the acquisition of an assistive technology device or communication aid include purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children.

Allowable services related to the use of an assistive technology device or communication aid:

- Coordination and use of necessary therapies, interventions, or services that incorporate the use of assistive technology devices.
- Training or technical assistance for the child or youth or, where appropriate, family members, guardians, advocates, or authorized representatives of the child.
- Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the child.
- Interpreter services for individuals with hearing impairments and who require sign language interpretation to effectively communicate.
- Internet access services that enable the functionality of other allowable assistive technology and communication aid devices.

The following list of examples of assistive technology and communication aids is intended to be illustrative and is not exhaustive:

- Augmentative and alternative communication systems
- Hearing or speech amplification devices

- Interpreters
- Cognitive retraining aids
- Electronic technology, such as tablet computers or mobile devices and associated software that assist with communication, when the use is related to the child's disabilities
- Applications for mobile devices or other technology, when the use provides assistance related to the child's disabilities
- Internet access service

This service includes assistive technology and communication aids that are acquired commercially, modified, or customized. Costs to install (including the hardware required for installation), maintain, and repair allowable assistive technology and communication aids equipment are also included.

Service Requirements

- Per the Americans with Disabilities Act appropriate communication auxiliary aids and services must be furnished where necessary to afford qualified individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity of a public entity.
- Prior to the purchase of communication aids costing more than \$2,000, the county waiver agency (CWA) is required to obtain a referral from a rehabilitation organization; an independent living center; a physical, occupational or speech therapist; a physician; or another professional with comparable training and experience, which demonstrates the item or device is appropriate to the communication needs of the child or youth.
- Electronic devices are required to meet Underwriters Laboratories or Federal Communications Commission standards.
- Individual interpreters are required to be on the state or national interpreter registry.

Service Limitations

- The purchase of computers and internet access service as assistive technology and/or a communication aid is limited to items and services that increase, maintain, or improve a child's functional capabilities at home, work, and in the community; the purchase of computers and internet access service for strictly recreational purposes is prohibited.
- Payment of recurring costs for the same assistive technology or communication aid is not allowable through this service unless it is determined that the item or device has exhausted its useful life or has been rendered unsafe or unusable due to damage or defect.
- Children's Long-Term Care (CLTS) Waiver Program funds may only be used for interpreter services when it is not the responsibility of the provider or another party to provide this service.
- This service excludes interpreter services that are otherwise available, including for communication with the CWA, its contractors, or other health care professionals, which are required to provide interpreter services under Wisconsin's civil rights compliance requirements, as part of their rate.

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes payment for software and applications used only for recreation.

Provider Standards and Documentation

General Provider Standards

- Interpreter services are required to be provided by a person recognized as proficient in the translation of the applicable language and who has been instructed by the agency as to the privacy and confidentiality of the participant-related communication.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Providers of communication aids (agency provider)

Communication aids providers must be Medicaid certified, as applicable.

The providers of systems or devices purchased as communication aids are required to ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriter's Laboratory, Federal Communications Commission, etc.).

Individual interpreters (individual provider)

Individual interpreters must be on the state or national interpreter registry.

Service Documentation

- For assistive technology and communication aids costing in excess of \$2,000, the CWA is required to document that the purchase is appropriate to the specific needs of the child or youth. This documentation must be provided by a rehabilitation organization; an independent living center; a physical, occupational, or speech therapist; a physician; or another recognized professional with comparable training and experience.
- For allowable devices or items that require internet access, the child's or youth's individual service plan (ISP) must indicate both the unit cost of the device and the monthly cost of the internet access service. The internet provider and type of service connection must also be documented in the ISP.

Additional documentation is required to clearly indicate the child and/or his or her parent(s) or guardian(s) understand the limitations of the internet access services the CLTS Waiver Program will fund (for example, length of contract, maximum monthly rate, data limits, total minutes allowed).

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Child Care

Definition

Child care services ensure the child's or youth's exceptional physical, emotional, behavioral, or personal care needs are met during times when their family members are working, pursuing education and employment goals, or participating in training to strengthen the family's capacity to care for their child.

Qualifying education activities for the child's or youth's family members include education related to the family members' employment, as well as education activities related to their child's disability, which equip the family to build on their child's strengths, support their child's unique needs, and increase the family's knowledge and resources.

During the process of determining the appropriate child care service, county waiver agencies (CWAs) and families are encouraged to explore options for community child care settings, as children can benefit from the opportunity to socialize and build friendships through group in-home child care and care provided by a child care agency.

Children Under 12 Years of Age

For a child under age 12, this service includes the supplemental cost of child care to meet the child's exceptional care needs. This includes staffing necessary to meet the child's care needs above and beyond the cost of basic child care that all families with young children may incur.

The basic cost of child care is the rate charged by and paid to a child care provider for children who do not have special needs. The basic cost of child care does not include the provision of supplementary staffing, which may be covered by this service.

Children 12 Years of Age and Older

For a child age 12 or older, the total cost of child care may be included. The total cost of child care is available when the child has aged out of their traditional child care settings (typically available up to age 12), but due to a disability the child continues to require care or supervision. Examples include school and community-based settings in which children of that age typically participate (for example, after school programs, 4-H clubs, or family residence).

Payment for the provision of child care services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- Parents or guardians are responsible for the basic cost of child care services for children under 12 years of age.

- A rate for the basic cost of child care must be established and applied consistently. The basic cost of child care is the rate charged by and paid to a child care provider for children who do not have special needs. If a provider does not serve other children, the basic cost is the amount typically charged by and paid to child care providers in the child's county for children who do not have special needs. Two resources to help determine the basic cost of child care are the Wisconsin Department of Children and Families' [Rate Analysis for Child Care Provider Prices 2017 Market Rate Survey](#) and the [Child Care Resource and Referral Agency](#) in your area.
- All providers of child care services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
- In lieu of the potential cost for parents for the basic cost of child care, the cost of child care billed to the CLTS Waiver Program must not be included in the daily cost of services for the determination of the parental payment limit. (Refer to [Worksheet for Determination of Parental Payment Limit, F-01337.](#))

Service Limitations

- Child care may be used only during times when the parent(s), guardian(s), or primary caregiver(s) are working, participating in education activities, participating in activities intended to lead to employment, or training to strengthen the family's capacity to care for their child.
- The cost for transporting a child or youth during the provision of child care services may be funded through transportation services in addition to the child care service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.

- Mental health services available through Comprehensive Community Services and Wraparound.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- Excludes any service that falls under the definition of daily living skills training, supportive home care, mentoring, or respite.
- The basic cost of child care for children under age 12 is excluded. The basic cost of child care is the rate charged by and paid to a child care center for children who do not have special needs. The basic cost of child care does not include the provision of supplementary staffing. The cost of supplementary staffing may be covered by this service.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of child care services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Family child care centers (agency provider)

Family child care centers must be licensed under Wis. Admin. Code ch. DCF 250. Staff are required to receive training that is tailored to the child. Child-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Documentation of the provider's license is required.

Group child care centers (agency provider)

Certified child care providers must be licensed under Wis. Admin. Code ch. DCF 201. Staff are required to receive training that is tailored to the child. Child-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Documentation of the provider's certification is required.

Certified child care providers (individual provider)

Certified child care providers must be licensed under Wis. Admin. Code ch. DCF 201 and are required to have a combination of one year of training in child development or one year of experience working with children. Additionally, staff must receive training that is tailored to the child. Child-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Documentation of the provider's certification is required.

Parent- or guardian-selected individual provider (individual provider)

Individual providers who are selected by the parent or guardian and are not licensed or certified by the Department of Children and Families are required to complete child-specific training to the extent that the parent and provider agree that the provider is equipped to serve the child.

Child-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture. Training must also include information about using positive behavioral supports to manage the child's behavior, CLTS Waiver Program guidelines for isolation and restraint (refer to Chapter VIII, Participant Rights and Appeal and Grievance Processes), mandated reporting requirements (Wis. Stat. § 48.981), and first aid.

Service Documentation

- Documentation must be maintained by the CWA to detail the basic cost of child care that is not covered by the CLTS Waiver Program, including information about how the basic cost of child care is determined.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Children's Foster Care

Definition

Children's foster care services are allowable for a child who is placed in a residence operated as a foster home by a person licensed under [Wis. Stat. § 48.62](#) and [Wis. Admin. Code ch. DCF 56](#).

This service includes supplementary intensive supports and supervision services beyond the maintenance payment made to foster parents to address a child's or youth's exceptional emotional or behavioral needs, or physical or personal care needs, in a family environment.

Additional information for level 5 foster homes is located in the [Level 5 Exceptional Treatment Foster Home Guide to Certification and Placement \(DCF-P-5251\)](#).

Service Requirements

- Joint approval from the Department of Children and Families (DCF) and the Department of Health Services, Division of Medicaid Services, is required for the placement of any Children's Long-Term Support (CLTS) Waiver Program participant in a level 5 foster home.
- All providers of children's foster care services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
- Children's foster care settings are required to comply with the [Medicaid Home and Community-Based Services \(HCBS\) Settings Final Rule](#) as directed by the Department of Health Services. The HCBS Settings Final Rule is a federal regulation that outlines the characteristics required to be present in the settings where HCBS supports and services are provided. Home and community-based services are required to allow the child or youth receiving services full access to the benefits of community living, to receive services in the most integrated setting, and to receive services that reflect the child's or youth's individual preferences and goals and contribute to the promotion of their health and safety.

Service Limitations

- This service may not duplicate any service provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.

- Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- This service excludes the cost of room and board; CLTS Waiver Program funding cannot supplant child welfare Title IV-E funding.
- This service excludes environmental modifications to the home, adaptive equipment or assistive technology, communication aids, and relocation services. (Refer to service descriptions for home modifications, adaptive aids, assistive technology and communication aids, and relocation services.)

Provider Standards and Documentation

General Provider Standards

- All providers of children’s foster care are required to maintain documentation of valid licensure.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- The county waiver agency is required to maintain documentation of the foster parent’s training related to the child’s or youth’s specific and individual needs, and any treatment or medical care plan to be implemented.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Level 5 exceptional foster home (agency provider)

Individual family foster provider (individual provider)

Foster care providers must be licensed in accordance with Wis. Stat. § 48.62 and Wis. Admin. Code ch. DCF 56. All foster home providers must have specialized training related to the child’s or youth’s unique needs, including training specific to any treatment or medical care plan to be implemented, in order to effectively promote the child’s or youth’s health, safety, and welfare.

Service Documentation

The CWA is required to maintain documentation that clearly describes the individual room and board, care, and supervision costs in the facility and shows that CLTS Waiver Program funds do not reimburse room and board costs. (Refer to the [Guide to Determining Room and Board Costs, Calculating Expenses for a Substitute Care Facility](#) and [Children's Long-Term Support \(CLTS\) Waiver Program Treatment Foster Care Administrative Rates, P-00700.](#))

- The CWA is required to maintain documentation of the child's or youth's specific exceptional needs and, when applicable, their individual treatment or medical care plan to be implemented by the foster care provider.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Community Integration Services

Definition

Community integration services assist, empower, and build upon the strengths of the child and family so the child can be fully integrated into the community with their family.

Community integration services benefit families with children or youth who have multiple and complex mental health and/or behavioral concerns, and are involved in multiple services and service systems, by providing intensive case coordination and individualized community-based services. The child or youth, their parent, and the multidisciplinary team identify services and supports, based on the child's and family's strengths and needs, that are necessary for the child or youth and family to move seamlessly through all community environments, and prevent out-of-home placement.

Community integration services are designed to provide a bundled array of services that extend beyond traditional financial and geographic boundaries to develop a creative and flexible continuum of care. Typical services include daily living skills, mentoring, parent education and training, community integration activities and behavior interventions, development and nurturing of natural supports, and respite services.

This service can be provided at one of two levels. Service provision at the tier one level requires the community integration services coordinator to either have attained a bachelor's degree in a human services discipline, or be supervised by someone who has a bachelor's degree in a human services discipline. Service provision at the tier two level requires the community integration services coordinator to either have attained a master's degree in a human services discipline, or be supervised by someone who has a master's degree in a human services discipline.

Payment for the provision of community integration services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- The community integration services team coordinator is required to facilitate coordination of the multidisciplinary team and to coordinate the child's or youth's integration into their community.
- At a minimum, team review meetings are held quarterly. Team reviews are required to include the child (unless deemed inappropriate), the child's parent or responsible person, the relevant service provider agency staff or supervisor (when applicable), and the support and service coordinator
- All providers of community integration services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the

child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- The community integration services coordinator may not also be the child’s support and service coordinator.
- The cost for transporting a child or youth during the provision of community integration services may be funded through transportation services in addition to the community integration services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be the responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- Excludes services that are harmful or are not effective.
- Excludes residential services as part of the community integration program. (Refer to relevant residential service definitions: foster care, adult family home, and respite—institutional.)
- Excludes services or supports that are not otherwise included in the CLTS Waiver Program.

Provider Standards and Documentation

General Provider Standards

- Providers are required to have attained either a bachelor’s level or master’s level degree in a human services discipline, or be supervised by someone with either a bachelor’s or master’s degree.

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of community integration services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Social workers (agency or individual provider)

Social workers must be licensed or certified under Wis. Stat. ch. 457 and receive child-specific training provided by the support and service coordinator, parent or guardian, and/or other relevant professional who is knowledgeable of the child's individual strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Documentation of the provider's degree and license or certification is required.

Providers of daily living skills training (agency or individual provider)

Providers must either have attained a bachelor's or master's degree in a human services discipline or must be supervised by someone who has a bachelor's or master's degree in a human services discipline. Additionally, providers are required to have a minimum of two years' experience working with the target population. However, the county waiver agency (CWA) may employ qualified providers who are less experienced if the CWA ensures the provider receives comprehensive child-specific training to enable them to competently work with the child to meet the objectives outlined in the care plan. Child-specific training must include information about the child's individual strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Documentation of the provider's degree, experience, and training is required.

Service Documentation

- Community integration services providers are required to complete a written report every three months or sooner if the child's or youth's condition changes. The report details the child's or youth's past and current levels of functioning, identified outcomes, progress toward identified outcomes, as well as obstacles that stand in the way of meeting those outcomes. The report must be provided to the CWA.
- The CWA is required to maintain documentation that community integration services provided to a child include only supports and services that are otherwise available through the CLTS Waiver Program.

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Consumer Education and Training

Definition

Consumer education and training services help the child or youth and their family acquire skills to exercise control and responsibility over their other supportive services.

Exercising control and responsibility over supportive services helps the child and the child's family build an interdependent care network within their community and promotes self-determination. This service includes education, training, and events directly related to building the capacity to manage supportive services. Education and training may be provided for the child and/or the child's parent(s), unpaid caregiver(s), and/or legal representative(s).

Types of education and training covered by this service (examples are illustrative and are not an exhaustive list):

- Training courses
- Conferences and other similar events
- Enrollment fees
- Books and other educational materials
- Transportation

Service Requirements

- County waiver agencies (CWAs) are required to ensure that information about educational and/or training opportunities is made available to the child, the child's unpaid caregiver(s), and/or legal representative(s).
- All providers of consumer education and training services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- This service is limited to training(s) and events and does not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service is limited to education and/or training costs up to \$2,500 per event. Costs exceeding \$2,500 per event require Department of Health Services (DHS) review.
- Educationally related training provided through this service to a child or youth is limited to services for which there is a compelling reason and sufficient documentation to show the service is not available under the Individuals with Disabilities Education Act or other relevant funding source.
- This service may not duplicate any service that is provided under another waiver service category.

- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes payment for lodging and meal expenses while the child, the child’s unpaid caregiver(s), and/or their legal representative(s) attend allowable training and/or education events.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Any agency appropriately qualified as approved by the CWA and as related to the unique service being provided to the child (agency provider)

Any persons appropriately qualified as approved by the CWA and as related to the unique service being provided to the target group (individual provider)

Each provider is required to have demonstrated skills related to the specific area of training and the applicability of the training content to children with disabilities and their families.

Service Documentation

- The CWA is required to maintain documentation that identifies how waiver-funded consumer education and training services meet the child's or youth's and their family's goals or desired outcomes.
- Payment may only be made to providers upon receipt of a written statement that details allowable fees and/or expenses.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Counseling and Therapeutic Services

Definition

Counseling and therapeutic services maintain or improve the health, welfare, and functioning of the child or youth in the community.

Counseling and therapeutic services include the provision of professional evaluation and consultation services to children and youth with identified needs for physical, personal, social, cognitive, developmental, emotional, or substance abuse services.

Providers of counseling and therapeutic services may deliver services only within their areas of formal education and training, as directed by their professional code of ethics.

This service can include therapies that are not available under the Medicaid State Plan.

Counseling and therapeutic services must meet a clearly defined outcome and may include the following (listed examples are illustrative and do not comprise an exhaustive list):

- Music therapy
- Art therapy
- Hippotherapy
- Equine-assisted therapy

Payment for the provision of counseling and therapeutic services is subject to statewide uniform rates. Refer to the [Children's Long-Term Care \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- Any counseling or therapeutic service funded by the CLTS Waiver Program is required to meet a clearly defined outcome.
- All providers of counseling and therapeutic services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- The cost for transporting a child or youth during the provision of counseling and therapeutic services may be funded through transportation services in addition to the counseling and therapeutic services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.

- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- Items, supplies, or devices that are a necessary component of allowable counseling or therapeutic services and are not allowable under the Medicaid State Plan must be billed to specialized medical and therapeutic supplies.
- This service excludes therapies and services that are harmful or are not effective.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of counseling and therapeutic services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Agencies appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (agency provider)

Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Art therapist, music therapist, hippotherapist, and equine-assisted therapist (individual provider)

Wisconsin Stat. ch. 440: Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Other persons appropriately qualified as approved by the CWA and as related to the unique service being provided (individual provider)

Providers of counseling and therapeutic services are required to maintain current state licensure or certification in their field of practice. Service provision is limited to providers' areas of formal education and training, as directed by their professional code of ethics.

Services provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification must be reviewed, authorized, and endorsed by a licensed or certified professional.

Service Documentation

- Providers of counseling and therapeutic services must submit progress reports to the CWA at a minimum of every six months. Provider reports may be used to evaluate the need for continuation or modification of services.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Daily Living Skills Training

Definition

Daily living skills training services provide education and skill development or training to support the child's or youth's ability to independently perform routine daily activities and effectively use community resources.

These instructional services, provided by qualified professionals, focus on skill development. Educational or training services that are of a direct benefit to the child or youth may be included. Daily living skills training is not intended to provide substitute task performance. Examples of skill development training covered by this service are (examples are illustrative only and not an exhaustive list):

- Personal hygiene
- Food preparation
- Home upkeep and maintenance
- Money management
- Accessing and using community resources
- Community mobility

Payment for the provision of daily living skills training is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

All providers of daily living skills training are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- Educationally related services provided to a child or youth are limited to services for which there is a compelling and accepted reason, as well as sufficient documentation that the service is not available under the Individuals with Disabilities Education Act (IDEA) or other relevant funding source.
- The cost for transporting a child or youth during the provision of daily living skills training services may be funded through transportation services in addition to the daily living skills services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)

- This service may not duplicate any service that is provided under another waiver service category, including substitute task performance, which may be provided through supportive home care services.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services available through Comprehensive Community Services and Wraparound.
 - Educational or other services funded by the Department of Public Instruction or the Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes activities for which the primary function is recreation.

Provider Standards and Documentation

General Provider Standards

- Providers must ensure daily living skills training staff are knowledgeable in the adaptation and use of specialized equipment and in the modification of the child’s environments. Providers must also ensure staff completes regular training and continuing education coursework to maintain and update their level of expertise.
- Documentation verifying daily living skills providers meet the requirements of training and experience must be maintained by the provider agency and be accessible for review.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of daily living skills training services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate](#)

[Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Providers of daily living skills training (agency provider)

Providers of daily living skills training must have a minimum of two years' experience working with the target population. However, the county waiver agency (CWA) may accept qualified providers who are less experienced if the CWA ensures the provider receives training tailored to the child. Child-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Other persons appropriately qualified as approved by the CWA and as related to the unique service being provided (individual provider)

Providers of daily living skills training must have a minimum of two years' experience working with the target population. However, the CWA may accept qualified providers who are less experienced if the CWA ensures that the provider receives training tailored to the child. Child-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Service Documentation

- Providers are required to complete a written report every six months that details the child's progress toward each of the objectives outlined in the daily living skills training plan and, if indicated, recommendations for changes. Providers submit progress reports to the CWA. The progress report may be used as a tool to discuss any modifications to daily living skills training services to best meet the individual needs of the child.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Day Services

Definition

Day services include coordination and intervention to target skill development and maintenance for youth.

Day services provide youth with regularly scheduled activities for part of the day. Services are typically provided up to five days per week in a nonresidential setting and may occur in a single physical environment or in multiple environments, including natural settings in the community. Coordination activities may consist of the implementation of components of the youth's family-centered and individualized service plan and may involve family, professionals, and others associated with the youth, as directed by their plan. Examples of areas that day services may target for skill development and maintenance include physical health promotion and maintenance, language development, cognitive development, socialization, social and community integration, and domestic and economic management.

This service includes supplementary supports and supervision services to meet the youth's exceptional emotional or behavioral needs or physical or personal care needs.

A key consideration of day services is maximizing the youth's integration within the community. The service must permit the youth to access supportive services, community activities, and employment opportunities that reflect their individual preferences and goals and contribute to the assurance of their health and safety.

Payment for the provision of day services is subject to statewide uniform rates. Refer to the [Children's Long-Term Care \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- All providers of day services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
- The settings in which day services take place are required to comply with the [Medicaid Home and Community-Based Services \(HCBS\) Settings Final Rule](#), as directed by the Wisconsin Department of Health Services. The HCBS Settings Final Rule is a federal regulation that outlines the characteristics required to be present in the settings where HCBS supports and services are provided. Home and community-based services are required to allow the youth receiving services full access to the benefits of community living, to receive services in the most integrated setting, and to receive services that reflect the youth's individual preferences and goals and contribute to the promotion of their health and safety.

Service Limitations

- The cost for transporting a child or youth during the provision of day services may be funded through transportation services in addition to the day services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services available through Comprehensive Community Services (CCS) and Wraparound.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

Excludes any service that falls under the definition of child care.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of day services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Group child care center (agency provider)

Group child care centers must be licensed under Wis. Admin. Code ch. DCF 251. Child care agency staff who work directly with the youth are required to have a combination of one year of training in child development or one year of experience working with children or youth. Additionally, staff must receive training that is tailored to the youth. Youth-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Documentation of the provider's license and the youth-specific training received by the provider is required.

Family child care centers (agency provider)

Family child care centers must be licensed under Wis. Admin. Code ch. DCF 250. Child care agency staff who work directly with the youth are required to have a combination of one year of training in child development or one year of experience working with children or youth. Additionally, staff must receive training that is tailored to the youth. Youth-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Documentation of the provider's license and the youth-specific training received by the provider is required.

Any persons appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided to the youth (individual provider)

Individual providers who are selected by the parent or guardian and are not licensed or certified by the Department of Children and Families are required to have the equivalent of one year of training in child development or one year of experience working with children or youth. Additionally, the provider must complete youth-specific training to the extent that the parent and provider agree that the provider is equipped to serve the youth. Youth-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture. Training must also include information about using positive behavioral supports to manage the youth's behavior, CLTS Waiver Program guidelines for isolation and restraint (refer to Chapter VIII, Participant Rights and Appeal and Grievance Processes), mandated reporting requirements (Wis. Stat. § 48.981) and first aid.

Documentation of the youth-specific training received by the provider is required.

Service Documentation

- At a minimum of once every six months, the provider is required to submit a report that contains a statement on progress toward the objectives of the individual service plan and recommendations for change.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Financial Management Services

Definition

Financial management services assist the child or youth and his or her family to manage the Children's Long-Term Support (CLTS) Waiver Program services and funding.

The financial management services provider (also referred to as the fiscal intermediary or the fiscal agent) performs financial transactions on behalf of the child or youth for the delivery of CLTS Waiver Program services. Additionally, the fiscal intermediary serves as an agent for handling employment-related tasks associated with the supports and services in the child's or youth's authorized individual service plan (ISP). These services function as a safeguard for the child or youth by ensuring that financial and employment activities meet federal, state, and local rules and regulations, and are done in a timely manner.

Financial management services may be provided at one of two levels, basic or enhanced, as determined by the county waiver agency (CWA). Services provided at the basic level must include all basic level activities listed below, and services provided at the enhanced level must include all basic level activities and all enhanced level activities listed below.

Basic level:

- Verify caregiver's citizenship
- Train caregivers on the requirements for providing financial management services
- Establish accounts for federal and state tax reporting and worker's compensation coverage
- Process timesheets
- Pay caregiver's wages (including tax withholding and worker's compensation)
- Keep account of financial disbursements
- Submit service claims to a third party administrator claims processing vendor
- Provide income verification

Enhanced Level (includes all basic level activities in addition to those listed below):

- Ensure sufficient participant-authorized units
- Complete screening activities for caregivers by conducting U.S. Office of the Inspector General List of Excluded Individuals and Entities reviews and caregiver background checks
- Verify caregiver qualifications
- Maintain a list of qualified and available caregivers

Payment for the provision of Financial Management Services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- The financial management services provider is responsible for ensuring compliance with all federal and state laws associated with tax withholding and all other employee benefits.
- The financial management services provider is responsible for ensuring compliance with all standards set forth by the Wisconsin Department of Workforce Development.
- The financial management services provider is responsible for understanding all CLTS Waiver Program allowable and non-allowable services.
- The financial management services provider is subject to an audit to ensure all transactions have been properly executed.
- The financial management services provider must have a system in place that recognizes the child or youth, or their legally authorized representative, as the agent required to initiate payment for any provider or service.
- The financial management services provider must have a system in place to address the following requirements:
 - A method to quickly respond to requests from the child and family.
 - The capacity to promptly issue payroll or other funds in emergency situations.
 - A method to communicate about the accuracy of payments made, and respond to questions about the child's or youth's financial position relative to service expenditure at any point in time.
- The financial management services provider must comply with patient rights outlined in [Wis. Admin. Code ch. DHS 92](#) and all other applicable laws and rules governing confidentiality.
- The financial management services provider must retain all documents and records for seven years as required by [Wis. Stat. § 92.12](#). Records are required to illustrate individual service expenses in a way that is easily understood by lay people.
- The financial management services provider is responsible to ensure compliance with required caregiver and licensing background checks and hiring prohibitions. (Refer to Chapter IV, Section 4.05.)

Service Limitations

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health

care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.

- Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- This service excludes payments to court-appointed guardians or court-appointed protective payees if the court has directed them to perform any functions of this service.
- The service definition and service requirements as described in this section may be reimbursed only through financial management services codes.

Provider Standards and Documentation

General Provider Standards

- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of Financial Management Services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Fiscal intermediary agency (agency provider)

Providers must be an agency or unit of an agency that is qualified to provide all of the financial services involved. Providers must have training and experience in accounting or bookkeeping and be bonded.

Documentation of the provider's qualifications is required.

Accountant (individual provider)

Accountants must be licensed under Wis. Stat. ch. 442. Providers must be qualified to provide all of the financial services involved. Additionally, providers must have training and experience in accounting or bookkeeping and be bonded.

Documentation of the provider's license and qualifications is required.

Other persons appropriately qualified as approved by the (CWA) and as related to the unique service being provided to the child (individual provider)

Providers must be qualified to provide all of the financial services involved. Additionally, providers must have training and experience in accounting or bookkeeping and be bonded.

Documentation of the provider's qualifications is required.

Service Documentation

- Current documentation of completed caregiver background checks must be maintained by the financial management services provider and be accessible for review.
- Records of all transactions associated with paying providers must be kept by the financial management services provider in an accessible location, available for review.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Home Modifications

Definition

Home modifications maximize a child's or youth's independent functioning in their home through services to assess the need for, arrange for, and provide modifications and/or improvements to the home.

Home modifications are generally permanent fixtures and/or changes to the physical structure of the home. This service may be used to ensure safe, accessible means of entry and exit to the home, and otherwise provide safe access to rooms, facilities, or equipment within the home or adjacent buildings that are part of the residence.

Home modifications may include adaptations, including, but not limited to:

- Fences required for safety.
- Ramps (fixed),¹ ramp extensions, and platforms.
- Porch and/or stair lifts.
- Doors, doorways, door handles, and door opening devices.
- Adaptive door bells, locks, and/or security items or devices.
- Plumbing and electrical modifications related to other adaptations.
- Medically necessary heating, cooling, or ventilation systems.
- Shower, sink, tub, and toilet modifications.
- Grab bars or handrails.
- Faucets and water controls.
- Accessible cabinetry, countertops, or work surfaces.
- Accessible closets.
- Smoke and/or fire alarms and fire safety adaptations.
- Adaptive lighting and light switches.
- Flooring and/or floor covering to address health and safety needs.
- Wall protection.
- Necessary repair, maintenance, and reasonable replacement of an approved home modification.

Modifications not specifically described above may be included in this service if the item or service meets the definition and standards for allowable home modifications.

Other aspects of home modifications included in this service are the cost of permits to authorize changes, the materials and services needed to complete the installation of specific equipment, the modification of the physical home structure, and the reconfiguration of essential systems within the home.

¹ Refer to the adaptive aids service description for portable ramps.

The information in this description rescinds the Children’s Long-Term Support (CLTS) Resource and Information Bulletin (C.R.I.B.) #12-01, What Every Service Coordinator Needs to Know About Requesting CLTS Waiver Funding for Building a Fence.

Service Requirements

- All proposed home modifications and/or repair or maintenance of existing modifications that are expected to cost \$2,000 or more require prior plan approval from the Wisconsin Department of Health Services.
- All modifications are required to comply with applicable local and state housing or building codes and are subject to inspections required by the municipality responsible for administering the codes.
- All plans for ramps are required to comply with the Americans with Disabilities Act standards and [ramp requirements](#).
- All plans for fences are required to account for the child’s or youth’s individual circumstances, including but not limited to:
 - Other services and supports that can work in combination with the fence to meet the child’s or youth’s outcomes.
 - Individualized design and construction features to meet the child’s or youth’s outcomes. For example, construction materials (wood planks, chain link, etc.), height of the fence, length of the fence, size of the area to be enclosed by the fence, placement of the fence in relation to the home or other structures or features of the yard, or limitations or restrictions imposed by zoning regulations or covenants.

Service Limitations

- Home modifications are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.

- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes adaptations, improvements, repairs, or replacements within a child's or youth's home that are of general utility and not of benefit to them and in some way related to their disability.

Provider Standards and Documentation

General Provider Standards

- The providers and designers of any home modifications must meet all of the applicable state and local requirements for professional licensure for building contractors, plumbers, electricians, engineers, or any other building trades.
- All modifications must be made in accordance with any applicable local and state housing or building codes and are subject to any inspection required by the municipality responsible for administration of the codes.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Home modification provider types:

- Independent living center (agency provider)
- Contractor (agency provider)
- Building supply company (agency provider)
- Plumber (individual provider), required to be licensed under Wis. Stat. ch. 443
- Electrician (individual provider), required to be licensed under Wis. Stat. ch. 443
- Heating and air conditioning (individual provider), required to be licensed under Wis. Stat. ch. 443
- Engineer (individual provider), required to be licensed under Wis. Stat. ch. 443
- Other persons appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (individual provider)

Service Documentation

- Home modifications submitted for plan approval must include a description detailing how the modification meets an assessed need or meets the child's or youth's desired outcome.

The plan must also include a complete breakdown of labor and material costs in order to determine if all or part of the proposed modification is allowable under the CLTS Waiver Program.

- Home modifications must be listed on the child's or youth's individual service plan.
- The CWA is required to maintain a copy of the approved home modification plan.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Housing Counseling

Definition

Housing counseling provides comprehensive guidance about options for a youth to obtain or retain safe, accessible, and affordable housing in the community that meets their needs and preferences.

Housing counseling includes planning, guidance, and assistance in accessing resources in the following areas:

- Home ownership
- Financing
- Accessibility and related architectural services and consultation
- Health and safety evaluations for physical property

The provider and youth meet to discuss the features of housing necessary for the youth's individual needs and preferences. This information guides the resources and assistance that are best suited to the youth.

Service Requirements

Housing counseling service is required to be provided by an agency or person whose services are also available to the general public. The cost must be a reasonable and customary charge, no greater than the amount charged to persons who are not Children's Long-Term Support (CLTS) Waiver Program participants.

Service Limitations

- Housing counseling is limited to consultation provided by housing counseling agencies and does not include services delivered by persons who meet the definition of a caregiver (person who has regular, direct contact with the youth).
- This service may not duplicate any service that is provided under another waiver service category.
- This service excludes funding for physical alterations of a person's home to address accessibility. (Refer to the home modifications benefit.)
- This service excludes funding for necessary housing startup expenses, which may be included in the relocation services benefit.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.

- Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes reimbursement when the service is provided by an agency that also provides residential support services or support and service coordination to the youth.

Provider Standards and Documentation

General Provider Standards

- The depth of knowledge required to provide this service typically includes expertise in a housing-related field and is often found in providers who have background and experience in housing and disabilities.
- Persons or agencies providing housing counseling are required have expertise in housing issues relevant to the youth and the youth's needs as identified in the individual service plan.
- Providers are required to have received recovery and person-centered planning training or other comparable training approved by the Department of Health Services, Division of Care and Treatment Services, within the first six months of providing housing counseling services.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- The county waiver agency (CWA) is required to maintain documentation that the provider is qualified.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Housing counseling agency (agency provider)

A qualified provider must be an agency or unit of an agency that provides housing counseling as a regular part of its mission.

Counseling is required to be provided by staff with specialized training and experience in any of the following housing issues: home ownership, both pre- and post-purchase; home financing and refinancing; home maintenance, repair, and improvements including abating environmental hazards; rental counseling, not including any cash assistance; accessibility and architectural services and consultation; weatherization evaluation and assistance in accessing these services; lead-based paint abatement evaluation; low-income energy assistance evaluation; access to transitional or permanent housing; accessibility inventory design; health and safety evaluations of physical property; debt and/or credit counseling; and homelessness and eviction prevention counseling.

Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Mentoring

Definition

Mentoring services improve the child's or youth's ability to interact in their community in socially advantageous ways.

The mentor provides the child or youth with experiences in peer interaction, social and/or recreational activities, and employability skill-building opportunities during spontaneous and real-life situations, rather than in a segregated or classroom-type environment. The mentor implements learning opportunities by guiding and shadowing the child or youth in the community while practicing and modeling interaction skills.

Mentors are paraprofessionals, including but not limited to individuals who are in the child's or youth's peer group. The peer group includes a wide range of individuals who have something in common with the child or youth, including similar life experiences, interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

This service may fund expenses related to participation in community activities that address the objectives and identified outcomes in the child's or youth's individual service plan. Costs for meals and admission fees for the mentor and child or youth may be included.

Payment for the provision of mentoring services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- All providers of mentoring services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
- Providers must ensure staff support to the child is adequate to meet the child's individual goals.
- At a minimum, team review meetings are held quarterly. Team reviews are required to include the child (unless deemed inappropriate), the child's parent or responsible person, the relevant service provider agency staff or supervisor (when applicable), and the support and service coordinator (SSC).

Service Limitations

- The cost for transporting a child or youth during the provision of mentoring services may be funded through transportation services in addition to the mentoring services rate. These

transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes activities for which the primary function is recreation.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- Payment for the provision of mentoring services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Any agency appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (agency provider)

Providers are paraprofessionals, including but not limited to individuals who are in the child's or youth's peer group. The peer group includes a wide range of individuals who have something in common with the child or youth, including similar interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

The CWA is required to ensure the provider receives child-specific training and training on the roles and responsibilities of the mentor. This training may be provided by any combination of the provider agency, CWA, parent and/or guardian, and/or other relevant professional who is knowledgeable of the child's or youth's daily needs. Documentation of this training is required to be maintained in the child's record. Providers must be involved in frequent and ongoing communication with the SSC, agency, and family, regarding child specific updates, information, and concerns.

Mentors (individual provider)

Providers are paraprofessionals, including but not limited to individuals who are in the child's or youth's peer group. The peer group includes a wide range of individuals who have something in common with the child or youth, including similar interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

The CWA is required to ensure the provider receives child-specific training and training on the roles and responsibilities of the mentor. This training may be provided by any combination of the CWA, parent and/or guardian, and/or other relevant professional who is knowledgeable of the child's or youth's daily needs. Documentation of this training is required to be maintained in the child's record. Providers must be involved in frequent and ongoing communication with the SSC, agency, and family, regarding child specific updates, information, and concerns.

Service Documentation

- Providers must develop a written plan documenting the objectives for the child and the objectives for the mentor. A written summary of the progress toward and changes to the objectives for the child or youth and their mentor is required every three months and may be developed during the team review (refer to Service Requirements). If indicated, recommendations for changes to the plan may be included. Provider reports are used to evaluate the need for modification or continuation of mentoring services. The plan and summary must be provided to the CWA (the child's or youth's SSC). Summaries must be maintained by the CWA and reviewed at the time of other quarterly activities.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Nursing Services

Definition

Nursing services assist a child or youth with health and health-related tasks in the child's home and community.

Nursing services are those medically necessary, skilled nursing services that may only be provided safely and effectively by a nurse practitioner, a registered nurse, or a licensed practical nurse working under the supervision of a registered nurse.

Nursing services may include periodic assessment of the child's medical condition when the condition requires a skilled nurse to identify and evaluate the need for medical intervention or to monitor and/or modify the medical treatment services provided by nonprofessional care providers. Services may also include regular, ongoing monitoring of a child's fragile or complex medical condition as well as the monitoring of a child with a history of noncompliance with medication or other medical treatment needs.

Payment for the provision of nursing services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- Skilled nursing services must be recommended or prescribed by the child's physician and reviewed by the support and service coordinator (SSC).
- All providers of nursing services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
- Nursing services provided must be within the scope of the Wisconsin Nurse Practice Act and are not otherwise available to the child under the Medicaid State Plan or HealthCheck Other Services (also known as early and periodic screening, diagnostic, and treatment services [EPSDT]).

Service Limitations

- The cost for transporting a child or youth during the provision of nursing services may be funded through transportation services in addition to the nursing services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.

- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - EPSDT benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes consultation provided by a registered nurse, including participation in the reassessment and care plan development process. Assessment and care planning is performed by the SSC and billed to the support and service coordination service.

Provider Standards and Documentation

General Provider Standards

- Nursing services must be performed by a registered nurse or an advanced practice nurse. An advanced practice nurse in Wisconsin is a registered nurse with advanced training and certification, commonly known as a nurse practitioner. Refer to Wis. Stat. §§ 50.01(1b) and 441.16(2). A licensed practical nurse may provide services under the supervision of a registered nurse licensed to practice in Wisconsin.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of nursing services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Nursing services may be provided by the following:

- Home health agency (agency provider), as regulated by
 - o 42 C.F.R. § 484.
 - o Wisconsin Stat. § 50.49.
 - o Wisconsin Admin Code ch. DHS 131.
- Registered nurse (individual provider), as regulated by Wis. Stat. ch. 441.
- Nurse practitioner (individual provider), as regulated by Wis. Stat. ch. 441.
- Licensed practical nurse (individual provider), as regulated by Wis. Stat. ch. 441.

Service Documentation

The county waiver agency is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Personal Emergency Response System

Definition

The personal emergency response system (PERS) service secures an immediate response and access to assistance in the event of a physical, emotional, or environmental emergency.

A PERS uses a community-based telephonic, global positioning system, or other electronic communications device to provide a direct electronic communications link between the child or youth and emergency responders.

The base monthly charge for basic telephone service necessary for PERS operation is an allowable cost covered by this service.

When a conventional PERS is not feasible, allowable items through this service may include devices and services necessary to function as an emergency response system, such as a cellular telephone and cellular service.

Allowable costs also include installation, upkeep, and maintenance of devices or systems as appropriate.

Service Requirements

- Electronic devices are required to meet standards established by the Underwriters Laboratories® (UL) or equivalent.
- Telephonic devices are required to meet standards established by the Federal Communications Commission (FCC) or equivalent.

Service Limitations

- This service is limited to items and products and does not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:

- Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
- Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

Refer to section 4.06 for service exclusions that apply to all services.

Provider Standards and Documentation

General Provider Standards

- PERS must be installed by qualified installers.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Community-Based Electronic Communications Unit (individual provider) and telephone service including cellular service (individual provider)

Devices are required to meet Underwriters Laboratories® standards and/or Federal Communications Commission regulations or equivalent standards.

Service Documentation

- The county waiver agency (CWA) is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)
- The determination of the type of emergency response system used as a cost-effective means to meet the need for the child's or youth's safety or security must be documented and maintained by the CWA.
- For allowable devices or items that require telephone service (including cellular service), the child's or youth's individual service plan (ISP) is required to indicate both the unit cost of the device and the monthly cost of the telephone or cellular service. Documentation on the ISP must also list the service provider and service plan.

Additional documentation must clearly indicate the child and/or their parent(s) or guardian(s) understand the limitations of the telephone service (including cellular service) the PERS service will fund (for example, length of contract, maximum monthly rate, data limits, total minutes allowed).

Relocation Services

Definition

Relocation services assist with preparations for the child's or youth's relocation to a safe and accessible community living arrangement.

This service includes supports and essential items needed for a child or youth to establish a community living arrangement when they are relocating from an institution or foster home to a less restrictive setting, or when the youth is moving out of their family's home to a more independent setting.

Relocation services may include the purchase of the following, as necessary, to prepare the selected living arrangement for occupancy by the child or youth:

- Household furnishings not otherwise included in a rental agreement, if applicable
- Telephone(s)
- Cooking and/or serving utensils
- Basic cleaning equipment
- Household supplies
- Security deposit
- Utility connection costs
- Telephone installation charges
- Moving the child's or youth's personal belongings to the new living arrangement
- General cleaning and household organization services related to the relocation

Service Requirements

Services or items covered by this service may not be purchased more than 180 days prior to the date the child or youth relocates to the new living arrangement.

Service Limitations

- Relocation services are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services

- Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes the purchase of food, the payment of rent, or the purchase of devices or services used primarily for leisure or recreation.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- Personal emergency response systems must be installed by qualified installers.

Provider Types and Qualifications

Moving companies, public utilities, real estate agencies, vendors of home furnishings (agency provider) and individual movers and individual landlords (individual provider)

Providers are required to have a reputable compliance history as shown by federal and/or state licensing and/or credentialing agency records, with no history of license revocation or denial, fraud, or substantial or repeated violations of applicable laws and rules in the operation of any business.

Additionally, providers are required to have established a stable financial history, with no outstanding debts or amounts due to the Wisconsin Department of Health Services or other government agencies, including unpaid forfeitures and fines.

Service Documentation

The county waiver agency is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Respite Care

Definition

Respite care services maintain and strengthen the child's or youth's natural supports by easing the daily stress and care demands for their family, or other primary caregiver(s), on a short-term basis.

These services provide a level of care and supervision appropriate to the child's or youth's needs while their family or other primary caregiver(s) are temporarily relieved from daily caregiving demands. Respite care may take place in a residential setting, institutional setting, the home of the child or youth, the home of a caregiver, or in other community settings, as outlined below.

Payment for the provision of respite care is subject to statewide uniform rates. See the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Residential Respite

Residential respite may be used for overnight stays or partial day stays for the child or youth, in settings that are otherwise eligible living situations for the CLTS Waiver Program.

Residential respite may be provided in the following settings:

- Adult family home (AFH) certified for one or two persons.
- AFH licensed for three or four persons.
- Children's foster home, including exceptional treatment foster home.

Institutional Respite

Institutional respite may be used for overnight stays or partial day stays for the child or youth, in settings that are not otherwise eligible living situations for the CLTS Waiver Program.

All institutional respite requires prior approval from the Wisconsin Department of Health Services (DHS).

Institutional respite care services may be provided in the following settings:

- Community-based residential facility (CBRF)
- Group home for children and youth
- Hospital
- Intermediate care facility/individuals with intellectual disabilities (ICF/IID)
- Nursing home
- Residential care center (RCC) for children and youth
- Shelter care facility
- Wisconsin state developmental disability center
- Wisconsin state mental health institution

Home-Based Respite

Home-based respite may be used for overnight stays or partial day stays for the child or youth, in their primary residence or at the home of a caregiver.

Community Respite

Community respite may be used for partial day stays for the child or youth (and not for overnight stays) in the community.

Respite Camp

Respite camp may be used for overnight stays or partial day stays for the child or youth when the primary purpose of the service is to temporarily relieve parent(s) or guardian(s) from daily caregiving demands.

Service Requirements

- All providers of respite care services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.
- Institutional respite care services require prior approval by DHS, except in an emergency situation. Emergency situation is defined as a situation in which the primary caregiver suddenly or unexpectedly becomes unable to provide care due to death, illness, disability, or other unanticipated event.

All institutional respite requires prior approval from DHS. The request for prior approval must include the following information:

- The reason for the request, identifying the caregiver in need of respite.
- The anticipated length and frequency of the respite placement.
- A description of the barriers to the use of alternative community-based services.
- A list of providers that were considered and why these providers cannot meet the child's or youth's needs.
- A description of the proposed respite setting and the reasons that setting was chosen, including confirmation of appropriate licensure and how the setting will benefit and meet the needs of the specific child or youth.
- An assurance that restrictive measures will not be used, or if they're likely to be used, a restrictive measures application must be submitted with the institutional respite request.

The request may be made using the DHS form, [Variance Request for Institutional Respite \(F-21059\)](#).

Approval for institutional respite is specific to the child or youth, setting, and duration specified in the request. If the setting, duration, or other approved criteria change, a new request must be submitted.

- When home-based respite care services are provided in a private home other than the home of the child or youth the following conditions apply:
 - When the planned length of stay is to be **72 hours or less**:
 - The home is the preferred choice of the child or youth and their primary caregiver, and
 - The caregiver assures that the home is safe and the respite provider is trained and capable of providing the appropriate level of care and supervision needed.
 - When the planned length of stay is to be **longer than 72 hours**:
 - The support and service coordinator (SSC) must assure that the home meets the specifications in Article V of the [Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes \(P-00638\)](#), Wis. Admin. Code §§ DCF 56.07 and 56.08, and
 - The SSC assures that the provider standards for other person appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (refer to Provider Standards and Documentation) are met.

Service Limitations

- Respite care stays may not exceed 28 consecutive days.
- Payment for other duplicative services is precluded while the child or youth is in respite care.
- The cost for transporting a child or youth during the provision of respite services may be funded through transportation services in addition to the respite service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

- Community respite is limited to partial day stays for the child or youth and may not be used for overnight stays.

Service Exclusions

There are no exclusions beyond those outlined in sections 4.01-4.07 of this manual.

Provider Standards and Documentation

General Provider Standards

- Respite care providers must maintain documentation to demonstrate providers and staff meet the training standards as described in Appendix T.
- The CWA is required to maintain documentation to demonstrate the required provider training standards have been met.
- The CWA is required to maintain documentation to demonstrate any required licensure or certification under the applicable statutes or administrative rules is current.
- Providers of home-based respite and community respite are required to maintain documentation to demonstrate the applicable standards for the home environment has been met.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of respite services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Adult family home (individual provider)

Providers must meet the regulations in Wis. Stat. ch. 50 and Wis Admin. Code ch. DHS 88 for Adult Family Homes with 3 or 4 beds, and be certified under Wis. Admin. Code ch. DHS 82 for Adult Family Homes with 1 or 2 beds. Respite providers are required to maintain documentation of current licensure or certification.

Foster homes (agency provider)

Providers must meet the regulations in Wis. Stat. ch. 48 and Wis. Admin. Code ch. DCF 56 and are required to maintain documentation of current licensure or certification.

Community-based residential facility (agency provider)

Providers must meet the regulations in Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 and are required to maintain documentation of current licensure or certification.

Group homes for children (agency provider)

Providers must meet the regulations in Wis. Stat. § 48.67 and Wis. Admin. Code ch. DCF 57 and are required to maintain documentation of current licensure or certification.

Residential care center (RCC) for children and youth (agency provider)

Providers must meet the regulations in Wis. Stat. § 48.68 and Wis. Admin. Code ch. DCF 52 and are required to maintain documentation of current licensure or certification.

RCC respite staff must receive training that is tailored to the child or youth. Child-specific training must include information about the child's strengths, goals, and needs, as well as behavior support plans in place for the child, any unique medical needs, and aspects of the child's and family's culture.

Shelter care facilities (agency provider)

Providers must meet the regulations in Wis. Admin. Code ch. DCF 59 and are required to maintain documentation of current licensure or certification.

Respite agency (agency provider)

The provider is required to receive training specific for the child's or youth's support and care needs. The provider must complete the required training within six months of beginning employment, unless the child's or youth's individual service plan specifies that training is needed before providing services. Persons providing respite care are required to meet the DHS training requirements for supportive home care below. (See also Appendix T, Training and Documentation Requirements for Waiver-Funded Supportive Home Care and Respite Care.) This includes training on at least the following subjects pertaining to the child or youth served:

- Policies, procedures, and expectations of the contract agency, including training on participant and provider rights and responsibilities; record keeping and reporting; and other information deemed necessary and appropriate.
- Information specific to disabilities, abilities, needs, functional deficits, and strengths of the population to be served. This training should be person-specific for the child or youth to be served and generally focused.
- Recognizing and appropriately responding to all conditions that might adversely affect the person's health and safety including how to respond to emergencies and critical incidents as defined in Chapter IX.
- Developing interpersonal and communications skills that are appropriate and effective for working with the population to be served. These skills include understanding the principles of person-centered services; person rights; respect for age; cultural, linguistic, and ethnic differences; active listening, responding with emotional support and empathy; ethics in dealings with people including: family and other providers; conflict resolution skills; ability to deal with death and dying; and other topics relevant to the specific population to be served.
- Understanding of all confidentiality and privacy laws and rules.
- Understanding of procedures for handling complaints.
- Understanding of the person who needs support, including personal hygiene needs, preferences, and techniques for assisting with activities of daily living including, where

relevant, bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.

- Understanding the personal health and wellness-related needs of the person needing supports including nutrition, dietary needs, exercise needs, and weight monitoring and control.

Group child care center (agency provider)

Providers must meet the regulations in Wis. Stat. ch. 48 and Wis. Admin. Code ch. DCF 251 and are required to maintain documentation of current licensure or certification.

Family child care center (individual provider)

Providers must meet the regulations in Wis. Admin. Code ch. DCF 250 and are required to maintain documentation of current licensure or certification.

Camps (agency provider)

Providers must meet the regulations in Wis. Admin. Code ch. DCF 252, when applicable, and are required to maintain documentation of current licensure or certification.

Respite providers are required to have child-specific training.

Other person appropriately qualified as approved by the CWA and as related to the unique service being provided (individual provider)

The requirements for individual providers are the same as those for respite agency, above.

Service Documentation

- The actual length of the respite stay must be specified in the child's or youth's record maintained by the CWA.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Specialized Medical and Therapeutic Supplies

Definition

Specialized medical and therapeutic supplies maintain the child's health, manage a medical or physical condition, improve functioning, or enhance independence.

This service includes items that prevent regression of a child's or youth's condition, maximize integration within the community, and promote and enhance peer interaction and social inclusion. Allowable items may include the following (items listed are illustrative examples and not an exhaustive list):

- Items and aids designed to augment a professional therapy or treatment plan.
- Items and aids to support environmental regulation assessed as necessary for the child's or youth's condition.

The cost of professional set-up, installation, and routine maintenance (excluding medication set-up) of allowable specialized medical or therapeutic supplies are included in this waiver service.

Service Requirements

All items and supplies must meet applicable standards of manufacture, design, installation, safety, and treatment efficacy, such as those established by Underwriter's Laboratory® and the Federal Communications Commission.

Service Limitations

- Specialized medical and therapeutic supplies are limited to items and products and do not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service includes the purchase of specialized medical and therapeutic supplies that have been denied funding through the Medicaid state plan, as well as supports or services in excess of the quantity approved under the Medicaid state plan, when applicable.
- This service may not duplicate any service that is provided under another waiver service category.
- Installation of a specialized medical and therapeutic supply may require a significant change to the structure of the home. In this circumstance, the item being installed must be billed to the specialized medical and therapeutic supplies service, and the home modification must be billed separately to the home modification service.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.

- Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
- Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or Medicaid State Plan services.
 - Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes medication set-up charges, which are covered by the Medicaid state plan-covered service.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Medical supply company (agency provider), Wis. Admin. Code ch. DHS 105

Authorized dealers (individual provider)

Other providers appropriately qualified as approved by the county waiver agency (CWA) as related to unique service being delivered to the child (individual provider)

All items and supplies are required to meet applicable standards of manufacture, design, installation, safety, and treatment efficacy such as those established by Underwriter's Laboratory® and the Federal Communications Commission.

Service Documentation

- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

- Documentation in the child's or youth's record must address the benefit of the item or supplies purchased with CLTS Waiver Program funds. Acceptable documentation may include:
 - An order or prescription from the child's physician.
 - A written recommendation from a medical or therapy professional.
 - A case note for a verbal contact between the support and service coordinator and the medical or therapy professional verifying recommendation of the item or supply.
 - A case note containing a description of the benefit of the item or supply to the child.
- The specialized medical or therapeutic supply purchased and the unit cost must be listed on the child's individual service plan.
- The CWA is required to maintain documentation, when applicable, that the specialized medical or therapeutic supply has been denied by, or cannot be obtained through the Medicaid state plan.

Support and Service Coordination

Definition

This service includes coordinating or facilitating access to all services and supports, both formal and informal, which are needed by the child and family to meet their identified outcomes.

Support and service coordination assists a child or youth and his or her family to achieve an inclusive, interdependent, and self-empowered life. The child's or youth's support and service coordinator (SSC) uses their knowledge of available programs, resources, and services to create an individualized service plan that best supports the child and family in pursuit of their desired outcomes. This includes connecting families to supports throughout the community and promotes family members' self-determination and involvement in all facets of community life.

A primary responsibility of the SSC is promoting the child's health, safety, and welfare in their home and community, which is accomplished through a broad range of activities, including:

- General activities
 - Assisting to establish and maintain all aspects of program functional and financial eligibility.
 - Assessing and periodically reassessing the child's or youth's health, safety, and functional capacity.
 - Identifying vulnerable and high-risk children and ensuring heightened care coordination, collaborating with other agencies when applicable. (Refer to Chapter I, Overview and Administration.)
 - Providing crisis and critical incident intervention and resolution.
 - Compiling and maintaining required documentation.
- Service plan development and execution
 - Developing outcomes and arranging and managing multiple service providers and the child's or youth's natural supports to meet those outcomes.
 - Completing, reviewing, and updating the service plan at the required intervals. (Refer to Chapter VII, Recertification, Individual Service Plan Review and Update.)
 - Authorizing supports and services provided through the Children's Long-Term Support (CLTS) Waiver Program.
 - Managing the coordination of benefits for the supports and services in the service plan according to the payment responsibilities of each service provider. (Refer to Service Limitations.)
 - Providing instruction to the child or youth and their family and/or advocates to independently obtain access to services and supports, regardless of funding source.
 - Evaluating the effectiveness of services.
 - Monitoring progress toward meeting the child's or family's identified outcomes.
- Programmatic and developmental transitions
 - Providing transitional support for CLTS Waiver Program enrollment and disenrollment.

- Discussing with youth and their families how parents' legal authority to make decisions for their youth changes when that youth turns 18 years old.
- Providing information about guardianship to youth and their families as appropriate, including alternatives to guardianship such as supported decision-making.
- Securing guardians, completing related reports, or attending court proceedings.
- Assisting the child or youth to locate safe and appropriate housing, including the determination of the efficacy of substitute care settings.
- Assisting the child or youth to pursue vocational and/or educational opportunities.
- Supporting transition planning processes (for example, child-adult at age 14).
 - Coordination of individual service plan goals and outcomes with individual education plans (IEPs) developed with the youth's special education team and individual plans for employment (IPEs) developed with the youth's Division of Vocational Rehabilitation (DVR) counselor.
 - Referral to the aging and disability resource center (ADRC) by the time a youth turns 17 years and 6 months old to begin the transition process into the adult long-term care system.
 - For youth who meet the vulnerable or high-risk child definition, communication of this status to the adult long-term care system and the provision of heightened coordination and information sharing.
 - For youth with an approved restrictive measures application, communication of this status to the adult long-term care program.
 - The SSC submits an updated application if those responsible for implementing the plan will be different than those previously approved or if the restrictive interventions will change.
 - The SSC works with the adult long-term care program to ensure the smooth transition from the approved CLTS restrictive measure and the approval process for the adult restrictive measures application.
- Discussing options with youth and their guardian if the youth is not found eligible for an adult long-term care program
- Providing transitional support and service coordination when the child or youth moves from an institutional setting to a community setting
- Cross-system coordination
 - Advocating and providing information for coordination with other services and resources: Court-ordered, juvenile justice, or child protective services, including protective payment and guardianship or legal services
 - Referring and assisting the child or youth to access:
 - Public benefits, energy assistance, or other poverty-related services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services) and mental health services that are otherwise available.

- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act, including those provided by the Birth to 3 Program.

Service Requirements

- SSCs are required to complete the [Mandated Reporter Online Training](#) created by the Wisconsin Child Welfare Professional Development System and follow the procedures for mandated reporting of abuse and neglect ([Wis. Stat. § 48.981\(3\)](#)). These procedures must be followed when there is reasonable cause to suspect that a child has been abused or neglected, threatened with abuse or neglect, or that abuse or neglect of the child will occur.
- All providers of support and service coordination services are required to report any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of a child or youth to the Wisconsin Department of Health Services (DHS). (Refer to Chapter IX for additional information about incidents and incident reporting requirements.)
- The SSC is responsible to verify that services are delivered in accordance with CLTS Waiver Program requirements and the child's or youth's identified outcomes.
- Every child or youth and his or her family require varying levels of engagement with the SSC. At a minimum, the SSC is required to make the following contacts:
 - Monthly collateral contact
 - Direct contact with the family every three months
 - Face-to-face contact at least every six months (with the child or youth)
 - Annually, at least one of the face-to-face contacts is required to take place at the child and family's place of residence.

The determination of the type and frequency of contacts with the child or youth, their caregivers, and their providers is based on the following variables as applicable:

- The child's or youth's health
- The capacity of the child or youth and their family to direct the child's individual service plan
- The strength of in-home supports and the child's or youth's informal support network.
- The stability of provider staffing (frequency and reliability of staffing, turnover, and availability of emergency backup staff)
- The stability of the child's or youth's individual service plan (for example, history of and/or anticipated frequency of change or adjustment to the plan)
- The frequency and types of critical incidents
- The amount and types of involvement with other systems

Direct contact with the family includes written or email exchanges, telephone conversations, or face-to-face contact. A collateral contact includes written or email exchange, telephone conversation, or face-to-face contact with the child's or youth's family member, medical or social services provider, or other person with knowledge of the child's or youth's long-term support needs.

- Transitional support and service coordination may be provided for a child or youth relocating to the community from an institution beginning up to 90 days prior to discharge and

completed on the date of relocation. (Up to 180 days prior to discharge may be allowed with DHS approval.) Transitional services may include associated tasks such as locating appropriate housing, completing lease or housing subsidy applications, assistance in processing changes in Social Security or Medicaid benefits, and meetings with families and potential formal and informal caregivers.

Service Limitations

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - EPSDT benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- This service excludes the optional targeted case management benefit under the Medicaid State Plan.

Provider Standards and Documentation

General Provider Standards

- The SSC is required to be knowledgeable of the service delivery system, the availability of integrated services and resources, or the need for such services and resources to be developed.
- A newly hired SSC is required to complete the approved DHS [waiver basics training course](#). All SSCs are required to complete the [Mandated Reporter Online Training](#) created by the Wisconsin Child Welfare Professional Development System. Until training is received, the SSC must work under the direct supervision of a qualified SSC and/or supervisor.
- The county waiver agency (CWA) is required to maintain documentation from DHS that the waiver basics course was successfully completed.

- The CWA is required to maintain documentation to demonstrate the SSC meets the required qualifications.
- SSCs are subject to the required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.

Provider Types and Qualifications

Social worker (individual provider)

The provider must be licensed under Wis. Stat.ch. 457, or hold a certificate under § 457.09, and have a minimum of one year of experience working with children and/or youth with disabilities.

Other person appropriately qualified as approved by the CWA and as related to the unique service being provided (individual provider)

Provider qualifications consist of any of the following combinations of education and practice experience:

- A course of study and practice experience that meets requirements for state certification or licensure as a social worker and also one year experience with individuals with disabilities.
- A course of study leading to a Bachelor of Arts or Bachelor of Science degree in a health- or human services-related field and one year of experience working with individuals with disabilities.
- A minimum of four years' experience as a long-term support SSC.
- A combination of training and experience equivalent to four years of long-term support case management practice.

Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Supported Employment—Individual

Definition

Individual supported employment services assist a youth to attain sustained employment paid at or above minimum wage in an integrated setting in the general workforce, in a job that meets the youth's personal and career goals.

These services assist a youth who, because of their disabilities, needs intensive ongoing support to obtain and maintain an individual job in a competitive, customized, or self-employment work setting. Supported employment services are structured to enable the youth to benefit from one-on-one support and a regular work schedule that allows a high level of practical application of the skills that will develop the youth's work performance. A youth receiving this service must be compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Individual employment support services are customized for the youth and may include any combination of the following activities:

- Vocational or job-related discovery or assessment
- Person-centered employment planning
- Job placement
- Job development
- Meeting with prospective employers
- Job analysis
- Training and systematic instruction
- Job coaching
- Job supports
- Work incentive benefits analysis and counseling
- Training and work planning
- Career advancement services
- Other workplace support services not specifically related to job skill training that enable the youth to successfully integrate into the job setting

Additionally, individual employment supports may include assistance to achieve or maintain self-employment, including home-based self-employment; however, Children's Long-Term Support (CLTS) Waiver Program funds may not be used to defray expenses associated with starting up or operating a self-employment business. Types of assistance for self-employment may include the following (examples are illustrative and do not comprise an exhaustive list):

- Aid to the youth in identifying potential business opportunities.
- Assistance in the development of a business plan, including identifying potential sources of business financing and other assistance in developing and launching a business.

- Identification of the supports necessary for the youth to operate the business.
- Ongoing assistance, counseling, and guidance after the business opens.

Payment for the provision of individual supported employment services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- All local, state, and federal laws governing any aspect of employment must be followed.
- The supported employment provider agency must deliver service in accordance with the Wisconsin Department of Workforce Development (DWD) [Division of Vocational Rehabilitation \(DVR\) Technical Specifications: Supported Employment](#).
- All providers of supported employment services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- The CLTS Waiver Program may not fund individual supported employment until funding through the Department of Public Instruction and the Department of Workforce Development, Division of Vocational Rehabilitation, is exhausted, unnecessary, or unavailable.
- The cost for transporting a child or youth during the provision of supported employment services may be funded through transportation services in addition to the supported employment service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.

- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

CLTS Waiver Program funds may not be used to defray expenses associated with starting up or operating a self-employment business.

Provider Standards and Documentation

General Provider Standards

- Personnel who provide individual supported employment services are required to have skills and abilities in the areas of assessment, job development, job placement, job retention, and evaluation, including the following:
 - Assessment of individuals who have developmental disabilities.
 - Work site analysis.
 - Assessment of needs for assistive technology, disability accommodation, and individualized ergonomics.
 - Job development.
 - Sales and marketing.
 - Job coaching.
 - Outcome development and program evaluation.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- The county waiver agency (CWA) is required to maintain documentation to demonstrate the service provider meets all applicable standards.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of supported employment services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Supported employment agency (agency provider)

The provider must have the ability and qualifications to provide this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.
- Existence of a current contract with the DVR for provision of supported employment services.

- Submission of written documentation to demonstrate the agency meets all DVR technical specifications related to supported employment.
- Comparable experience for a qualified entity, including a minimum two years of experience working with individuals with disabilities, providing integrated employment services in the community.

In addition, the provider is required to comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

On-the-job support person (individual provider)

The provider must have the ability and qualifications to provide this service, demonstrated in at least one of the following ways:

- Holding the Certified Employment Support Professional accreditation.
- Completing comparable experience for a qualified individual, including a minimum of two years of experience working with individuals with disabilities, providing supported employment. However, a youth self-directing this service may employ qualified persons with less experience. In that event, CWA and youth must ensure the individual provider has the youth-specific competencies to effectively provide this service.

In addition, the individual provider must comply with all applicable occupational health and safety standards of OSHA.

Service Documentation

- The provider is required to send a written report to the CWA (the youth's support and service coordinator) not less than once every six months. A copy of this report must also be sent to the youth or their guardian.
- The provider is required to maintain an individual file for each youth served. This file record must include the assessment, job development plan, training or coaching plan, and plan for long-term support.
- The CWA is required to maintain the supported employment assessment, job development plan, and all six-month progress reports from the provider, which contain documentation of the youth's need for supported employment supports and services.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Supported Employment—Small Group

Definition

Small group supported employment services assist a youth to attain sustained employment and work experiences that foster further career development and individual, integrated community-based employment, in a job that meets the youth's personal and career goals.

These services and training activities are provided in a regular business, industry, or community setting for groups of two to eight workers with disabilities. Small group employment support must be implemented in a manner that promotes integration into the workplace and integration between the participants and people without disabilities in those workplaces.

These services are structured to enable the youth to benefit from a small provider-to-youth ratio and a regular work schedule that allows a high level of practical application of the skills that will develop the youth's work performance. A youth receiving these services must be compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Small group employment support services are customized for the youth and may include any combination of the following activities:

- Vocational or job-related discovery or assessment.
- Person-centered employment planning.
- Job placement.
- Job development.
- Meeting with prospective employers.
- Job analysis.
- Training and systematic instruction.
- Job coaching.
- Job supports.
- Work incentive benefits analysis and counseling.
- Training and work planning.
- Career advancement services.
- Other workplace support services not specifically related to job skill training that enable the youth to successfully integrate into the job setting.

Small group employment support services may be provided by a co-worker or other job site personnel when the services are not part of the normal duties of the co-worker or other personnel and these individuals meet the qualifications for individual service providers. (Refer to Provider Standards and Documentation.)

Payment for the provision of small group supported employment services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

- All local, state, and federal laws governing any aspect of employment must be followed.
- The supported employment provider agency must deliver services in accordance with the Wisconsin Department of Workforce Development (DWD), [Division of Vocational Rehabilitation \(DVR\) Technical Specifications: Supported Employment](#).
- All providers of small group supported employment services are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- The cost for transporting a child or youth during the provision of supported employment services may be funded through transportation services in addition to the supported employment service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the DWD, DVR.

Service Exclusions

Small group supported employment does not include payment for supervision, training, support, and adaptations typically available to other nondisabled workers filling similar positions in the business.

Provider Standards and Documentation

General Provider Standards

- Personnel who provide small group supported employment services must have skills and abilities in the areas of assessment, job development, job placement, job retention, and evaluation, including the following:
 - Assessment of individuals who have developmental disabilities.
 - Work site analysis.
 - Assessment of needs for assistive technology, disability accommodation, and individualized ergonomics.
 - Job development.
 - Sales and marketing.
 - Job coaching.
 - Outcome development and program evaluation.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- The county waiver agency (CWA) is required to maintain documentation to demonstrate the service provider meets all applicable standards.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of supported employment services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Supported employment agency (agency provider)

The provider must have the ability and qualifications to provide this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.
- Existence of a current contract with DVR for provision of supported employment services.
- Submission of written documentation to demonstrate the agency meets all DVR technical specifications related to supported employment.

- Comparable experience for a qualified entity, including a minimum two years of experience working with youth with disabilities and providing integrated employment services in the community.

In addition, the provider is required to comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

On-the-job support person (individual provider)

The provider must have the ability and qualifications to provide this service, demonstrated in at least one of the following ways:

- Holding the Certified Employment Support Professional accreditation.
- Comparable experience for a qualified individual, including a minimum of two years of experience working with youth with disabilities and providing supported employment. However, a youth self-directing this service may employ qualified persons with less experience. In that event, the CWA and youth are required to ensure the individual provider has the youth-specific competencies to effectively provide the service.

In addition, the individual provider is required to comply with all applicable OSHA occupational health and safety standards.

Service Documentation

- The provider is required to send a written report to the support and service coordinator not less than once every six months. A copy of this report must also be sent to the youth or their parent(s) or guardian(s).
- The provider is required to maintain an individual file for each youth served. This file record must include the assessment, job development plan, training and/or coaching plan, and plan for long-term support.
- The CWA is required to maintain the supported employment assessment, job development plan, and all six-month progress reports from the provider, which contain documentation of the youth's need for supported employment supports and services.
- The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Supportive Home Care

Definition

Supportive home care (SHC) directly assists the child or youth with daily living activities and personal needs, to promote improved functioning and safety in their home and community.

SHC may be provided in the child's or youth's home or in a community setting and includes:

- Direct assistance with instrumental activities of daily living and observation or cueing of the child or youth to safely and appropriately complete activities of daily living and instrumental activities of daily living.
- Supervision necessary for safety at home and in the community. This may include observation to assure appropriate self-administration of medications, assistance with bill paying and other aspects of money management, assistance with communication, arranging and using transportation, checking out library books, ordering food from a menu, and paying for tickets to events.
- Intermittent major household tasks that must be performed seasonally or in response to a natural or other periodic event for reasons of health and safety or the need to assure the youth's continued community living.

Payment for the provision of SHC services is subject to statewide uniform rates. Refer to the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

All providers of SHC are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- SHC services are limited to those not already purchased in a licensed or certified substitute care setting.
- SHC services are limited to assistance with tasks the child or youth is unable to do without assistance and are not intended to teach skill acquisition. Refer to daily living skills training for services that may provide skill acquisition.
- The cost for transporting a child or youth during the provision of supportive home care services may be funded through transportation services in addition to the supportive home care service rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)

- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid State Plan services.
 - Mental health services available through Comprehensive Community Services (CCS) and Wraparound.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- This service excludes household maintenance that changes the physical structure of the home. Refer to home modifications for certain structural adaptations to the home that may be allowable.
- This service excludes general home maintenance activities including painting, plumbing or electrical repairs, and exterior maintenance.

Provider Standards and Documentation

General Provider Standards

- SHC providers must maintain documentation to demonstrate providers and staff meet training standards.
- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).
- Payment for the provision of supportive home care services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate](#)

[Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

Provider Types and Qualifications

Home health agency (agency provider)

Providers must be licensed under 42 C.F.R. § 484, Wis. Stat. § 50.49, and Wis. Admin. Code ch. DHS 131.

Supportive home care agency (agency provider)

Training begins prior to and during the first six months of employment. Training on critical procedures related to the child's or youth's health and safety must be completed prior to the delivery of any services. Families share responsibility for oversight and monitoring the quality of care for their child.

The CWA must ensure that persons providing SHC services receive training on at least the following subjects pertaining to the person(s) served:

- Policies, procedures, and expectations of the contract agency, including training on participant and provider rights and responsibilities; record keeping and reporting; and other information deemed necessary and appropriate.
- Information specific to disabilities, abilities, needs, functional deficits, and strengths of the population to be served. This training should be person-specific for the child or youth to be served and generally focused.
- Recognizing and appropriately responding to all conditions that might adversely affect the person's health and safety, including how to respond to emergencies and critical incidents as defined in Chapter IX.
- Developing interpersonal and communications skills that are appropriate and effective for working with the population to be served. These skills include understanding the principles of person-centered services; person rights; respect for age; cultural, linguistic, and ethnic differences; active listening, responding with emotional support and empathy; ethics in dealings with people, including family and other providers; conflict-resolution skills; ability to deal with death and dying; and other topics relevant to the specific population to be served.
- Understanding of all confidentiality and privacy laws and rules.
- Understanding of procedures for handling complaints.
- Understanding of the person who needs support, including personal hygiene needs, preferences, and techniques for assisting with activities of daily living, including, where relevant, bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.
- Understanding the personal health and wellness-related needs of the person needing supports, including nutrition, dietary needs, exercise needs, and weight monitoring and control.

Personal care worker (individual provider)

Providers must be certified under Wis. Admin. Code § DHS 105.17(3)(a).

Nurse aide (individual provider)

Providers must be certified under Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 129.

Registered nurse (individual provider)

Providers must be licensed under Wis. Stat. § 441.06.

Licensed practical nurse (individual provider)

Providers must be licensed under Wis. Stat. § 441.10.

Other person appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided to the child (individual provider)

See qualification description for supportive home care agency above.

Service Documentation

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Training for Parents and/or Guardians and Families of Children with Disabilities (Training for Unpaid Caregivers)

Definition

Training for parents and/or guardians and families of children with disabilities provides support and strategies to help increase methods for coping and learn techniques to manage challenges and to promote achieving an inclusive, interdependent, and self-empowered life.

Training focuses on techniques for supporting children with and without disabilities, keeping family balance and harmony in the home, and communicating effectively, which promote inclusion, support independence, and foster growth for both the child or youth and their family. This service includes, but is not limited to:

- In-person training.
- Parent-to-parent mentoring.
- Conferences.
- Resource materials.
- Online training.
- Registration and training fees associated with formal instruction.

Training topics may include supports and services that support the caregiver to assist the child or youth to maintain optimal health and maximize their potential, with core strategies for engaging the child or youth and reducing their vulnerability to abuse, neglect, and other negative experiences.

Training may also include parent support or mentoring groups. Unpaid caregivers who have similar information needs and educational issues can support each other while they learn about best practices specific to their child's disability.

This service offers instruction and support for parents and family members who are implementing support interventions. Training is held in a location where parents and/or guardians, siblings, grandparents, and other family members can attend together to support their shared experiences in raising a child or youth with developmental, physical, emotional, behavioral, and/or mental health issues.

Service Requirements

All providers of training for unpaid caregivers are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical health, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- This service is limited to training(s) and events and does not include services delivered by caregivers (persons who have regular, direct contact with the child or youth).
- This service does not cover training to be a paid caregiver.
- This service does not cover training focused on the child's or youth's training needs or teaching self-advocacy to the child or youth and their parent(s), guardian(s), or legal representative(s). (Refer to consumer education and training.).
- This service may not be required as a prior condition for receiving other Children's Long-Term Support (CLTS) Waiver Program services.
- This service may not duplicate any service that is provided under another waiver service category.
- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

This service excludes payment for lodging and meal expenses incurred while attending a training event or conference.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Training or service agency (agency provider)

Professional services (individual provider)

- Licensed accredited professionals who maintain current credentials in their field of practice. For example, training could be provided by licensed family professionals.
- Certified or accredited professionals who maintain current credentials in their field of practice. For example, training could be provided by certified family professionals.
- Training or experience in working with children with disabilities.

Service Documentation

The county waiver agency is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)

Transportation

Definition

Transportation maintains or improves the child's mobility in the community and increases their inclusion, independence, and participation in the community.

This service funds the child's or youth's nonmedical, nonemergency transportation needs related to engaging with his or her community—with the people, places, and resources that are meaningful for their self-determination—and to meet their goals and daily needs. If the child or youth needs transportation to access authorized waiver services, it may be reimbursed through this service. Additionally, the fare or other transportation charges for an attendant (including parents and/or legal guardians), if needed, to accompany the child or youth when accessing the community is included.

Payment for the provision of transportation services is subject to statewide uniform rates. See the [Children's Long-Term Support \(CLTS\) Waiver Program Rates Initiative webpage](#) for additional information.

Service Requirements

All providers of transportation are required to communicate with designated county staff and other providers about any incidents or events that create a significant risk or serious harm to the physical, mental health, safety, or well-being of the child or youth. Any communication must follow federal confidentiality laws. Refer to Chapter IX for additional information about incidents and incident reporting requirements.

Service Limitations

- This service is limited to transportation that assists or improves a child's or youth's general mobility; ability to perform instrumental activities of daily living (shopping, banking, and so on); and ability to access community resources, employment, or other activities as described in the child's or youth's assessment and individual service plan.
- This service is limited to costs associated with the child's or youth's transportation and any transportation costs for an attendant to accompany the child or youth, when needed. This service cannot fund costs associated with a caregiver's transportation to and from their shift with the child or youth.
- When a child or youth requires wheelchair-accessible transportation this service may fund both a per-trip claim and a mileage claim for their transport.
- This service cannot be used to pay for transportation costs that are the responsibility of the school district.
- This service may not duplicate any service that is provided under another waiver service category.

- The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for children and families:
 - Public benefits, energy assistance, or other poverty-related services.
 - Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
 - Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or Medicaid State Plan services.
 - Mental health services that are otherwise available.
 - Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
 - Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

Service Exclusions

- Transportation cannot be used for payment of participant copayment charges for Medicaid-funded transportation.
- Transportation cannot be used to fund the cost of a youth driving themselves to a location.
- This service excludes the rental or leasing of accessible vans or any other vehicle.
- This service excludes maintenance costs for the youth’s vehicle or their family’s vehicle.
- This service excludes vehicle adaptations and modifications. These costs may be allowed through adaptive aids.
- This service excludes attendant costs related to care or supervision services. These costs may be allowed through supportive home care.
- This service excludes the cost of transportation to and from medical providers.

Provider Standards and Documentation

General Provider Standards

- Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. Current documentation of licensure, professional certification, and caregiver background checks must be maintained by the provider and be accessible for review.
- Payment for the provision of transportation services is subject to statewide uniform rates. Refer to the [CLTS Waiver Program Rates Initiative webpage](#), the [CLTS Service Rate Schedule \(P-02184\)](#), and the [CLTS Waiver Program Benefit Code Crosswalk \(P-02283\)](#) for additional information.

- For more information related to CLTS Waiver Program service providers, refer to the [CLTS Provider Registry webpage](#).

Provider Types and Qualifications

Specialized transportation agency (agency provider)

Providers are required to meet all standards of specialized transportation in [Wis. Stat. § 85.21](#), have a current driver's license issued by the Department of Transportation, and have current insurance.

Vehicles used to provide transportation must be insured and in good repair, with all operating and safety systems functioning.

Public carriers (agency provider)

Providers are required to have a current driver's license issued by the Department of Transportation and current insurance. Mass transit carriers are required to meet all standards in [Wis. Stat. § 85.20](#).

Types of transportation provided by public carriers includes and is not limited to the purchase of bus tickets, train passes, taxi vouchers, or other fare for transportation (such as taxi cabs or mass transit).

Private drivers (individual provider)

Providers are required to have a current driver's license issued by the Department of Transportation and current insurance. Vehicles used to provide transportation must be insured and in good repair, with all operating and safety systems functioning.

Service Documentation

The county waiver agency is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)