

**APPENDIX T TO 2008 STATE AND COUNTY CONTRACT
for Social Services and Community Programs
Title: Community Integration Program (CIP IB)**

It is further understood and agreed by both parties, through this attachment to the CY 2008 "State and County Contract Covering Social Services and Community Programs" that both parties shall comply with all provisions set forth in this Contract regarding the Community Integration Program IB, herein after referred to as CIP IB. Activities and funding for the ICF-MR Restructuring Initiative will be governed by specific policies expressed in applicable DLTC Numbered Memos and updates to the Medicaid Home and Community Based Services Waivers Manual.

I. Funds Provided/Period Covered

Funding Period and Amount: Funds identified in this contract are provided for the period January 1, 2008 through December 31, 2008. The initial value of this contract is the sum of the estimated funding the County can earn for each waiver slot assigned to it by the Department and the federal share of any costs above the amount earned by slots. New waiver slots may be assigned to the County during the term of the contract when a prospective waiver participant, who is not replacing a current or former participant, receives approval for their individualized service plan from the department. The total number of slots assigned to the County may be reduced if a participant transfers to a different county as specified in the MA Waivers Manual.

Waiver slots in CIP IB may be either "state matched" or "locally matched" slots. The "state matched" slots are either "regular" or "facility or plan specific" slots that use state GPR funds to match the federal share of MA. The "locally matched" slots use only local funds allocated by the County to provide the match. If the average daily claim for program participants equals less than the state per diem rate, any unused funds will be applied to local match slots to provide MA match. Funding for either type of slot may be used to reimburse the County for costs they incur if the costs are included in a valid claim submitted for an eligible CIP 1B waiver program participant and associated service coordination costs.

CIP 1B Non Federal (CARS Profile 564)

The estimated MA GPR funding the County has been allocated is based on the number and type of waiver slots in use. The allocation is the sum of the calculations shown in number 1 of this section. The per diem rates to be used in these calculations are presented in number 2 of this section. The term "days" used in the formulas means the number of days between 1) the later of January 1, 2008 or the person's waiver start date, and 2) the earlier of the last day of this contract or the last day the person participated in the program, for each person.

1. The MA GPR portion of the state per diem rate for regular slots, the rate for facility specific slots, and ICF-MR Restructuring slots is calculated as: the rate described below in #2 multiplied by the maximum number of days in the year for each eligible CIP IB participant.
2. The state per diem rate with no match requirement is \$49.67 per day. Facility specific rates (with no match requirement) are calculated according to the procedure found in the MA Manual. The per diem rates for individuals relocated under ICF-MR Restructuring are based on either actual service expenditures, if available, or estimated plan costs if service expenditures are not available.

CIP 1B FEDERAL (CARS Profile 563)

The allocation for CIP 1B Federal includes the total of earned federal funds as described in Number 1, 2 and 3 below.

1. The federal portion of the state per diem rate for regular slots and the rate for facility or plan specific slots multiplied by the maximum number of days in the year where each eligible program participant currently receiving service in CIP 1B can use their “regular” or “facility specific CIP 1B slot during the year.
2. 100% of the federal share of the costs exceeding the state per diem rate of CIP 1B “regular slots” and “facility or plan specific slots”.
3. Waiver locally matched slots where only local funds are allocated by the County to match the federal share of MA.

Total claims for all CIP 1B participants should be reported on the Community Aids Reporting System (CARS) Profile CIP 1B (557). The Department will allocate these costs based on the current federal percentage rate to payment lines. The federal amount will be allocated to CARS Profile CIP 1B Federal (563), a sum sufficient payment line. The balance will be allocated to contract controlled CARS Profile CIP 1B Non Federal (564). Costs over the amount of the contract will roll to the CARS Profile Basic County Allocation (561). To collect other match sources, the County must adjust the profile(s) through an amended CARS report or include them with the following month’s claim.

Reallocations: The Department may also reimburse the County for additional expenses exceeding their contract maximum if funds are available from other counties. Any maximum potential earnings not used by the County for the cost of services are subject to reallocation.

Increases: The total value of this contract may be increased during this contract period if the County submits an individual service plan for a prospective CIP 1B participant as specified in the MA Waivers Manual and receives approval permitting the County to use an additional slot. The amount of the increase depends on the type of slot designated in the plan materials submitted by the County. If the person approved replaces a person whose episode of services closed, the County will not receive an additional slot but will use the vacated slot for this person(s). The approved increase will be determined by applying the funding formula contained in this section for the type of slot used.

As the CIP IB Program transitions into managed long term care, a county’s CIP IB allocation will be reduced to reflect that individuals are no longer being served under the CIP IB program; and instead are being served through the Family Care Program. The CIP IB allocation may be increased or decreased by notice from the Administrator or Deputy Administrator of the Division of Long Term Care.

II. Purpose and Conditions on the Use of the Additional Funds

These additional funds may be used by the county in accordance with the following conditions:

1. The County agrees to comply with the requirements of s. 46.278 WI Stats., the MA Waivers Manual, applicable DLTC Numbered Memos and other policy communications.
2. Funds may only be used for services for persons eligible for CIP IB which are specified in an approved individual Services Plan.
3. Consumers shall be given a choice of all qualified providers for each service covered by the waiver.
4. The amount of funds earned is determined by actual allowable MA waiver services costs incurred up to the maximum amount allowed by the contract including matching funds required by the contract. The amount earned is subject to upward revision if funds can be reallocated from other county agencies. This amount is also subject to revision based on the actual MA matching rate in effect on the date the service was provided.

5. These funds may only be used for persons who reside in qualifying settings which include a private residence, licensed foster home for children, certified adult family home or, if the County obtains a waiver of the four bed limitation from the Department, in a community based residential facility licensed for up to eight beds.
6. To earn the federal share of the difference between the federal and state per diem rates, the County must incur costs above the state per diem rate.
7. Case Management services shall be provided to all CIP IB participants.
8. Funds may be used for supported employment services only when they are not available from the Division of Vocational Rehabilitation.
9. Earnings shall be reduced by the full amount of the per diem rate for any day a participant receives MA funded services in an inpatient setting. Such settings include general hospitals, SNFs, ICFs, or ICF-MRs.
10. Funds cannot be used to cover any portion of room and board expenses for participants except when the cost of room and board is an integral but subordinate part of covered respite care services when such care is provided outside of the participant's home.
11. No consumer shall be required to contribute to the cost of CIP IB covered service beyond their cost sharing requirements pursuant to the Medicaid Home and Community Based Services Waivers Manual.
12. The County agrees to implement the Parental Fee System for Children's Long Term Supports Waiver as directed by 2003 Act 33 of the 2003-2005 biennial budget. Requirements are identified at the DHFS website <http://dhfs.wisconsin.gov/bdds/clts/fee.htm>.
13. Funding and activities for the ICF-MR Restructuring Initiative will be governed by specific policies expressed in applicable DLTC Numbered Memos and updates to the Medicaid Home and Community Based Services Waivers Manual.

Failure to meet these purposes and conditions or requirements specified in the Medicaid Home and Community Based Services Waivers Manual may result in the loss of these funds and their repayment to the Department by the County.

III. Fiscal and Client Reporting Conditions on the Earning and Use of the Additional Funds

The County shall make the following reports to the department as a condition of receiving these funds:

1. **HUMAN SERVICES REPORTING SYSTEM (HSRS) REQUIREMENTS:** The County shall report according to the requirements specified for CIP IB contained in the HSRS Reporting handbook. The County's HSRS reporting of CIP IB and any matching funds used for services provided shall include the federal, state and local shares of all claims for all services covered by the CIP IB waiver provided to eligible participants. The County shall also report all units of service provided as a result of all funds reported and on all other required reporting elements contained in the Section of the HSRS Handbook covering the MA Waivers Module. Reports to HSRS shall be submitted to the Department monthly on the Long Term Support Module of HSRS in accordance with the instructions contained in the HSRS Handbook, and applicable DLTC Numbered Memos. Funds may be withheld if HSRS reporting is more than two months behind.
2. **FINANCIAL REPORTING ON 942:** Total actual costs incurred by the County for eligible CIP IB participants shall be reported on Form 942 according to the schedule in the State/County Contract.

3. **COMMUNITY AIDS REPORTING SYSTEM (CARS):** The County shall report the expenditure of these funds monthly on the DMT Form #600 according to instructions for profile 557 contained in the "CARS ACCOUNTING REPORTS MANUAL". The amount reported on CARS is subject to adjustment if, as a result of the contract reconciliation process, the total amount differs from the County's final adjusted claims contained on the HSRS.

IV. Payment Procedures

The Department shall pay these funds to the County in accordance with the State/County Contract.