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To: County Department of Human Services Directors
County Department of Social Services Directors
County Department of Community Programs Directors
Children's Long-Term Support Supervisors and Leads

From: Lisa Olson, Deputy Medicaid Director
Division of Medicaid Services

Children's Long-Term Support Program - Approved § 1915(c) Waiver Application for Home and Community-Based Services and § 1915(b)(4) Waiver Application for Selective Contracting of Support and Service Coordination

Purpose

This memo announces the federal Centers for Medicare & Medicaid Services (CMS) approval of the §1915(c) and §1915(b)(4) waivers that provide the federal authority to operate the Children's Long-Term Support (CLTS) Waiver Program. Effective January 1, 2022, county waiver agencies (CWAs) and their sub-contracted case management entities must operate the CLTS Waiver Program in accordance with requirements and processes in the federally-approved waivers. This memo provides an overview of program changes approved by CMS. The Wisconsin Department of Health Services (DHS) will publish the program changes in the [Medicaid Home and Community-Based Services \(HCBS\) Waiver Manual for the CLTS Waiver Program \(P-02256\)](#) in the first quarter of 2022.

Background

DHS applied to CMS for a § 1915(c) HCBS waiver to continue providing supports and services to eligible children and youth through the CLTS Waiver Program and a § 1915(b)(4) waiver to continue limiting a participant's choice of provider for support and service coordination to CWAs or their subcontracted entities. This limitation ensures support and service coordination is delivered by qualified individuals, since CWAs have the expertise and knowledge to successfully coordinate the multiple complex systems required to meet the needs of participants.

Federal §1915(c) HCBS waivers and §1915(b)(4) waivers must be renewed with the CMS every five years.

Application for Section 1915(c) Waiver

This Medicaid HCBS waiver program is authorized under § 1915(c) of the Social Security Act. CMS approval of the § 1915(c) waiver renewal application allows DHS to waive certain federal Medicaid requirements in order to furnish an array of services that help children remain in their home or community and live their best life. Waiver services complement and/or supplement

services available through the Medicaid State Plan and other programs, as well as the supports provided by families and communities.

CMS has approved DHS' § 1915(c) waiver renewal application for the CLTS Waiver Program effective January 1, 2022 through December 31, 2026.

Service Package Changes

The CLTS Waiver Program renewal application incorporates child-focused services and supports, a heightened emphasis on the needs of families, and a holistic approach to serving children and families. DHS has reconfigured the service package available to children and families to better meet their needs and outcomes. New services have been added, several existing services have been reorganized, and some existing services have been renamed.

New services to improve supports for children and families:

- Discovery and career planning services provide learning and work experiences where the participant can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings.
- Grief and bereavement counseling helps the participant and/or their family cope with the possible death of the participant and supports the family after the participant's death.
- Health and wellness services maintain or improve the health, wellbeing, socialization, and inclusion of the participant with their family and peers in the community.
- Participant and family directed goods and services are services, supports, supplies or goods that address or enhance the participant's opportunity to meet a long-term support outcome, but is not otherwise provided through another CLTS Waiver Program service or the Medicaid State Plan.
- Participant and family-direction broker services empower and assist participants and families in directing their own CLTS Waiver Program services and supports.
- Safety planning and prevention includes items or services that reduce risk or danger to help keep the participant safe in their home and community.
- Virtual equipment and supports allow a participant to access other CLTS Waiver Program services that are delivered remotely.

Reorganized services to meet federal definitions:

- Communication aids were moved from the assistive technology service description and should now be authorized under the communication assistance for community inclusion service. Participants with limited English proficiency may also receive supports under this service.
- Adaptive aids were removed as a distinct category. Services previously listed under adaptive aids should now be authorized under specialized medical and therapeutic supplies, except in two circumstances: service animals should be authorized under assistive technology, and vehicle modifications are now a distinct service.

Renamed services to better reflect their purpose and intent:

- Consumer education and training was renamed empowerment and self-determination supports.
- Housing counseling was renamed housing support services.

- Supported employment – individual and supported employment – small group were renamed community competitive integrated employment – individual and community competitive integrated employment – small group, respectively.
- Supportive home care was renamed personal supports.
- Training for parents/guardians and families of children with disabilities was renamed family/unpaid caregiver supports and services.

Additionally, service descriptions and provider qualifications were updated to include more family-friendly language. Existing services were clarified and expanded to better meet child and family outcomes.

Authorizing New and Revised Services

Until the [Medicaid HCBS Waiver Manual for the CLTS Waiver Program \(P-02256\)](#) is updated, CWAs should refer to the approved [§ 1915\(c\) waiver application](#) for service definitions, limitations, and provider specifications. CWAs may authorize services in accordance with the approved application. Service specifications are detailed in Appendix C-1/C-3 in the waiver application.

Additionally, DHS is updating the [CLTS Waiver Provider Registration](#) forms and [CLTS Provider Directory](#) so that providers may register to deliver services in the approved § 1915(c) waiver. All program providers must register through the online [CLTS Waiver Program Provider Registration webpage](#). CWAs should refer providers to register to deliver CLTS Waiver Program services.

CWAs must consult the updated [CLTS Waiver Program Rate Schedule \(P-02184\)](#) and [CLTS Code Crosswalk \(P-02283\)](#) to authorize services. CWAs must authorize services included in the approved § 1915(c) waiver application when connected to an outcome identified during the service planning process and a qualified provider is registered and available to deliver services. All approved services may be authorized beginning January 1, 2022, if the aforementioned criteria are met. DHS will issue more information when the new services are available in the CLTS Provider Registry.

Incident Reporting Changes

The scope of incidents that must be reported to DHS has changed to ensure incident management is meaningful and meets federal requirements.

CWAs must report the following types of events involving CLTS participants to DHS:

- Abuse, neglect, exploitation
- Errors in medical or medication management that require hospitalization
- Death
- Hospitalization due to a psychiatric emergency
- Law enforcement contact or investigation of an event or allegation involving the participant
- Use of an unapproved restrictive measure by a service provider

Incidents will no longer be categorized as critical or not critical. CWAs must notify DHS of all reportable incidents within three business days via the [Children's Incident Tracking and Reporting \(CITR\) Application](#). CWAs must submit a completed incident report within 30 calendar days of the incident.

Support and service coordinators (SSCs) must continue to safeguard participants' health and safety by working with families to identify supports and services to help reduce risk to health and safety and minimize preventable incidents from occurring.

Restrictive Measures Changes

A primary objective of the CLTS Waiver Program is to comprehensively support children and their families in the community and promote their health and safety. To advance this goal, manual restraints, isolation, and seclusion are no longer eligible for approval for planned use by a CLTS Waiver Program service provider. Protective equipment and mechanical restraints used for health and safety purposes remain eligible for approval for planned use by DHS.

CWAs must continue to submit an [application](#) for approval for planned use for items, services, and supports that meet the definition of protective equipment or mechanical restraint and use CLTS Waiver Program funds, regardless of who administers the restrictive measure.

Applications must adhere to all stated requirements in the [Instructions and Requirements for the Use of Protective Equipment and Mechanical Restraints in Children's Long-Term Support Programs \(P-02616\)](#) to be considered for approval.

Program Transition Changes

The renewed waiver bolsters attention on transition roles and tasks to promote clear standards for essential coordination when a youth transitions from the CLTS Waiver Program. The SSC is responsible for supporting the transition planning process with the CLTS participant and their family and documenting the transition plan in the Individual Service Plan (ISP). Discussions about the transition planning process must begin by the time the child is age 14. The SSC must discuss with the youth and family the youth's disability determination and Medicaid source if the youth is planning to transition to an adult long-term care program.

The SSC should coordinate and communicate with the Aging and Disability Resource Center about roles and responsibilities to facilitate the final transition process if the youth is planning to transition to an adult long-term care program. CWAs must share the relevant documents with the applicable adult long-term care program as part of the transition process, which typically include copies of the youth's:

- CLTS Functional Screen
- Most recent ISP and ISP assessment
- Current crisis or emergency plans
- Most recent behavior support plan
- Approved restrictive measures application

Eligibility Determination Updates for Children Under Six

Children under age six with a DHS-approved diagnosis will automatically meet an institutional level of care on the CLTS Functional Screen and be eligible for the CLTS Waiver Program. An approved diagnosis is one that meets an [Institutional Level of Care](#) based on data, prognosis, and diagnostic characteristics. The entire CLTS Functional Screen must be completed for children with an approved diagnosis.

Application for Section 1915(b)(4) Waiver

CMS has approved DHS' § 1915(b)(4) application, in concurrence with the CLTS Waiver Program § 1915(c) waiver renewal application, effective January 1, 2022, through December 31, 2026. This approval allows DHS to limit the delivery of CLTS support and service coordination to qualified persons who are employed by CWAs or their sub-contracted case management entities.

Implementation

CWAs and their subcontracted entities must operate the CLTS Waiver Program in accordance with requirements and processes in the federally-approved waiver beginning January 1, 2022. For more information, see the approved [§ 1915\(c\) waiver application](#) and [§ 1915\(b\)\(4\) waiver application](#).

DHS will publish CLTS waiver renewal policy changes in the [Medicaid HCBS Waiver Manual for the CLTS Waiver Program \(P-02256\)](#) in the first quarter of 2022.

Assistance

CWAs should direct operational questions to their [children and family program specialist](#).