INSTRUCTIONS – CHILDREN'S LONG-TERM SUPPORT PROGRAMS
INDIVIDUAL SERVICE PLAN

No.	Title	Description
1	Program(s)	Indicate the program(s) in which the participant is enrolled.
1a	Plan Type	Check **"New"** when the plan is for a participant who is newly enrolling. Check **"Six-Month Review"** when the plan is the result of a required six-month face-to-face review. Check **"Recertification"** when the plan is the result of the required annual ISP review and program recertification. Check **"Update"** when, at another time of year, the plan replaces an earlier plan and includes a change (e.g., type of services, change in provider).
2	Initial ISP Development Date	The date on which the service planning process was first initiated. This is the day when the support and service coordinator and family first began discussing services. The participant's enrollment date must be on or after the date in this field. In other words, the enrollment date cannot be before the initial ISP development date.
3	Current ISP Completion Date	The date on which the current service plan was accepted (i.e., agreed to) by all parties involved in its development.
4	MCI Number	The participant's 10-digit MCI (Master Client Index) number, if known.
PARTICIPANT INFORMATION		
5	Participant's Name	The participant's full legal name: last name, first name, middle initial, and any suffix (e.g., Jr.).
6-6a	Address, City, State, ZIP Code	The place where the participant resides.
7	Date of Birth	
8	Mailing Address	The address where the person receives mail, if different from where they reside.
9	Telephone	The area code and telephone number at the place the person resides.
10	Email Address	The email address of the participant, if they have one they would like to share.
11	Functional Screen Date	The date the most recent Wisconsin Children's Long-Term Support Functional Screen (CLTS FS) eligibility results were determined (i.e., calculated).
PROGRAM INFORMATION		
12	Medicaid Cost Share	Enter any cost share amount as determined on the Medicaid Waiver Eligibility and Cost Sharing Worksheet, F-20919. When a CLTS Waiver Program participant's primary source of Medicaid is HCBW (or "waiver MA"), a cost share based upon the participant's income must be calculated using the F-20919. (NOTE: The cost share amount may accurately be determined to be $0.) The Medicaid cost share amount is different from parental payment liability.

No.	Title	Description
13	Estimated Parental Payment	Enter the estimated amount that the parents or legal guardians may be required to contribute to the overall cost of the participant's CLTS and CCOP services. Indicate if the estimated amount is per month or annually. This amount is calculated using the Worksheet for Determination of Parental Payment Limit, F-01337. (NOTE: The parental payment may accurately be determined to be $0.) The parental payment limit applies to CLTS and CCOP-funded services.
14	Total Cost/Day	Enter the total daily cost of ongoing CLTS- and CCOP-funded services and start-up or one-time costs. To calculate, add the daily costs of CLTS- and CCOP-funded services that are listed in field 34 on the ISP. Do not include ongoing items or services that are closed or have not yet begun in this amount. Do not include any program administration costs in this amount. Do not include costs for items or services that are covered by the Medicaid card or another funding source in this total. Items and services covered by non-waiver sources are listed in fields 28-35 of the ISP. START-UP COSTS Start-up costs may be part of the initial ISP when a participant first enrolls. Start-up costs are limited to CLTS - and CCOP-funded services that are necessary for the person to start community services and/or live in the community. These may include one-time costs such as support and service coordination, relocation services, home modifications that are required for a participant to move back into the community, etc. Include the per diem total of all CLTS- and CCOP-funded start-up costs in the amount listed field 14. ONE-TIME COSTS One-time costs consist of items or services that are anticipated to be purchased through CLTS or CCOP on a one-time or time-limited basis and are not anticipated to continue or recur. One-time costs are typically items such as therapeutic supplies, home modifications, etc. These include approved high-cost items. Include the per diem total of all CLTS- and/or CCOP-funded one-time costs in the amount listed in field 14.
15	Current Living Arrangement	The type of residence in which the person lives or is expected to reside when they begin services. This should match the "Living Situation" on the CLTS Functional Screen.
AGENCY INFORMATION		
16-16c	Waiver Agency Contact Information	The name, phone number, physical address, and email address of the county, tribal, or contract agency responsible for authorizing and monitoring the individual's services.
17-17c	Support and Service Coordinator Contact Information	The name and contact information for the SSC who is working with the family and is responsible for monitoring and updating the plan. Enter the phone number where the SSC can best be reached.
PARENT/GUARDIAN INFORMATION		
18	Name – Parent(s) or Guardian	For participants who are minors, list the parent(s) or the guardian. For participants who are adults, list the guardian, or enter the word "self" if the person does not have a legal guardian.
19	Email Address(es)	

20-20a	Mailing Address	
21-21c	Telephone Numbers	Include the area codes.

EMERGENCY CONTACT INFORMATION

22	Name	Name of the person designated as the waiver participant's emergency contact.
23	Telephone (preferred/primary)	List the number where the emergency contact can best be reached. Include the area code.
24	Email Address	
25	Address	
26	Relationship	Word or phrase that describes how the emergency contact is related to the participant (e.g., family, friend, family friend, neighbor).

PAGE 2 – SERVICE PLAN

27	Service Code Number	The three- or five-digit SPC code assigned to the particular service. This code only applies to services that are covered by the CLTS Waiver Program or CCOP. Medicaid card services and informal supports, for example, do not have an SPC.
28	Service Name	If the service is provided through the CLTS Waiver or CCOP, list the SPC name. If the service is not waiver- or CCOP-funded, use a word or phrase that describes the type of support or service. Include all formal and informal supports.
28a	Care Level	This field is only required for CLTS waiver services that require a care level determination. For those services, indicate a "Low," "Medium," or "High" classification based on the CLTS care level guidelines.
29	Outcome Number	From the F-20445A (field 5), enter the number(s) of the outcome(s) the service corresponds to or is being provided to meet.
30	Service Provider Contact Information	The individual/agency name, address, email, and phone number(s) of the service provider. Use the name that appears on any license or certification, if applicable.
31a	Start Date	The date on which the service will begin.
31b	End Date	The date on which the service will stop, if applicable.
32	Unit Cost	The cost per unit of the CLTS waiver or CCOP service (e.g., $/hr, $/day, item cost).
33	Authorized Units of Service and Frequency	The number of units of the service the county authorizes for this participant during a specified period of time (e.g., unit/day, week, or month). Only applies to CLTS Waiver and CCOP supports and services.
34	Daily Cost	The total cost of the CLTS Waiver or CCOP-funded service for the year, divided by 365 days. The daily cost is updated as the ISP changes.
35	Funding Source	List the source of funding for the service or support. Most common sources will be Medicaid card, CLTS Waiver Program, CCOP, other public sources (e.g., include Comprehensive Community Services (CCS), child welfare, school system, juvenile justice), or local sources.
36	Outlier Rate	Indicate if any unit cost for a service listed on the ISP is an approved DHS-outlier rate. This may be the case when an individual's complex care needs exceed what is common among CLTS participants or when service availability is an issue.

PAGE 3 – NOTIFICATIONS AND SIGNATURES

37	Participant-Informed Rights and Choice	Topics that must be discussed with the participant and parent(s)/guardian include: • Right to choose between institutional services and the waiver program. • Right to choose types of services and providers. • Notification of participant rights and responsibilities, verbally and in writing. Including the right to request a hearing regarding eligibility determinations and/or denial, reduction, or termination of services.
38	Plan Review/Update Verification	Check the appropriate box based on whether changes were made at a review or if the service plan was updated.
	Participant Signature	A signature is **required** if the participant is age 14 or older and capable of signing the form. Indicates that the youth participated in the development of their service plan and outcomes. Make a note on the plan if a participant who is 14 or older is unable to sign.
	Parent/Guardian/Authorized Representative Signature	
	Support and Service Coordinator Signature	
	Witness	If a participant who is at least 18 years old and who does not have a legal guardian or authorized representative is only able to sign with an “x” or a mark, have the signature witnessed by someone in addition to the SSC.
	Date Signed	Include the date when each individual signs the plan.

INSTRUCTIONS – CHILDREN'S LONG-TERM SUPPORT PROGRAMS
INDIVIDUAL SERVICE PLAN – OUTCOMES

No.	Title	Description
1	Program(s)	Indicate the program(s) in which the participant is enrolled.
2	Name – Support and Service Coordinator, Agency	Enter the names of the support and service coordinator and waiver agency.
3	Name – Participant	Enter the participant's full legal name: last name, first name, middle initial, and any suffix (e.g., Jr.).
4	Outcome Number	Assign a number to each individual outcome listed. These numbers correspond to field 29 on the service plan (F-20445).
5	Desired Outcome(s) Addressed in Service Plan	Describe each individual outcome identified by the participant. Each SPC code and formal or informal support listed on the service plan (F-20445) should contribute toward the pursuit of at least one outcome.
6	Outcome Status or Progress Update	Note "new" when a new outcome is added. Also note the status or any progress made toward existing outcomes. Indicate the person(s)/agency responsible for or working with the participant toward reaching each outcome.
7	Date	Enter the date the outcome was created, updated, or achieved, as applicable.
8	Participant-Informed Information Sharing	**NOTE:** Skip this section for participants who are only enrolled in CCOP. Check the appropriate boxes to indicate the **CLTS waiver-funded** essential service providers included on the current plan. • Essential service providers are defined as delivering waiver-funded services and having regular, direct contact with participants; additionally, the act of delivering the waiver-funded service must require some knowledge/understanding of disability and/or working with the particular participant in order to provide the service. • The service categories listed in field 8 of the F-20445A meet this definition, and the waiver agency will send these providers a copy of the outcomes form. If the family directly employs caregivers (e.g., through a fiscal agent), provide enough copies of the form for them to share with the rendering caregivers. The F-20445A must be shared with essential service providers, as listed on the service plan. The requirement to share this information does not replace, change, or impact any other requirement for obtaining releases of information.
9	Provider Signatures	**NOTE:** Skip this section for participants who are only enrolled in CCOP. There are three different points at which an SSC will share the F-20445A with essential service providers and request signatures. (See also the CLTS Outcomes Sharing Workflow, P-02255.) • At initial ISP development, the SSC sends copies of the F-20445A to each of the agreed-upon plan's essential service providers (as defined and indicated in field 8) and requests that they sign and return a copy. • When an ISP is updated with a new essential service provider, the SSC sends the F-20445A to the newly added provider(s) with a request that they sign and return a copy.

		• At the annual review, the SSC:
		  o Sends the F-20445A to all essential service providers.
		  o Requests signatures only from any new essential service provider(s) added to the plan at the recertification. Signatures are not requested from existing providers who were sent an earlier version of the outcomes.
		
		NOTE: If the family directly employs caregivers (e.g., through a fiscal agent), ask that the parent/guardian sign as the employer and provide them with enough copies of the form to share with the rendering caregivers.
		
		Check one of the boxes under field 9. When the essential service provider is new to the participant's ISP and is receiving the outcomes form for the first time, request a signature to indicate that they received the form. When the information is being shared with an ongoing provider at an annual review, no signature is needed.
		
		Keep a record in the participant's file for each time the F-20445A is distributed, capturing:
		• The agency(ies) to which it was sent.
		• The date it was sent to each agency.
		• The method of distribution (e.g., email, mail, electronic access) to each agency.
		
		It is acceptable to share copies of the F-20445A and receive provider signatures via:
		• Secure email.
		• Mail (send two copies – one for the provider to sign and return, one for them to keep).
		• Fax.
		• Electronic access to the outcomes in automated case management systems.
		• Face-to-face interactions.
		
		Electronic signatures are acceptable. It is also acceptable to note in the participant's file when a provider expresses over the telephone that they received the F-20445A instead of receiving a physical or electronic signature. Document the name of the person who called, the agency, and the date and time of the call. The ISP and all related signatures are kept in the participant's file.
		
		There is no timeline or deadline for receiving signed copies of the outcomes. A participant's plan and services are maintained (i.e., there is no impact on the participant) if a provider does not return a signed copy.
		
		There are no additional requirements for sharing the F-20445A, sending it to essential service providers, and/or documenting the process.