



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: CWK - 220439

PRELIMINARY RECITALS

Pursuant to a petition filed on October 16, 2025, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee County Health and Human Services Department regarding Children's Long Term Support Program, a hearing was held on November 18, 2025, by telephone.

The issue for determination is whether the agency properly found that Petitioner is no longer functionally eligible for Children's Long Term Support waiver services.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
201 E. Washington Ave.
Madison, WI 53703

By: Katie Fricker

Milwaukee County Health and Human Services Department
1230 W Cherry St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Teresa A. Perez
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a 15-year old resident of Milwaukee County who has been eligible for service through the Children's Long Term Support (CLTS) Program since approximately July 2022.
2. Petitioner's medical diagnoses include attention deficit disorder, disruptive mood dysregulation behavior disorder, generalized anxiety disorder, post-traumatic stress disorder. These diagnoses have persisted for at least six months and are expected to persist for at least one more year.
3. Petitioner has nightmares multiple times per week, sees and hears things that are not there, is physically aggressive one to three times per month, engages in property destruction 1- 3 times per month, steals less than once a month, and engages in self-injurious behaviors multiple times per week.
4. Petitioner takes the following medications: Vyvanse, Clonidine, Risperidone, guanfacine, and trazadone.
5. Petitioner attends therapy but for less than three hours per week.
6. Petitioner is eligible for services through the Comprehensive Community Services program but has chosen to not receive any.
7. Petitioner does not receive or require services from the juvenile or adult criminal justice symptoms.
8. Petitioner is a junior in high school and a member of the football team.
9. Petitioner does not have an Individualized Education Plan (IEP) and does not require informal supports on a regular basis for mental health behaviors in the school setting.
10. Petitioner does not receive or require substance abuse services.
11. Petitioner will not bathe or complete grooming or hygiene tasks unless prompted to do so and he requires step by step cueing when showering.
12. Petitioner currently receives respite but no other services through the CLTS Program.
13. As part of Petitioner's annual CLTS recertification process, the agency completed a Long Term Care Functional Screen (LTCFS) in September 2025 and reviewed the LTCFS, at his mother's request, in October 2025. Both LTCFS results indicated that Petitioner does not meet criteria to be considered functionally eligible for CLTS.
14. On October 6, 2025, the agency issued a Notice of Action informing Petitioner that he was no longer functionally eligible for CLTS.
15. Petitioner filed an appeal with the Division of Hearings and Appeals on October 22, 2025 and has been receiving continuing benefits pending the outcome of the appeal.

DISCUSSION

The overall purpose of Wisconsin’s Children’s Long-Term Support Waiver Program (“CLTS Program”) is The CLTS program is federally authorized under §1915(c) of the Social Security Act. to provide necessary support and services to children from birth through age 21 in Wisconsin who have significant disabilities and who require a level of support that would qualify them for institutional care but who reside at home or in the community. Children must also satisfy Medicaid financial and non-financial requirements to be eligible for the CLTS Program. A key tenet of the CLTS Program is that children are best served within the context of their family and community. See *Medicaid Home and Community-Based Services (HCBS) Waiver Manual* for the CLTS Program (“*CLTS Manual*”), Chapter 2.

To be eligible for CLTS, the applicant must fall within one of three target groups (i.e., mental health disability, physical disability, or intellectual disability) and have a qualifying institutional level of care (LOC). The institutional LOCs are: intermediate care for individuals with intellectual disabilities (ICF/IID), psychiatric hospital, nursing home, and hospital. Policies developed by the Department of Health Services, the state agency responsible for administering the CLTS Program, set forth the criteria that must be met for a child to be included in a target group as well as criteria for assessing a child’s level of care. These policies can be found in the *Medicaid Home and Community-Based Services (HCBS) Waiver Manual for the CLTS Waiver Program* (“*CLTS Manual*”), most recently updated in October 2025, and *Institutional Levels of Care: Children’s Long Term Support Programs in Wisconsin* (“*LOC Manual*”), most recently updated in May 2022.

In the present case, the agency concluded that Petitioner is no longer functionally eligible based on a finding that he does not have a qualifying LOC. The agency, as it is required to do by the federally approved waiver and state policy, used the automated Long Term Care Functional Screen (LTCFS) to reach that determination. The LTCFS is a tool that the State of Wisconsin has developed with the goal of facilitating objective and consistent functional eligibility determinations. When completing a LTCFS, an agency staff member collects information including but not limited to a child’s diagnoses, mental health status, symptoms, and needed services, and challenges the child has in completing various tasks. The LTCFS’s underlying algorithm then “calculates” the child’s functional eligibility based on the information entered by agency staff.

The Division of Hearings and Appeals evaluates not whether agency staff correctly followed LTCFS completion instructions but whether or not the legal standards that the LTCFS is designed to evaluate are met. The agency did not provide a copy of the results of the LTCFS completed most recently prior to 2025 so I do not know what level of care he was previously found to have required. However, based on the evidence of Petitioner’s mental health challenges, the psychiatric hospital level of care would be the most relevant. Because there is no evidence that Petitioner has physical or developmental disabilities, the nursing home, the hospital, and the ICF/IID levels of care would not be applicable. See *LOC Manual*, pp. 4 - 5, 21-22, and 26-27.

The legal standard for evaluating whether a child requires a psychiatric hospital level of care is as follows:

Psychiatric Hospital Level of Care: Mental Health

The child with a Psychiatric Hospital–Mental Health Level of Care has a long-term, severe mental health condition diagnosed by a licensed psychologist or psychiatrist, Licensed Clinical Social Worker, or Licensed Professional Counselor (including Licensed Marriage and Family Therapist). In addition, this child demonstrates persistent behaviors that are dangerous to themselves or others and requires ongoing therapeutic

support in order to live in the community. *The intensity and frequency of the required ongoing therapeutic support must be so substantial that without it the child is at risk of inpatient psychiatric hospitalization.*

A child may be assigned this level of care if the child meets **all four** of the criteria listed below for Severe Emotional Disturbance. The criteria are:

1. The child has a **Diagnosis** of a mental health condition.
2. The child's mental health diagnosis or related symptoms are expected to persist for a specific **Duration** of time.
3. The child is in need of **Involvement with Service Systems** related to mental health support.
4. The child exhibits **Severe Symptomology or Dangerous Behaviors** that require interventions at a specific intensity and frequency, and without this direct, community-based intervention, the child is at risk for institutionalization within a psychiatric hospital.

LOC Manual, pp. 10 - 20.

Petitioner has qualifying mental health diagnoses that have lasted for more than six months and are expected to persist for at least one year. See Findings of Fact No. 2 and *LOC Manual, p. 10-11*. He thus meets the first two of the above four criteria. The evidence in the record however does not establish that he requires "involvement with services systems", which is the third criterion. To meet that third criterion, the child must EITHER receive or require services in connection with their mental health diagnosis (or symptoms) from at least two of the four service systems listed below, OR the child must currently receive or require services in connection with their mental health diagnosis (or symptoms) from only one of the following four service systems, if the intensity of that service already is or is expected to be three hours or more per week:

- mental health services,
- formal or informal service plan for in-school supports,
- criminal justice system,
- substance abuse services.

LOC Manual, pp. 12-13.

It is undisputed that Petitioner requires or receives mental health services and that he has serious mental health symptoms but there is insufficient evidence to show that he requires or receives three hours or more of mental health services each week.

The agency representative observed that the previous LTCFS indicated that Petitioner had an IEP but that Petitioner's mother confirmed that he either never has or currently does not have an IEP. The agency's evidence (i.e., case notes) also indicates that Petitioner's mother denied that he receives or requires any other types of in-school support.

There is no evidence in the record that Petitioner requires services through the criminal justice system, that he has either a formal or informal plan for in-school support, or that he requires substance abuse services.

CONCLUSIONS OF LAW

The agency properly found that Petitioner is no longer functionally eligible for Children’s Long Term Support waiver services.

THEREFORE, it is **ORDERED**

That Petitioner’s appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 4822 Madison Yards Way, 5th Floor North, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

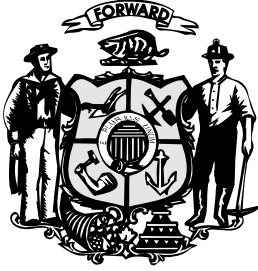
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 201 E. Washington Ave., **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 14th day of January, 2026

\s _____
Teresa A. Perez
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on January 14, 2026.

Milwaukee Enrollment Services
Bureau of Long-Term Support

