



# Waiver Wise

## Technical Assistance for the Community Options Program Waiver COP-W

Wisconsin Department of Health & Family Services • Division of Disability and Elder Services  
Bureau of Long Term Support

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### **What should be entered on HSRS under Standard Program Category (SPC) 095.01 – Cost Share and 095.02 Refunds/Voluntary Contributions?**

#### **Background**

The Human Service Reporting System (HSRS) is used by county agencies to enter data on social service and mental health participants, the services they receive, and the funds expended for those services. In turn, the Bureau of Long Term Support (BLTS) uses the information reported on HSRS to provide the federal government with required information and to develop profiles of waiver participants and service utilization for state officials.

Standard Program Category (SPC) codes were developed to facilitate the accurate recording of service and spending information on HSRS. Two of the codes developed, SPC 095.01 and SPC 095.02, were specifically created to record information about cost share obligations, spenddowns, refunds, and voluntary contributions. Unlike other SPCs, these codes show up as negative numbers on HSRS (revenue) and subsequently reduce total expenditures reported.

#### **Participant Cost Share – SPC 095.01**

Previously, when a program participant had a cost share obligation, he/she either sent the payment directly to a service provider to offset the total cost of services the provider would bill the county; or he/she sent that payment directly to the county agency administering the waiver program. In both instances, the county agency was responsible for ensuring the cost share payment was used to offset the cost of waiver program services up to and not exceeding the amount of the cost share for the month the cost share obligation was due.

At times, these two processes were problematic for the county and for those people responsible for the waiver program's fiscal reporting. Some problems noted included: payments received by the county recorded as both revenue and as a debit when applied to a service. In addition, cost share payments had to be manually applied to the months the services were provided. Since cost share payments are sometimes received in the

month after the payment is due, this caused difficulty in ensuring the cost share payments were correctly accounted for.

To facilitate accurate recording of the cost share payments and spenddown payments (if applicable), the 095.01 SPC code was created. By entering the amount of the monthly cost share payment for a participant on the HSRS system, the system automatically subtracts the amount of the cost share payment from the total amount the agency reports as waiver service costs in the correct month for both. (See attached sample.) HSRS provides a record of the participant's compliance with financial eligibility.

### **Participant Spenddowns – SPC 095.01**

Group C participants have a spenddown obligation that is required to be incurred on a monthly basis in order to maintain eligibility. In cases involving single persons or a married person where spousal impoverishment rules do not apply, the Group C participant is required to incur and is held financially responsible for his/her spenddown amount. The participant first pays his/her out-of-pocket medically related expenses (if applicable), COP expenses (if applicable - excluding room and board costs), then waiver-related expenses, and lastly (if applicable) Medicaid card expenses. As with the cost share, spenddown payments can be made directly to the vendor of services or to the county. Currently, spenddown payments that are made to the county and are applied to COP and/or waiver services are entered on HSRS using the 095.01 SPC code.

By entering the correct amount of the monthly spenddown payment for a participant on the HSRS system, the system automatically subtracts that amount from the amount the county agency reports as a COP and or waiver service cost in the correct month. At no time should the payment amount entered under 095.01 exceed the total monthly service cost in COP and/or waiver as this would result in a negative total for the particular month. This is not allowable.

### **Refunds and/or Voluntary Contributions – SPC 095.02**

At times, the fiscal management of the waiver program involves:

- a. recording voluntary contributions (a participant may choose to freely contribute to the waiver program in general);
- b. receiving revenue from other sources such as Medicare.

Refunds or voluntary contributions are sometimes viewed as ways to help ensure participants continue to be eligible for services. Because the waiver program prohibits charging clients for waiver services, unless handled very carefully, contributions can be viewed as supplementation. This in turn could lead to criminal charges to the party accepting the contribution.

Under Medicaid rules, a participant loses Medicaid eligibility when his or her assets exceed \$2,000. Assets over \$2,000 can be used to prepay otherwise unmet needs and for funeral/burial expenses. These assets can also be used for anything benefiting the participant that the participant needs because they belong to the participant.

In some cases, the participant wants to make a contribution to the program. In order for the county to be able to accept such a contribution, the county must be able to show that the contribution was truly voluntary. County staff should consult with the county's corporation counsel before accepting any voluntary contributions. Note: the participant may stop making a voluntary contribution at any time.

To facilitate the recording of this revenue, SPC Code 095.02 was created. SPC Code 095.02 serves a similar function as SPC Code 095.01 in that payments are subtracted from the participant's total service costs on HSRS. Note: This does not include any refunds back to participants. Program reviews and audits may focus specifically on amounts that counties enter under this code. Please contact BLTS if you have a question about when contributions are appropriate or on how to document contributions.

**Example: Revenue from another Source**

The county purchases a lift chair for a participant only to find out that a portion of it was approved for reimbursement by Medicare. The participant gives the reimbursement from Medicare to the county agency. Because the expenditure had been reported in the prior calendar year and an adjustment cannot be made on the bill paid, the revenue from another source is reported on HSRS for the participant under SPC 095.02.

**Please note:** Revenue from Medical Assistance Personal Care should not be recorded on HSRS. This is a separate Medicaid service and revenue from this source must not be recorded on HSRS. It is not meant to offset waiver dollars reported on HSRS. It is revenue that a county should keep track of as separate revenue in a separate ledger. In addition, no additional dollar amount can be billed to the waiver for the same hours/items that are billed to the Medicaid card. This is seen as supplementation and prohibited by federal rule.

**INDIVIDUAL SERVICE PLAN – WAIVERS/COP**

Waiver Type:

1.CIP IA  2.CIP II  3.COP-W  4.CIP IB  5.BIW  6.CSLA  7.COP  8.ALFCGP  9.CLTS

Case Manager:

*Ivanna Help*

Participant Name:

*Betty Williams*

LOC Determination Date

CIP IA/IB:  
**NA**

Service Plan Development Date:

**04/27/05**

Address (street):

*10 N. Elm Street, Apt. 4*

Functional Screen Date:

**04/27/05**

Cost Share Amount:

**\$17.00**

City, State, Zip:

*Anytown, WI 99999*

Telephone Number:

**(555) 987-6453**

Level of Care (CIPIA, CIPIB  
CIP II, COP-W, COP)

**Level II**

Waiver Cost/Day/Total:

**\$13.08**

MA Number:

**123456788**

Planned Community Living Arrangement Type:

- CBRF ( No. Beds in CBRF) \_\_\_\_\_  Adult Family Home  
 Living with Family or Others in a Home/Apt.  Supervised Apartment  
 Other (specify): **X** Living Alone

| SPC*   | Service Type                                         | Service Provider Name and Address                | Start Date                   | Unit Cost (\$/hr, /day) | Units of Service and Frequency (#/day,week,month) | Daily Cost (yearly/365) | Funding Source (SSI, COP, Waivers, Cost Share, MA Card, etc.) |
|--------|------------------------------------------------------|--------------------------------------------------|------------------------------|-------------------------|---------------------------------------------------|-------------------------|---------------------------------------------------------------|
| 104    | <i>Housing<br/>SHC</i>                               | <i>Betty Williams<br/>Northwood Aides</i>        | <i>05/01/05</i>              | <i>\$10.45/hr</i>       | <i>4 hrs/wk</i>                                   | <i>\$5.96</i>           | <i>SS<br/>COP-W</i>                                           |
| 112.46 | <i>PERS</i>                                          | <i>Northwood Hospital</i>                        | <i>05/01/05</i>              | <i>\$25</i>             | <i>Monthly</i>                                    | <i>\$0.82</i>           | <i>COP - W</i>                                                |
| 604    | <i>Care<br/>Management</i>                           | <i>Northwoods County<br/>Ivanna Help</i>         | <i>04/27/05</i>              | <i>\$35/hr</i>          | <i>3 hrs/mo</i>                                   | <i>\$3.45</i>           | <i>COP - W</i>                                                |
| 402    | <i>HDM</i>                                           | <i>Commission on Aging</i>                       | <i>05/01/05</i>              | <i>\$4/meal</i>         | <i>5 meals/wk</i>                                 | <i>\$2.85</i>           | <i>COP-W</i>                                                  |
|        | <i>Dr. Visits<br/>Medications<br/>Social Support</i> | <i>Dr. Casey<br/>Walgreens<br/>Father Jasper</i> | <i>05/01/05<br/>05/01/05</i> |                         | <i>2 times/yr<br/>Monthly<br/>Ongoing</i>         |                         | <i>Medicaid<br/>Medicaid<br/>Volunteer</i>                    |
| 095.01 | <i>Cost Share</i>                                    | <i>Betty Williams</i>                            | <i>05/01/05</i>              | <i>\$17.00/mo</i>       | <i>Monthly</i>                                    |                         | <i>SS</i>                                                     |

\* Medicaid card services will not have a SPC number.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                   |                                            |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|
| Administering County Agency:<br><i>Northwoods County Social Services</i>                                                                                                                                                                                                                                                                                                                                                                                   |                          | Telephone:<br><i>(555) 987-1234</i>                                               | Case Manager:<br><i>Ivanna Help</i>        | Telephone:<br><i>(555) 987-1234</i> |
| Address:<br><i>123 Main Street, Anytown, WI 99999</i>                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Address:<br><i>123 Main Street, Anytown, WI 99999</i>                             |                                            |                                     |
| Guardian:<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | Telephone (home):                                                                 | Telephone (work):                          |                                     |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | City:                                                                             | State:                                     | Zip:                                |
| IN CASE OF EMERGENCY, NOTIFY:<br>Name:<br><i>Father Jasper</i>                                                                                                                                                                                                                                                                                                                                                                                             |                          | Telephone (home):<br><i>(555) 987-5689</i>                                        | Telephone (work):<br><i>(555) 987-4720</i> |                                     |
| Address:<br><i>351 Farthing Drive</i>                                                                                                                                                                                                                                                                                                                                                                                                                      | City:<br><i>Anytown</i>  | State:<br><i>WI</i>                                                               | Zip:<br><i>99999</i>                       | Relationship:<br><i>Friend</i>      |
| <p>I have been informed of and understand my choices in the waiver programs, including approval or rejection of my service plan.</p> <p>I have been informed of and understand my rights and responsibilities in the MA Community Waiver/COP programs. I was informed verbally and in writing of my rights and responsibilities. I further understand I have a choice of living in a <i>nursing home. ICF/MR, or in the community</i> with assistance.</p> |                          |                                                                                   |                                            |                                     |
| Participant Signature:<br><br><i>Betty Williams</i>                                                                                                                                                                                                                                                                                                                                                                                                        | Date:<br><i>04/27/05</i> | Participant Signature (6 month Review/Update):                                    | Date:                                      |                                     |
| Witness/POA/Guardian/Authorized Representative Signature:                                                                                                                                                                                                                                                                                                                                                                                                  | Date:                    | Witness/POA/Guardian/Authorized Representative Signature (6 month Review/Update): | Date:                                      |                                     |
| Case Manager Signature:<br><br><i>Ivanna Help</i>                                                                                                                                                                                                                                                                                                                                                                                                          | Date:<br><i>04/27/05</i> | Case Manager Signature (6 month Review/Update):                                   | Date:                                      |                                     |