



Using Medicaid HealthCheck and CLTS to Cover the Costs for What Your Child Needs

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Roadmap

Wisconsin's Medicaid HealthCheck
& HealthCheck Other Services

Prior Authorizations

Children's Long-Term Support
Program (CLTS)

Appeals and Fair Hearings

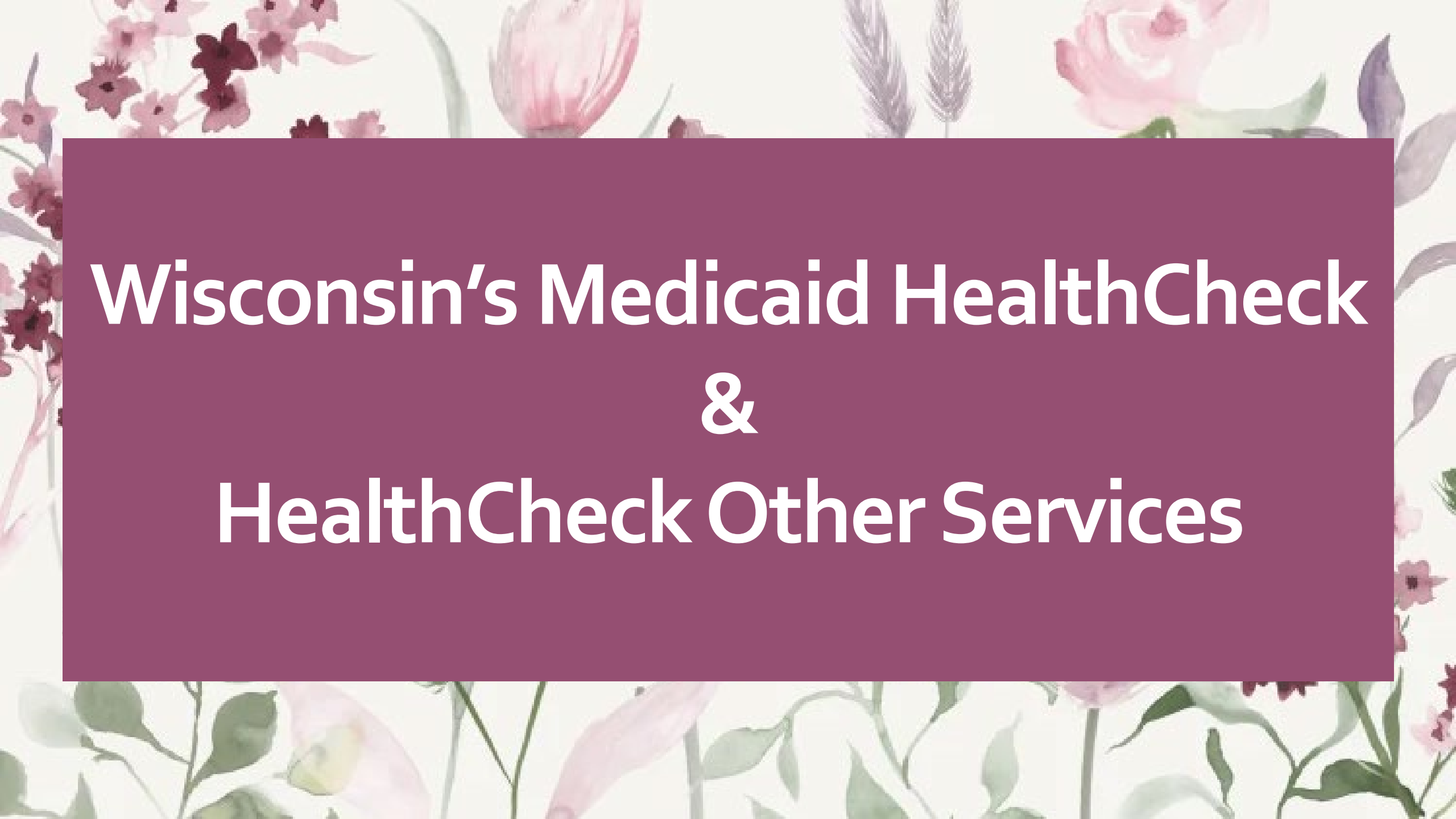
Scenarios, Discussion



Before We Begin...

The world of Medicaid can seem intimidating and complicated at first, ESPECIALLY when it is *your* child who is in need of services and supports!

Main Goal for Today: Increase the confidence of CLTS Families when using the Medicaid HealthCheck and CLTS Programs together to maximize the number of positive outcomes!



Wisconsin's Medicaid HealthCheck & HealthCheck Other Services



Wisconsin's Medicaid HealthCheck & HealthCheck Other Services

- Wisconsin's Medicaid term for the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit
- **FREE** health care benefit for all Medicaid enrolled children and youth up to age 21

If a child has a ForwardHealth card, they have access to this benefit!

- Provides preventative services and comprehensive, age-appropriate health care services that are medically necessary to treat, correct, or reduce a member's illnesses and conditions
- No additional sign up or registration is required



What items or services are covered?



HealthCheck

“Well-Child Checks”

- Medical visits that members under 21 go to when they are not sick
- These examinations can include:
 - Dental Checks, Growth and Development checks, Head-to-Toe physical exams, Hearing and Vision checks, Immunizations, Lab Tests, Nutrition Checks
- The provider may find things that should be looked at further, such as:
 - Dental concerns, ear or eye concerns, growth and developmental milestones, mental, emotional, or substance use concerns, needed tests or vaccines, other medical concerns
- Any follow-up visits or special appointments made in response to something found during a well-child check are covered by HealthCheck

HealthCheck Other Services

- This benefit can be used to get services or items Medicaid typically doesn't cover
- The service or item must be:
 - Prescribed by the member's provider
 - Able to be covered according to federal Medicaid law**
 - Approved by their health plan or Wisconsin Medicaid, based on information submitted by the member's health care provider
- Some common services or items included under HealthCheck Other Services are:
 - Behavioral and mental health treatment
 - Durable Medical Equipment (DME)
 - Disposable medical supplies
 - Orthodontia
 - Over-the-counter items
 - Personal care services



“Able to be covered according to federal Medicaid law”

Under Section 1905(r) of the Social Security Act, states must provide Medicaid members under age 21 with screening for health and developmental problems and with all diagnosis and treatment services needed to “**correct or ameliorate**” their health conditions, regardless of whether the services are covered for adults in the Medicaid State plan.

 The definition of “medically necessary” is different for children and adults!

- Services that simply maintain or improve the child’s current health condition are covered



Ameliorate: “to make more tolerable”



What items or services are NOT covered?



1. Those that are not deemed “medically necessary”, taking into account the mental or physical condition of the particular child.
2. Unnecessary use of services above the “medically necessary” limit determined by the State. This limit is determined within the Prior Authorization process and is conducted on a case-by-case basis, evaluating each child’s needs individually.
3. Experimental or investigational treatments, services or items. The State’s determination of whether a service is experimental must be reasonable and should be based on the latest scientific information available.
4. States cannot deny medically necessary treatment based on cost alone, but they MAY consider the relative cost effectiveness of alternatives as long as the less expensive item or service is **equally effective** and **actually available**.

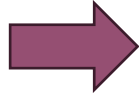
Where to Start?

Steps to Accessing Items and Services through Medicaid HealthCheck & HealthCheck Other Services

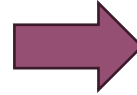
Don't have a provider? Click here: [Find a Provider](#) or call ForwardHealth Member Services at: 800-362-3002
Enrolled in a BadgerCare Plus HMO? Contact your HMO (health maintenance organization) for assistance



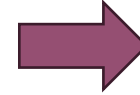
Call your child's provider and ask for a "well-child check", follow-up visit, or special appointment



Attend well-child check, any scheduled follow-up visits, or specialized visits



Work with your providers to submit Prior Authorization requests to DHS, if required



If Prior Authorization (PA) request is denied:

1. Be sure to get a written copy of the PA denial. If issues, contact ForwardHealth Member Services at: 800-362-3002
2. File for a Medicaid Fair Hearing
3. Speak with CLTS Service Coordinator to see if item/service can be approved through CLTS Program instead



Need Transportation to a Medical Appointment or Pharmacy?

Medicaid members can use the Non-Emergency Medical Transportation (NEMT) benefit. Call 866-907-1493 to schedule a ride or visit [NEMT](#) for more info.

The background of the slide is a light cream color with a delicate floral pattern. It includes various flowers such as small pink blossoms, a large pink tulip, and a soft pink rose, along with green leaves and stems. A solid purple rectangle is centered on the slide, serving as a backdrop for the title text.

Prior Authorizations

Prior Authorizations



Prior Authorization (PA) and HealthCheck Other Services:

- Almost all services or items requested under HealthCheck Other Services require prior authorization
- ForwardHealth will determine the medical necessity of the requested service or item
- Any Medicaid-enrolled provider can submit a PA request (i.e. doctors, nurse practitioners, dentists, physical therapists, occupational therapists, speech therapists, psychologists, psychiatrists)

More Information for Providers:

- If your provider is unfamiliar with the HealthCheck Prior Authorization process, they can learn more on ForwardHealth's website: [here](#)

Prior Authorizations (cont.)



Prior Authorization (PA) Process

PA requests for HealthCheck Other Services must include documentation from the provider that:

1. Details why the services or items typically covered by ForwardHealth do not meet the member's needs
2. Identifies why the member needs the requested service or item and how it supports or sustains the member's highest level of functioning, prevents a condition from worsening, or makes a condition more tolerable

**FORWARDHEALTH
PRIOR AUTHORIZATION / PEDIATRIC HOSPITAL BED (PA/PHB)**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Pediatric Hospital Bed (PA/PHB) Instructions, F-03327A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms for the completion instructions.

Providers must complete, sign, and date the form. The provider may submit PA requests to ForwardHealth via the ForwardHealth Portal, by fax at 608-221-8616, or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784.

SECTION I – MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Member ID Number

3. Date of Birth – Member

SECTION II – PROVIDER INFORMATION

4. Name – Prescribing Provider

5. National Provider Identifier – Prescribing Provider

6. Phone Number – Prescribing Provider

7. Phone Number – Dispensing Provider

SECTION III – SERVICE INFORMATION

8. Check the box that most accurately indicates what kind of assistance the member needs for mobility and self-care.

Ambulation: ☐ Independent ☐ Supervision ☐ Assist of 1 ☐ Assist of 2 or Dependent

Transfers: ☐ Independent ☐ Supervision ☐ Assist of 1 ☐ Assist of 2 or Dependent

Activities of Daily Living (ADL):

☐ Independent ☐ Supervision ☐ Assist of 1 ☐ Assist of 2 or Dependent

Describe which ADLs require assistance. Include in the description if assistance varies widely or if it is only required for certain ADLs.

☐ Other (specify) _____

**FORWARDHEALTH
PRIOR AUTHORIZATION / PEDIATRIC HOSPITAL BED (PA/PHB) INSTRUCTIONS**

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02(4), this information should include information concerning enrollment status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service. The use of this form is mandatory when requesting PA for pediatric hospital beds.

INSTRUCTIONS

Per Wis. Admin. Code § DHS 106.02(9)(e), the provider is solely responsible for the truthfulness, accuracy, timeliness, and completeness of PA requests. The provider is responsible for submitting sufficient information to support the medical necessity of the requested equipment or supplies. If the space provided is not sufficient, attach additional pages for the provider's responses and/or an occupational or physical therapy report, if available. All durable medical equipment, including repairs, must be prescribed by a provider acting within the scope of the provider's practice. Refer to the applicable, service-specific publications for service restrictions and additional documentation requirements.

Attach a photocopy of the provider's prescription to the completed Prior Authorization/Pediatric Hospital Bed (PA/PHB) form, F-03327. The prescription must be signed and dated within one year of receipt by ForwardHealth. Attach the PA/PHB form to the Prior Authorization Request Form (PA/RF), F-11018, and send it to ForwardHealth. Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Providers may submit PA requests through the ForwardHealth Portal, by fax to ForwardHealth at 608-221-8616, or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

Providers do not need to complete the Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030, when submitting this form.

Up Next: the information exchange!



WISCONSIN DEPARTMENT
of HEALTH SERVICES



If the end result is a denial of the item or service, be sure to obtain a copy of the Prior Authorization decision!

If you experience problems in obtaining a written denial, contact ForwardHealth Member Services at: **800-362-3002**



If Prior Authorization Request is Denied...

1. Do nothing
2. File for a Medicaid Fair Hearing **(more on this later!)**
3. Speak with CLTS Service Coordinator to see if item/service can be approved through the CLTS Program instead



Children's Long-Term Support Program (CLTS)



CLTS Program

- The CLTS Program provides coverage for services and items that are not otherwise available through HealthCheck or HealthCheck Other Services.
- These supports and services help children grow and live their best lives in their home and community.
- HealthCheck and CLTS can be used **together** to provide a comprehensive benefit for children with disabilities who would otherwise need the level of care provided in an institutional setting.
- Some families may need to pay part of the cost of a particular CLTS service. This is called a “parental payment”. Talk with your service coordinator to see whether this applies to you.

More information can be found...

For Families: [here](#)

For Providers: [here](#)

For County Waiver Agencies (CWA's): [here](#)

Children's Long-Term Support Program

Supports and Services at a Glance

The supports and services below are available through the Children's Long-Term Support (CLTS) Program. All decisions made about supports and services are made together as a team.

A support and service coordinator will work with your family to decide which services help meet your family and child's unique goals.

Support Services

Child care

Help for your family to find care for the child when they need added support, or when the child is over 12 years old and needs supervision.

Day services

Services that help the child get involved in their own community by providing regularly scheduled activities for part of the day.

Respite care

A short term break for your family when a trained worker provides care for the child. Respite care helps ease daily stress the family and caregivers.

Personal supports

Help that ensures the child is doing their daily activities, and that the activities are meeting their needs. Personal supports promote independence and safety for the child in their home and community.

i Example: Help to take their own medication, use transportation, and do household tasks

Community competitive/integrated employment

Help for a child to get and maintain a job in the community that is available to anyone else and pays the same amount.

Transportation

Transportation for the child so they can get to places in their community to meet their goals and needs. This is for nonmedical and nonemergency transportation.

i Example: Bus tickets, train passes, taxi vouchers, ride-share

Participant and family-directed goods and services

Services, supports, and items that help the child meet a goal, and which your family cannot get through another CLTS Program service or Medicaid.

Discovery and career planning

Help for a child to develop skills to get a job.

i Example: Interviewing skills, how to dress for an interview



Teaching and Skills Development

Empowerment and self-determination supports

Help for the child and your family to learn new skills and get training for the child to be more independent in their community.

(i) Example: Courses, conferences, books, educational materials

Counseling and therapeutic services

Supports and services that improve the health and well-being of the child.

(i) Example: Music, art, therapy using equine movement

Daily living skills training

Help for the child to build skills so they can do everyday activities by themselves.

(i) Example: Personal hygiene, food preparation, money management

Mentoring

Help for the child to build skills so they can interact and play with friends and be active in their community.

(i) Example: Peer interactions, job skill building

Family/Unpaid caregiver supports and services

Support for parents and caregivers to learn new skills and boost the child's development and independence.

(i) Example: Caregiver mentoring, conferences, resource materials, online training

Health and wellness

Services that help maintain or improve the health, wellbeing, socialization, and inclusion of the child with their family and peers in the community.

(i) Example: Yoga, meditation, sexual education

Safety planning and prevention

Items or services that reduce risk or danger to help keep the child safe in their homes and communities. This includes planning and training as well as items.

(i) Example: De-escalation training, lock boxes for medication or knives

Grief and bereavement counseling

Help for the child and/or your family to cope with the possible death of the child and supports your family after the child's death.

Management and Coordination

Community integration services

Coordination that helps the child and your family create personalized services and supports.

Participant and family-direction broker services

Help for the child and your family to direct your own CLTS Program services and supports.

(i) Example: Tips on how to hire a provider, how to interview a possible provider

Financial management services

Help for your family to manage CLTS Program services and funding.

(i) Example: Scheduling and paying self-directed workers for services



Physical Aids

Assistive technology

Services and items that improve the child's ability to do tasks at home, at work, and in the community.

i Example: Service animal, memory aid

Communication assistance for community inclusion

Communication aids that help the child with hearing, speech, communication, or vision.

i Example: Speech amplification devices, electronic devices

Personal emergency response system

Items or services that provide immediate response and help in the event of an emergency.

i Example: Angel Sense, Life Alert

Specialized medical and therapeutic supplies

Medical and therapeutic supplies that help the child with everyday activities, manage a medical condition, and increase independence in their home and community.

i Example: Specialized clothing, hygiene wipes, lotions

Vehicle modifications

Changes to a vehicle to help keep the child safe, get in and out of the vehicle, and travel with your family.

i Example: A ramp to load a wheelchair into a van

Virtual equipment and supports

Items that allow the child and your family to get CLTS services that are delivered remotely.

i Example: Tablets, computers, software

Housing Related

Adult family home

Treatment, supports, and services for young adults living in a licensed adult family home up to the age of 22.

Children's foster care

Supports and services for children in foster care.

Housing support services

Guidance and services for the child and your family to get and keep safe housing based on your preferences.

i Example: Searching for housing, filling out a housing application, coaching on how to rent

Home modifications

Changes to your home that make it easier and safer for the child to enter and exit your home and rooms and access equipment within the home.

i Example: Fences, ramps, lifts, door handles, shower modifications

Relocation services

Items for the child when moving to a less restrictive living environment or moving out of your family's home to a more independent setting.

i Example: Furnishings, household supplies, security deposit

Deciding Together

- The CLTS Program uses a team approach to decision-making. The team includes the child, the family, the support and service coordinator (SSC), and anyone else that the family wants to be a part of the team.
- The family is the expert on their goals, strengths and needs. They know what is best for them, their culture, and their values.
- The SSC knows of available programs, tools, and services that help children and families achieve their goals.
- The team works together anytime they have a new goal or problem and to make sure services and supports are helping.

Deciding Together Steps





Appeals and Fair Hearings



CLTS Participant Rights and Responsibilities Notification



1. You have the right to be informed, in writing, of whether an item or service request has been authorized or denied **within 14 calendar days of your request**. This decision may be extended an additional 14 calendar days; and, you have the right to be informed about the extension of timeframe
2. You have the right to be informed, in writing, of the reasons a denial, reduction, or termination of services is being taken **at least 10 days prior to the effective date**
3. The written Notice of Action (NOA) must state all of the following:
 - The proposed action
 - The reasons why the action is proposed
 - The effective date of the action
 - The participant's rights, including procedures for state fair hearings by the Wisconsin Department of Administration's Division of Hearings and Appeals (DHA) and local county grievances



Filing for a Fair Hearing

1. Although required, the county does not always send a notice when they deny, reduce, or only partially approve an item. **Even if no official notice is sent out, you still have the right to appeal.**
2. There is no official form for appealing a Medicaid HealthCheck or CLTS decision. You can use the general Request for a Hearing Form or write a simple letter to the Division of Hearings and Appeals (DHA). Be sure to include:
 - What was denied, who denied it, when the denial happened, and your desire to appeal the decision
 - If possible, attach a copy of the county denial notice
 - Attach a copy of the HealthCheck Prior Authorization denial notice, if applicable
3. You can mail, email, or fax your appeal to DHA
4. For more information on how to prepare for the hearing, you can step through our Quick Overview of the DHA Hearings Process in CLTS cases
5. Contact your local County Waiver Agency (CWA) for more information on how to file a grievance

Sample Appeal Hearing Request Letter

[Today's Date]

Division of Hearings and Appeals
4822 Madison Yards Way
5th Floor North
Madison, WI 53705-9100

[Via Fax at: (608) 264-9885]

[Via Email at: DHAMail@wisconsin.gov]

Re: [Child's Name] - DOB: [xx/xx/xxxx]

Dear DHA,

I, [parent name], on behalf of my child, [child's name], wish to appeal the decision by [County name] CLTS to [briefly describe what the county has denied — you may be able to quote directly from the notice you received]. That decision was communicated to me in a notice dated [date of notice and/or verbally on this date or email on this date]. I disagree with the County's decision. I believe my child needs the service. A copy of the notice from the County is attached.

Please send me all notices and documents related to this hearing. My contact information is below. Thank you.

Sincerely,

[parent signature]

[parent mailing address]

[parent telephone]

[parent email address-if there is one]

enc County Notice [add this if you have a notice and/or email denial, etc.]



Scenarios / Discussion

Links to Resources

1. Find a Medicaid HealthCheck Provider:
<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Public/DirectorySearch.aspx>
2. Non-Emergency Medical Transportation: <https://www.dhs.wisconsin.gov/nemt/index.htm>
3. HealthCheck Information for Providers:
<https://www.forwardhealth.wi.gov/WIPortal/cms/page/provider/medicaid/healthcheck/resources>
4. CLTS Info for Families: <https://www.dhs.wisconsin.gov/clts/index.htm>
5. CLTS Info for Providers: <https://www.dhs.wisconsin.gov/clts/provider-home.htm>
6. CLTS Info for CWA's: <https://www.dhs.wisconsin.gov/clts/waiver/county/index.htm>

Windsor Wrolstad
Staff Attorney
Disability Rights Wisconsin
windsorw@drwi.org

All information current as of: 4/30/25

Thanks for
Listening!

