Department of Health Services Division of Long Term Care F-XXXX (04/2012) STATE OF WISCONSIN Bureau of Long-Term Support Children's Services Section Page 1 of 2

Children's Long-Term Support (CLTS) Waivers Qualified Provider Standards Verification Provider Service: Mentoring

The information collected via this form is required to ensure the qualifications of unregulated providers and should be updated annually. While the completion of this form is voluntary, county waiver agencies must verify and document all of the information regarding provider standards that is collected on this form. In lieu of this form, agencies may use locally designed forms with prior approval from the Children's Services Section.

A. PROVIDER / EMPLOYEE INFORMATION Provider/Employee Name Last First Middle Initial										
Provide	r/Employee Name	Last	First			Wildio miliai				
Street Address			City		State	Zip Code				
B. SE	RVICE DESCRIPTION									
Mentor in social employ in the o	ring services are adult-sup ally appropriate ways. The yability skill-building oppor community. Interventions a	mentor provides tunities. The ment are spontaneous a	the participant with or supports the part	such things as peer inter ticipant by practicing, mo	action, social deling, guidir	/recreational and g and shadowing them				
C. Q	UALIFIED PROVIDER ST	ANDARDS		-i	ar atandarda	in order to be				
author emplor	ers of mentoring services ized to deliver services an ying entities (i.e., agencies I above has met these mir	d receive CLTS W or families) ackno	laiver funding. By c	hecking off each box belo	ow and signir	ig at the bottom,				
The er	nployee named above me	ets the following C	CLTS Waiver qualific	ed provider service stand	dards:					
	 a. Is not listed on the Wisconsin Caregiver Misconduct Registry; does not have a substantiated finding of abuse, neglect or misappropriation, and has not committed a crime that is substantially related to the provision of care or supervision of this service. 									
□ b.	Is 18 years or older.									
□ c.	At least two years experie	ence working with	the target population	on.(DD PD [☐ SED/MH)					
☐ d.	is a second of the second of t									
□ e.	lead to the second seco									
D. P	ROVIDER / EMPLOYEE	TRAINING AND E	XPERIENCE							
List be	elow the participant-specifi	c training and/or e	experience and date	completed by employee	e named abov	re (additional training				
	xperience may be included			perience	Date					
Traini	ng	Date		реполос						
					4.					
	*									
				- AN						
				-						

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By signing below I attest my qualifications for	this service meet all GL13	valvers starida	us at this time.		
Signature of Employee	Date	Date			
By signing below, I attest the above named po	erson meets all necessary p	rovider standar	ds for this service at this	time.	
			Date		

Daily Living Skills/Mentoring Training Plan

Provider Name:	Method of Achieving Goal			
Month:	Method			
Client Name:	Measureable Goal			

Daily Living Skills Training Report

Provider Name:						:
Month:	Activities Involved In and Progress Towards Goals				Please submit on a monthly basis to CLTS case manager.	
Client Name:	Date	¥				Provider Signature:

DAILY LIVING SKILLS MENTORING TRAINING PLAN

Medicaid Home and Community-Based Services (HCBS) Waiver Manual for the CLTS Waiver Program (10/2022): https://www.dhs.wisconsin.gov/publications/p02256.pdf

4.6.20 Mentoring

4.6.20.1 Definition

Mentoring services improve the participant's ability to interact in their community in socially advantageous ways.

The mentor provides the participant with experiences in peer interaction, social and/or recreational activities, and employability skill-building opportunities during spontaneous and real-life situations, rather than in a segregated or classroom-type environment. The mentor implements learning opportunities by guiding and shadowing the participant in the community while practicing and modeling interaction skills.

Mentors are paraprofessionals, including but not limited to individuals who are in the participant's peer group. The peer group includes a wide range of individuals who have something in common with the participant, including similar life experiences, interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

This service may fund expenses related to participation in community activities that address the objectives and identified outcomes in the participant's individual service plan. Costs for meals and admission fees for the mentor and child or youth may be included.

Mentoring services may be delivered by remote services (refer to Chapter 4.3.2 Remote Services), as applicable and agreed upon by the child or youth and their family. Refer to the CLTS Waiver Program Benefit Code Crosswalk (P-02283) for the specific components of mentoring services that may be delivered remotely.

Payment for the provision of mentoring services is subject to statewide uniform rates. Refer to the Children's Long-Term Support (CLTS) Waiver Program Service Rates webpage for additional information.

4.6.20.2 Service Requirements

Providers must ensure staff support to the participant is adequate to meet the participant's individual goals.

At a minimum, team review meetings are held quarterly. Team reviews are required to include the participant (unless deemed inappropriate), the participant's parent or responsible person, the relevant service provider agency staff or supervisor (when applicable), and the support and service coordinator (SSC).

All providers of mentoring services are required to communicate with designated county staff and other providers about any events or situations that meet the definition of an incident in Chapter 9 — Health and Safety, and in accordance with Children's Incident Reporting for Providers (P-02613). Any communication must follow federal confidentiality laws. Refer to Chapter 9 for additional information about incidents and incident reporting requirements.

4.6.20.3 Service Limitations

The cost for transporting a participant youth during the provision of mentoring services may be funded through transportation services in addition to the mentoring services rate. These transportation costs can be funded only as a mileage claim, and not as a per trip cost. (Refer to the transportation service description.)

The components of mentoring services that may be delivered by remote services are limited to those outlined in the CLTS Waiver Program Benefit Code Crosswalk (P-02283).

This service may not duplicate any service that is provided under another waiver service category.

The CLTS Waiver Program is the payer of last resort and is not a source of funding for any service that would otherwise be responsibility of another public or private entity. The following programs and services must be considered prior to using waiver funding and, where applicable, be incorporated into a comprehensive plan for participants:

- Public benefits, energy assistance, or other poverty-related services.
- Court-ordered, juvenile justice, or child protective services, including protective placement and guardianship or legal services.
- Any goods or services covered by a third party, including private insurance or Medicaid, such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit (known in Wisconsin as HealthCheck Other Services), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Medicaid state plan services.
 - o Mental health services that are otherwise available.
- Educational or other services funded by the Department of Public Instruction or Individuals with Disabilities Education Act.
- Prevocational or other services offered through the Department of Workforce Development, Division of Vocational Rehabilitation.

4.6.20.4 Service Exclusions

This service excludes activities for which the primary function is recreation.

4.6.20.5 Provider Standards and Documentation

General Provider Standards

Providers are subject to required licensing and credentialing verification, caregiver background checks, and hiring prohibitions described in Chapter 4. DHS collects and verifies required certification, license, education, experience, or other documentation during the provider registration process to initially qualify providers.

For more information related to CLTS Waiver Program service providers, refer to the *What is a CLTS Provider?* webpage.

Provider Types and Qualifications

Any agency appropriately qualified as approved by the county waiver agency (CWA) and as related to the unique service being provided (agency provider)

Providers are paraprofessionals, including but not limited to individuals who are in the participant's peer group. The peer group includes a wide range of individuals who have something in common with the participant, including similar interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

The CWA is required to ensure the provider receives child-specific training and training on the roles and responsibilities of the mentor. This training may be provided by any combination of the provider agency, CWA, parent and/or guardian, and/or other relevant professional who is knowledgeable of the participant's daily needs. Documentation of this training is required to be maintained in the participant's record. Providers must be involved in frequent and ongoing communication with the SSC, agency, and family, regarding child-specific updates, information, and concerns.

Mentors (individual provider)

Providers are paraprofessionals, including but not limited to individuals who are in the participant's peer group. The peer group includes a wide range of individuals who have something in common with the participant, including similar interests, backgrounds, perspectives, and so on, and who are not necessarily in the same age group.

The CWA is required to ensure the provider receives child-specific training and training on the roles and responsibilities of the mentor. This training may be provided by any combination of the CWA, parent and/or guardian, and/or other relevant professional who is knowledgeable of the participant's daily needs. Documentation of this training is required to be maintained in the participant's record. Providers must be involved in frequent and ongoing communication with the SSC, agency, and family, regarding child-specific updates, information, and concerns.

4.6.20.6 Service Documentation

Providers must develop a written plan documenting the objectives for the participant and the objectives for the mentor. A written summary of the progress toward and changes to the objectives for the participant and their mentor is required every three months and may be developed during the team review (refer to Service Requirements). If indicated, recommendations for changes to the plan may be included. Provider reports are used to evaluate the need for modification or continuation of mentoring services. The plan and summary must be provided to the CWA (the participant's SSC). Summaries must be maintained by the CWA and reviewed at the time of other quarterly activities.

The CWA is required to maintain documentation to demonstrate this service does not supplant or duplicate supports or services that are otherwise available through one of the funding sources listed above. (Refer to Service Limitations.)