Children's Long Term Support (CLTS) Dane County Rate Schedule

Agency Legal Name:

| Requested Effective Date*: | |
|--|------------|
| *Services cannot be reimbursed until a contract for services has been approved by Dane County CLTS. | |
| For the services your agency provides in Dane County, complete the table below, specifying unit and unit rate. If you provide more than one level of service, specify your rate for each tier. | |
| Service/SPC/Unit Type/Rate: | Service #1 |
| Rate (Only if "Enter Rate Below" listed above): | |
| Service/SPC/Unit Type/Rate: | Service #2 |
| Rate (Only if "Enter Rate Below" listed above): | |
| Service/SPC/Unit Type/Rate: | Service #3 |
| Rate (Only if "Enter Rate Below" listed above): | |
| Service/SPC/Unit Type/Rate: | Service #4 |
| Rate (Only if "Enter Rate Below" listed above): | |
| Provider Unit Rates must reflect actual cost to do business consistent with the Wisconsin CLTS Program rate schedule. Where applicable, cost cannot exceed state maximums. Uniform State Rates in this contract will automatically adjust to match any revisions made by Wisconsin Department of Human Services. Outlier rates are negotiated directly with County around individual children. To view the CLTS Waiver program rate schedule or benefit code crosswalk: https://www.dhs.wisconsin.gov/clts/ratestructure.htm | |
| Provider Agency Signature: | |
| Print Provider Name and Title: | |
| Dane County Signature: | |
| Print Dane County Name and Title: | |