

Worksheet for Determination of Parental Payment Limit (PPL) for Children's Long-Term Support (CLTS) and Children's Community Options Program (CCOP) User Guide

Scope of This User Guide

This document is intended to help county waiver agencies (CWAs) (1) navigate and enter data into the Worksheet for Determination of Parental Payment Limit for CLTS and CCOP and (2) make use of the printed reference tables. If you need guidance as to what or whose income is considered when calculating the CLTS PPL, how to determine the standard disability allowance, or other aspects of how to apply the PPL, please refer to the PPL Frequently Asked Questions document at <https://www.dhs.wisconsin.gov/clts/waiver/clts-parent-limit-faq.pdf>.

Overview of The Worksheet

The worksheet is a Microsoft Excel spreadsheet. The spreadsheet is password-protected, and most cells are "locked" in order to prevent changes to information used in the calculation of the PPL.

DHS **strongly suggests** that you keep the spreadsheet **read-only**, and use it as a template. If you wish to save a specific fee calculation, use the *File - Save As* function and give the saved calculation a new file name.

The worksheet is intended to help CWAs easily and accurately compute the CLTS/CCOP PPL. The CWA works directly with the parents or legal guardians to fill in the components of the worksheet. When the information has been gathered, the CWA enters it into the worksheet to automatically calculate the monthly and annual payment limit.

An updated worksheet will be provided each year after the Federal Poverty Guidelines are published. CWAs should use the published worksheet until a new one is issued, even if updated Federal Poverty Guidelines have been published.

Overview of the Reference Tables

The spreadsheet contains a separate tab with the formulas used for determining PPL. These formulas are based on [Wis. Admin Code ch. DHS 1](#), which defines the PPL requirements. These tables on the formulas tab are **for reference only** and should not be used to calculate PPL.

Instructions for Using the Worksheet for Determination of PPL for CLTS and CCOP

After collecting all the necessary information, open the most current Microsoft Excel Worksheet for Determination of Parental Payment Limit for CLTS and CCOP.

The spreadsheet has a "Data Entry" tab and a "Formulas" tab. All information must be entered on the "Data Entry" tab. As data is entered on the first tab, Excel refers to specified items on the "Formulas" tab to make the necessary calculations based on the data entered.

Special Notes About Data Entry: All fields that require a dollar amount are automatically formatted as currency fields, and dollar signs will be displayed automatically. Do not type the dollar sign in any field. A field whose value is **subtracted** in the underlying formula will be displayed in RED.

DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-01337 (09/2022)

STATE OF WISCONSIN

WORKSHEET FOR DETERMINATION OF PARENTAL PAYMENT LIMIT FOR CHILDREN'S LONG-TERM SUPPORT AND CHILDREN'S COMMUNITY OPTIONS PROGRAMS

Participant's Name: _____
 Parent/Guardian(s): _____
 County Representative: _____
 Date Completed: _____ (mm/dd/yyyy)
 Parental Payment Start Date: _____ (mm/dd/yyyy)

Family Size:

| | | |
|----|---|---------|
| 1. | Enter the adjusted gross income from the most recent income declaration form | |
| 2. | Enter either the standard disability allowance (\$4,050 per child with qualifying disability) or the total allowable medical and dental expenses from the most recent income declaration form | \$4,050 |
| 3. | Income for determination of Parental Payment Limit (computed automatically) | |

| | | |
|----|---|--------|
| 4. | Enter the daily cost of all CLTS and/or CCOP services for the participant. ** | |
| 5. | Enter the daily CLTS or CCOP Support & Service Coordination cost | |
| 6. | Daily CLTS and/or CCOP Cost for Parental Payment Limit: (computed automatically) | \$0.00 |
| 7. | Annual CLTS and/or CCOP Cost for Parental Payment Limit: (computed automatically) | \$0.00 |

** Use Field 14 of the ISP (F-20445). See the ISP Instructions (F-20445) for more information about calculating the Total Cost/Day. Do NOT include Administrative Costs. If the child resides in two households, complete F-01338 for each household, and divide the participant's

DataEntry Formulas

1. Open the worksheet and select the "Data Entry" tab. A worksheet will be displayed (see Figure 1).
2. Enter the name of the participant, the parent(s) or guardian(s) and county representative; date the worksheet was completed; and the parental payment start date.
3. Enter the Family Size.
4. Enter the information required in Lines 1 through 3 as described below:
 - Line 1:** Enter the Adjusted Gross Income.
 - Line 2:** Leave the standard disability allowance which is already entered, OR type over it to enter a different allowable amount.
 - Line 3:** The Income for Determination of Parental Payment Limit will be automatically computed.

If the Income for Determination of Parental Payment Limit is **less than the minimum required** for PPL to apply, the total will appear in red and a box will be displayed indicating that the process should stop (see Figure 2). The CWA should document on the participant's ISP that the PPL is not applicable. The process is concluded.

| | A | B | C | D | E | F | G | H | I | J | |
|----|---|---|---|---|---|---|---|---|--------------------|---|--|
| | DEPARTMENT OF HEALTH SERVICES Division of Medicaid Services F-01337 (09/2022) | | | | | | | | STATE OF WISCONSIN | | |
| 1 | WORKSHEET FOR DETERMINATION OF PARENTAL PAYMENT LIMIT FOR CHILDREN'S LONG-TERM SUPPORT AND CHILDREN'S COMMUNITY OPTIONS PROGRAMS | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | Participant's Name: _____ | | | | | | | | | | |
| 4 | Parent/Guardian(s): _____ | | | | | | | | | | |
| 5 | County Representative: _____ | | | | | | | | | | |
| 6 | Date Completed: _____ (mm/dd/yyyy) | | | | | | | | | | |
| 7 | Parental Payment Start Date: _____ (mm/dd/yyyy) | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | Family Size: <input type="text" value="5"/> | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | 1. | Enter the adjusted gross income from the most recent income declaration form | | | | | | | \$75,000 | | |
| 13 | 2. | Enter either the standard disability allowance (\$4,050 per child with qualifying disability) or the total allowable medical and dental expenses from the most recent income declaration form | | | | | | | \$4,050 | | |
| 14 | 3. | Income for determination of Parental Payment Limit (computed automatically) | | | | | | | \$70,950 | | |
| 15 | STOP! There is no Parental Payment | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | 4. | Enter the daily cost of all CLTS and/or CCOP services for the participant. ** | | | | | | | | | |
| 19 | 5. | Enter the daily CLTS or CCOP Support & Service Coordination cost | | | | | | | | | |
| 20 | 6. | Daily CLTS and/or CCOP Cost for Parental Payment Limit: (computed automatically) | | | | | | | \$0.00 | | |
| 21 | 7. | Annual CLTS and/or CCOP Cost for Parental Payment Limit: (computed automatically) | | | | | | | \$0.00 | | |
| | <small>** Use Field 14 of the ISP (F-20445). See the ISP Instructions (F-20445i) for more information about calculating the Total Cost/Day. Do NOT include Administrative Costs. If the child resides in two household, complete F-01338 for each household, and divide the participant's</small> | | | | | | | | | | |

Figure 2. The Income for Determination of the Parental Payment Limit on Line 3 is less than the minimum required for a Parental Payment Limit to apply. Stop the process here.

If the Income for Determination of the Parental Payment Limit is **equal to or greater than the minimum required** for a PPL to apply, the total will appear in blue and a box will be displayed prompting you to continue to the next step (see Figure 3).

| A | B | C | D | E | F | G | H | I |
|---|----|---|---|--------------------|---|---|---|-----------|
| DEPARTMENT OF HEALTH SERVICES | | Division of Medicaid Services | | STATE OF WISCONSIN | | | | |
| F-01337 (09/2022) | | | | | | | | |
| WORKSHEET FOR DETERMINATION OF PARENTAL PAYMENT LIMIT FOR CHILDREN'S LONG-TERM SUPPORT AND CHILDREN'S COMMUNITY OPTIONS PROGRAMS | | | | | | | | |
| Participant's Name: _____ | | | | | | | | |
| Parent/Guardian(s): _____ | | | | | | | | |
| County Representative: _____ | | | | | | | | |
| Date Completed: _____ (mm/dd/yyyy) | | | | | | | | |
| Parental Payment Start Date: _____ (mm/dd/yyyy) | | | | | | | | |
| Family Size: <input type="text" value="5"/> | | | | | | | | |
| 12 | 1. | Enter the adjusted gross income from the most recent income declaration form | | | | | | \$120,000 |
| 13 | 2. | Enter either the standard disability allowance (\$4,050 per child with qualifying disability) or the total allowable medical and dental expenses from the most recent income declaration form | | | | | | \$4,050 |
| 14 | 3. | Income for determination of Parental Payment Limit (computed automatically) | | | | | | \$115,950 |
| Payment Limit Applies - Proceed to the Next Step. | | | | | | | | |
| 18 | 4. | Enter the daily cost of all CLTS and/or CCOP services for the participant. ** | | | | | | |
| 19 | 5. | Enter the daily CLTS or CCOP Support & Service Coordination cost | | | | | | |
| 20 | 6. | Daily CLTS and/or CCOP Cost for Parental Payment Limit: (computed automatically) | | | | | | \$0.00 |
| 21 | 7. | Annual CLTS and/or CCOP Cost for Parental Payment Limit: (computed automatically) | | | | | | \$0.00 |
| ** Use Field 14 of the ISP (F-20445). See the ISP Instructions (F-20445i) for more information about calculating the Total Cost/Day. Do NOT include Administrative Costs. If the child resides in two household, complete F-01338 for each household and divide the participant's | | | | | | | | |

Figure 3. You are prompted to continue if the Income for Determination of the Parental Payment Limit is equal to or greater than the minimum required.

5. Enter the information required in Lines 4 and 5 as described below:

- Line 4:** Enter the daily cost of all CLTS and/or CCOP services from the participant's ISP.
- Line 5:** Enter the daily Support and Service Coordination cost. (This amount will appear in RED, and it will be deducted from the daily cost of all CLTS and/or CCOP services.) *Note: do NOT include administrative costs in this amount.*
- Line 6:** The Daily CLTS and/or CCOP Cost for PPL will be displayed.
- Line 7:** The Annual CLTS and/or CCOP Cost for PPL will be displayed (this is the Daily CLTS and/or CCOP Cost for PPL multiplied by 365).

After the entry is complete, the Monthly Payment Limit, Annual Payment Limit, and Liability Percentage will be displayed in the boxes provided at the bottom of the screen. (See Figure 4.) The PPL amount should be entered in field 13 of the [Individual Service Plan \(F-20445\)](#).

| | A | B | C | D | E | F | G | H | I | J | |
|----|--|---|---|------------------------------|--------------------|---|----------------------|---|---|-------------|--|
| 5 | | | | County Representative: | _____ | | | | | | |
| 6 | | | | Date Completed: | _____ (mm/dd/yyyy) | | | | | | |
| 7 | | | | Parental Payment Start Date: | _____ (mm/dd/yyyy) | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | Family Size: | 5 | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | 1. | Enter the adjusted gross income from the most recent income declaration form | | | | | | | | \$120,000 | |
| 13 | 2. | Enter either the standard disability allowance (\$4,050 per child with qualifying disability) or the total allowable medical and dental expenses from the most recent income declaration form | | | | | | | | \$4,050 | |
| 14 | 3. | Income for determination of Parental Payment Limit (computed automatically) | | | | | | | | \$115,950 | |
| 15 | Payment Limit Applies - Proceed to the Next Step. | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | 4. | Enter the daily cost of all CLTS and/or CCOP services for the participant. ** | | | | | | | | \$130.00 | |
| 19 | 5. | Enter the daily CLTS or CCOP Support & Service Coordination cost | | | | | | | | \$5.75 | |
| 20 | 6. | Daily CLTS and/or CCOP Cost for Parental Payment Limit: (computed automatically) | | | | | | | | \$124.25 | |
| 21 | 7. | Annual CLTS and/or CCOP Cost for Parental Payment Limit: (computed automatically) | | | | | | | | \$45,351.25 | |
| 22 | <small>** Use Field 14 of the ISP (F-20445). See the ISP Instructions (F-20445) for more information about calculating the Total Cost/Day. Do NOT include Administrative Costs. If the child resides in two household, complete F-01338 for each household and divide the participant's Total Cost/Day in half or the agreed upon percentage and assign to each household.</small> | | | | | | | | | | |
| 23 | | | | | | | | | | | |
| 24 | | | | | | | | | | | |
| 25 | Monthly Payment Limit | | | \$68.03 | | | Annual Payment Limit | | | \$816.32 | |
| 26 | Liability Percentage | | | 1.8% | | | | | | | |
| 27 | | | | | | | | | | | |

Figure 4. After entering the required information, the Monthly Payment Limit, Annual Payment Limit, and Liability Percentage are displayed.

- When finished, close the Excel spreadsheet. If you need to save this specific calculation, do the *File - Save As* function and give the spreadsheet a new name. That way, your template will always remain blank and ready for new data.

Reference Tables / Formulas

The "Formulas" tab of the spreadsheet contains the formulas used for determining PPL. These formulas are based upon [DHS ch. 1](#).

The Formulas tab may be printed as a reference. These tables are **for reference only** and should not be used as an official tool for calculating PPL.

Information for the specific family is blank on the Formulas tab until data has been entered on the Data Entry tab. The Formulas tab can be used before any family-specific information has been entered on the Data Entry tab, in which case the formulas will show the Federal Poverty Guidelines for the current year as well parent share of the ISP cost (see Figure 5).

After entering data on the Data Entry tab, the information auto-populates on the Formulas tab.

