

Social Services Block Grant Information

- A. Counties may adopt the policy to require that those persons currently receiving Community Aids-Funded Supportive Home Care (SHC), who are eligible for the Community Options Program (COP), must accept COP. To do this, counties must specify this as a targeting criteria for SSBG-Funded SHC: persons who are eligible for COP, and for whom COP funding is available, may not receive SSBG-Funded SHC. If counties develop this policy, they may apply it to require current SSBG-Funded recipients who are eligible for COP, and those who are at the top of the waiting list for COP, to accept COP funding. Such persons must receive adequate notice and the opportunity to appeal the action.

Counties shall continue to provide services funded by the Social Service Block Grant to "qualified aliens", as defined by Sections 402(b) of the "Personal Responsibility and Work Opportunity Reconciliation Act." [The definition is provided later in this attachment.]

Child Day Care for low-income working families is no longer funded through Community Aids. It is now funded as W-2 child care by the Department of Workforce Development.

B. TYPES OF SERVICES ALLOWED OR NOT ALLOWED

Departments of Social Services (DSS) and Human Services (DHS) must adhere to the following criteria for Social Services Block Grant and Community Aids dollars.

1. Three mandated services must be provided in each county. They are state priorities.

- Supportive Home Care
- Family Planning
- Specialized Transportation

Note: Crisis Respite Child Care funding is part of Community Aids funding, but the program is not mandated and funds are not earmarked.

Counties will provide or arrange for Supportive Home Care, Family Planning and for Specialized Transportation. Counties must have a written policy on file which describes:

- a. where people will be referred for these services, and
- b. how they will ensure that cost is not a barrier to these services.

2. In addition to the three mandated services, counties may provide any of the following standard program clusters:

- Child Day Care - Crisis Respite Child Care;
- Community Prevention, Access and Outreach;
- Community Living/Support Services;¹
- Investigations and Assessments;
- Community Support;
- Work-Related and Day Services;
- Supported Employment;
- Community Residential Services;
- Community Treatment Services;

¹ Community Living/Support Services includes "Family Planning", which is a state priority.

Inpatient and Institutional Care (excluding room and board as prohibited by federal statutes);
Institution for Mental Disease.

3. Child Day Care for low income working families is provided in every county by local W-2 agencies.

Families are income eligible if their gross income is equal to or less than 165 percent of the poverty line, and will continue to be eligible up to 200 percent of poverty after initial eligibility at 165 percent of poverty. They must also meet the W-2 asset standard and cooperate with child support determination. Families with child care needs are eligible for child care subsidies for children under age 13, if they also meet at least one of the following non-financial eligibility standards:

- a. the parent is working.
- b. the parent is less than 20 years of age and is enrolled in high school or a high school equivalency program.
- c. the parent is participating in any of the W-2 subsidized employment or training programs: W-2 Transitions, Trial Jobs and Community Services Jobs including job search, orientation and training activities.
- d. the parent is participating in employment skills training and has been employed in unsubsidized employment for nine months or is in a W-2 employment position.
- e. the parent is participating in Food Stamp Employment and Training Job Search or work experience.

4. SSBG funds may not be used for:

- a. purchase or improvement of land, or purchase, construction, or permanent improvement of any building or facility--unless the state obtains a waiver of the limitation from the Secretary of Health and Human Services;
- b. subsistence during rehabilitation (except room and board provided for a short term as an integral but subordinate part of a social service or temporary emergency shelter provided as a protective service);
- c. wages of any individual as a social service;
- d. medical care (other than family planning services, rehabilitation services, or initial detoxification of any alcoholic or drug dependent individual) unless it is an integral but subordinate part of a social service--unless the state obtains a waiver from the Secretary of Health and Human Services;
- e. social services (except services to an alcoholic or drug dependent individual) or rehabilitation services provided in, and by employees of, any hospital, skilled nursing facility, intermediate care facility, or prison, or to any individual living in such institution;
- f. any educational service which the state makes generally available;
- g. child day care services unless such services meet applicable standards of state and local law;

- h. cash payments as a service (except for those situations requiring cash noted above); or
- i. provision of services by any individuals or entities who have committed acts of fraud or abuse under the Medicare Program or state health care programs.

C. ELIGIBILITY FOR SERVICES

1. For all social services the minimum state categories of eligible persons are:
 - a. recipients of Medical Assistance;
 - b. recipients of Supplemental Security Income;
 - c. persons whose income is at or below 75 percent of the state's median income. (See Attachment A.)
 - d. Families are income eligible for child care if their gross income is equal to or less than 165 percent of the poverty line, and will continue to be eligible up to 200 percent of poverty after initial eligibility at 165 percent of poverty. They must also meet the W-2 asset standard and cooperate with child support determination. For families with child care needs, see A. 3.

Counties may choose to provide services to others whose incomes exceed the state minimum income test.

2. At their option, counties may incorporate any of the following criteria into social service eligibility policies:
 - a. Income eligibility may be set higher than levels in the table in Attachment A.
 - b. Liquid assets may be considered (for recipients of Medical Assistance and recipients of SSI) in determining eligibility using the following methodology:
 - i. Only assets in excess of \$5,000 for an individual or \$6,000 for a family of two or more may be considered in determining eligibility (see Attachment B).
 - ii. One-twelfth of the applicant's excess assets are added to gross monthly income; this amount is tested against the eligibility levels in the Income Eligibility Table (or a higher standard set by the county) to determine eligibility.
 - iii. If assets are considered in determining eligibility, they are also to be used in assessing fees.

3. Targeting Policy (County Option):

Counties have the option of establishing a target group for each program. By targeting, we mean counties can identify persons with certain characteristics who will be the only persons eligible for a program (e.g., only unmarried parents can receive Counseling/Therapeutic Resources).

W-2 Child Day Care is an exception to this targeting policy.

There shall be no eligibility test for services which are court ordered or protective in nature or for any of the following services: Crisis Respite Child Care (when provided for the purpose of preventing or remedying child abuse or neglect, alleviating stress in the family or preserving the family unit), crisis intervention, outreach, information and referral, and intake assessment.

Counties should make services available to people "most in need." If there is a probability that an individual will suffer substantial physical harm or irreparable injury without services, the counties should provide these services without an eligibility test.

Counties may adapt the Social Services Block Grant (SSBG) policy to require that those persons currently receiving Community Aids-Funded Supportive Home Care (SHC), who are eligible for the Community Options Program (COP), must accept COP. To do this, counties must specify this as a targeting criteria for SSBG-Funded SHC: persons who are eligible for COP, and for whom COP funding is available, may not receive SSBG-Funded SHC. If counties develop this policy, they may apply it to require current SSBG-Funded recipients who are eligible for COP, and those who are at the top of the waiting list for COP, to accept COP funding. Such persons must receive adequate notice and the opportunity to appeal the action.

4. Eligibility of Qualified Aliens

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) defines "designated Federal program" to mean Temporary Assistance for Needy Families (TANF), Medicaid, and the Social Services Block Grant (SG). Because section 402b applies to "the program of block grants to States for social services under title XX of the Social Security Act", it does not apply to programs funded under the SSBG set-aside for Empowerment Zones (EZ) and Enterprise Communities (EC).

The Wisconsin Department of Health Services and Department of Children and Families, will continue to provide services funded by the Social Service Block Grant to "qualified aliens", as defined by Sections 402(b) of the PRWORA.

A "qualified alien" is:

- a. an alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act;
- b. an alien who is granted asylum under Section 208 of such Act;
- c. a refugee who is admitted to the United States under Section 212(d)(5) of such Act for a period of at least 1 year;
- d. an alien who is paroled into the United States under Section 212(d)(5) of such Act for a period of at least 1 year;
- e. an alien whose deportation is being withheld under Section 243(h) of such Act;
- f. an alien who is granted conditional entry pursuant to Section 203 (a)(7) of such Act as in effect prior to April 1, 1980;
- g. PRWORA was amended to define "qualified alien" to include "an alien who, or an alien whose child, has been subjected to extreme cruelty under the terms and conditions set forth in Section 431(c)."

PRWORA prohibits an alien who is not a "qualified alien" from eligibility for any Federal public benefits. However, the Act authorizes the Attorney General to exempt certain Federal public benefits which:

- a. deliver in-kind (non-cash) services at the community level (through public or non-profit agencies/organizations);
- b. do not condition the assistance on the individual recipient's income or resources;
- c. are necessary for the protection of life or safety.

D. FEES FOR SOCIAL SERVICES PROGRAMS

Statutes and administrative rules prohibit fee charging in some circumstances. In other situations, such as Child Day Care or Residential Service, fees are required. In some instances, fees may be assessed at county option, but only when the client's income exceeds state minimum eligibility guidelines. Rules governing the establishment of fee policies may be found in HSS 1. The Department of Health Services, Division of Enterprise Services, Bureau of Fiscal Services can provide listings of services which describe the fee chargeable nature of a service.

Programs which are services to a court or protective in nature may be exempt from fee charging at the discretion of the agency director. Court evaluations under ch. 55.06(8) are not fee chargeable. Agencies should note that an informal Attorney General's opinion has stated that custody studies and visitation studies are not services to the court and; therefore, are not exempt from fee charging.

E. FAIR HEARINGS

Fair hearing decisions will be based on this policy memo, the written policies of counties on services, administrative rules, and state law. These hearings fall within, and are governed by, Wis. Adm. Code HSS 225. A fair hearing need not be provided if the decision or an action to be reviewed arose more than 90 days prior to the request for hearing; therefore, any material furnished to clients which informs of the right to a fair hearing should contain notice of this 90-day limit.

The summary report the county provides to the Office of Administrative Hearings upon their receipt of a hearing request should include or accompany a copy of the relevant county agency's written policy.

The following four factors should be used to establish an individual's entitlement to a service:

1. demonstration of need for the service;
2. eligibility based on income, Medical Assistance, or SSI status;
3. evidence in the county's written policies that it intended to make this service available to the target group to which the applicant belongs; and,
4. there is no evidence that a waiting list for the service existed at the time of application for the service.

All four factors must be present for entitlement to exist.

This policy is in no way intended to limit the ability of counties to make available, under unusual circumstances, certain services not normally provided or to service persons whose income exceeds eligibility minimums. The agency's decision to provide services

beyond those normally provided will not be considered binding, and will not form the basis for entitlement. Any agency action under this paragraph will, however, be subject to ongoing regional review to verify that such services are not provided on a routine basis.

F. REPORTING

Counties will be required to report to DHS the actual expenditures of funds on the DMT-600, CFS-942 (total expenses), and the Human Services Revenue Report. Expenditures will be reported using the Human Services Reporting System (HSRS) Standard Program Clusters and Target Groups.