

SUMMARY OF REVENUE SOURCES

Department of Health Services Programs:

Adult Protective Services –100% State sum certain allocation. This funding was made available after Family Care implementation for county responsibility in investigating reports of alleged abuse, neglect, or financial exploitation of vulnerable adults.

Aging and Disability Resource Centers (ADRC) -

Authorized under Wis. Stat. § 46.283, these funds provide older people and adults with disabilities a one-stop customer service center for information, assistance, and seamless access to opportunities and long-term care options counseling. ADRCs also offer disability benefit specialist (DBS) services to adults aged 18-59, as well as some short-term case management services and assistance. A portion of expenditures are matched with federal Medicaid matching funds.

Alzheimer's Family Caregiver Support Program (AFCSP)–

This is a 100% State sum certain allocation that can be used to support caregivers of person's living with Alzheimer's disease and other dementia. This funding source can fund services for the consumer to provide relief to the caregiver.

Birth to Three –

This program is federally mandated. The State Receives a Federal Award which is to be used to supplement State and local funds expended for infants and toddlers with developmental delays or disabilities and their families. The federal funds are not to be used to supplant or replace those State and local funds. Counties receive a sum certain allocation which is GPR and Federally Funded that offsets some of the costs of the Birth to Three Program. This program has a MOE (maintenance of effort) attached to it that must be met each year.

Children's Community Options Program (CCOP) –

In 2016, the mental health and substance abuse portion of COP was moved to Community Mental Health Grant. Funds from the Family Support Program were merged with funds from the Community Options Program (COP) to create a new, albeit similar, program called Children's Community Options Program (CCOP). This is an entirely State funded program where counties receive a sum certain allocation. The county can use it for services not covered under the Waiver, to help pay their CLTS MOE requirement, or for children who met the eligibility guidelines for CCOP but not the Waiver. There is a Waiver mandate requiring Waiver funding be used before any CCOP funding is utilized if a child qualifies for both programs. Counties may also use a portion of their CCOP funds to pay for administrative costs associated with operating the CCOP program.

Children's Long Term Support Waiver –

This is a Medical Assistance Waiver and serves children with physical disabilities, developmental disabilities and mental illness. This funding source was introduced in 2005.

Beginning in 2021, CLTS will transition to a state-managed wait list and enrollment system where DHS will determine which children on the state-managed wait list will be able to enroll in the CLTS Waiver Program. DHS will pay CLTS service providers for all appropriate, and allowable, county-authorized services through the CLTS third party administrator, including county-provided CLTS services such as support and service coordination. Counties are also provided an administrative allocation to help cover costs of operating the CLTS program that aren't reimbursed through the CLTS services they provide. This program has a MOE (maintenance of effort) requirement that must be met each year.

Community Mental Health Allocation –

The 2015-2017 state budget included a provision to consolidate base funding for several community mental health program funding allocations to a single allocation for community programs under the state's community aids program. This measure combined two mental health institutional relocation programs, one psychosocial rehabilitation program (Community Support Programs (CSP) Waitlist), and one program supporting the development and operations of certified CSP, Comprehensive Community Services (CCS), Community Recovery

Services (CRS), and/or crisis services into a community aids program for community mental health services. In addition, funding was transferred from the Community Options Program in an amount that approximates the annual use of Community Options Program funding for program participants receiving community-based mental health and substance use services.

The Department of Health Services (DHS), Division of Care and Treatment Services (DCTS), convened an advisory group to review and comment on internal workgroup documents and consolidation plans, and inform the division on how the consolidation plans may impact counties and constituents. The group included various community stakeholders who were interested in the consolidation of contracts and its impact on mental health services.

DCTS, as required by Wis. Stat. § 46.40(7m), annually obligates \$24,348,700 of community mental health funding to all counties within the state.

Source: <https://www.dhs.wisconsin.gov/dcts/memos/202004actionmemo.pdf>

Community Mental Health Services Block Grant (MHBG) – Community Aids Funding –

The Division of Care and Treatment Services (DCTS) is annually awarded a MHBG (CFDA# 93.958) from the federal Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA). DCTS, as required by Wis. Stat. §§ 20.435(7)(o) and 46.40(2m)(b), obligates up to \$2,513,400 of the MHBG to all counties within the state through a community aids formula allocation. The formula allocation is based on each county's population, Medicaid caseload, and per capita income. The Community Mental Health Block grant is not part of the Basic County Allocation (BCA) and has separate federal requirements.

Source: <https://www.dhs.wisconsin.gov/dcts/memos/202005actionmemo.pdf>

Congregate, Home Delivered Meals and Nutrition Services Incentive Program –

Funding to provide nutrition services that assist older citizens in the county to live independently, promote better health, and reduce isolation. The funding source assists with funding for home delivered meals and different congregate meal sites. Created by the Federal Government in the Older Americans Act. Provided by State and Federal funds. NSIP is an incentive program that provides funding based on the number of meals served in the previous year. Therefore, the funding varies from year to year.

Coordinated Services Team Grant (CST) –

This grant became available in 2014 to transition the CST initiative to a statewide program. This grant is sum certain and funds CST Service Coordination along with program related expenses. Any overspend is tax levy.

County Basic Allocation/Community Aids –

The DHS County Basic Allocation of funds is used for Social Services and Mental Health Services. These include: Supervisors' salaries and fringe; workers', aides', and specialists' salary and fringe; direct clerical support salary and fringe; travel costs associated with these; and supplies, services, and equipment that can be directly identified. It can be used as match for MA Waivers and may pay for program costs exceeding the earmarked allocation such as Birth to 3. There is a 9.89% required match for the BCA. Counties have exceeded the match for many years.

Economic Support Administration Funding –

This is the funding to administer the Medical Assistance and Food Share benefits. It does not include the costs of the benefits as they are paid directly by the State. This funding is 50% Federal and 50% State. If our costs run over the allocation, we could draw down 50% Federal matching on the overrun but the county has to pick up the other 50%. Beginning in 2016 enhanced federal funding increased the match to 60% -75% dependent on the RMS results yearly retroactive to 2014. Currently this is a separate allocation and duration is unknown, currently guaranteed through 2019. This allocation does not cover all of our economic support administrative costs therefore county funding is involved. (NOTE – Also see DCF Section below for DCF Wisconsin Shares Child Care Subsidy Program Administration, Child Care Fraud, and Child Care Certification)

Elder Benefit Specialist Program -

Funding for Elder Benefit Specialists to offer information, advice and assistance to people age 60 and older related to individual eligibility for public benefits and services as well as housing and other financial concerns. Provides assistance with benefits-related problems through lay advocates who have access to consultation and support by program attorneys. The Elder Benefit Specialist (EBS) program was created in Wisconsin in 1977 to fulfill the Older Americans Act requirement to provide older adults with legal assistance and benefits counseling. State funding for this program is authorized under Wis. Stat. § 46.81.

Intoxicated Driver Program Supplement –

This is a funding source that is applied for each year to assist with the county deficit spending in the Intoxicated Driver Program.

MA Estate Collections –

MA Estate Collections earn the county 5% of the recoveries made under the recovery program because of the agency's efforts to collect voluntary recoveries, or liens against homes and estates. This is added to the Income Maintenance administration county allocation of the state/county contract and are again distributed based on the consortia model.

Medicare counseling for Wisconsin residents -

Wisconsin receives two federal grants that help support outreach and counseling for Medicare beneficiaries at local aging and disability resource centers and aging offices. The State Health Insurance Assistance Program (SHIP) grant is intended to support general outreach, counseling and enrollment assistance to all Medicare beneficiaries. The Medicare Improvements for Patients and Providers Act (MIPPA) grant is dedicated to increasing public awareness of and access to programs that provide financial assistance with Medicare's out-of-pocket costs.

Mental Health Program Revenues –

Federal share for the following programs are reimbursed at approximately 58% (varies slightly each year), but local match is required.

- Community Recovery Services (CRS) offers three services and is reimbursed at a rate for units of service (fee-for-service). Per the most recent *ForwardHealth* Update 2018-17, the maximum rate for residential Community Living Supportive Services (CLSS) is \$17.77/15-minute unit; Peer Supports is \$9.78/unit; Supported Employment is \$11.51/unit. The rate describes the federal share and the local non-federal share, the latter of which is the responsibility of the county. The rate is insufficient to the true cost of care and treatment so counties must invest more than the described rate of reimbursement. This *overmatch* can, substantially be recovered through end of year cost reconciliation under WIMCR.
- Community Support Program (CSP) is reimbursed at a fixed rate for units of service (fee-for-service) based on the qualifications of the provider. The rate describes the federal share and the local non-federal share, the latter of which is the responsibility of the county. The rate is insufficient to the true cost of care and treatment so counties must invest more than the described rate of reimbursement. This *overmatch* can, substantially be recovered through end of year cost reconciliation under WIMCR.
- Comprehensive Community Services (CCS) Comprehensive Community Services (CCS) – for CCS programs that are providing services in a “regional model,” the State reimburses the non-Federal portion up to the state approved interim rate. At the end of the year, actual costs can be recovered through end of year reconciliation.
- Crisis Intervention Services is reimbursed at a fixed rate for units of service (fee-for-service) based on the qualifications of the provider. The rate describes the federal share and the local non-federal share, the latter of which is the responsibility of the county. The rate is insufficient to the true cost of care and treatment so counties must invest more than the described rate of reimbursement. This *overmatch* can, substantially be recovered through end of year cost reconciliation under WIMCR.

- Outpatient Mental Health and Substance Abuse Services in the home or community for adults is reimbursed on a rate where the non-federal share is reimbursed by the State.
- Targeted Case Management is reimbursed at a fixed per diem rate. The rate describes the federal share and the local non-federal share, the latter of which is the responsibility of the county. It is possible for a county to bill at the max fee rate and then, during cost reconciliation, be in a recoupment situation because costs were actually less than what was billed to Medicaid. This *overmatch* can substantially be recovered through end of year cost reconciliation under WIMCR.

Refunds/Collections on Economic Support Services –

The State Collections Unit collects all overpayments entered by the counties. The counties are reimbursed 15% on collections through CARS. This funding is distributed through the Consortia and is passed to counties based on individual agreements.

Source: <https://www.dhs.wisconsin.gov/publications/p8/p80027-im-291.pdf> (MA Subrogation CARS Profile #291)

Specialized Transportation – 85.21 –

The 85.21 grant is received each year through application to the Department of Transportation and funds rural transit system for the county. Funding is for the Specialized Medical Vehicle system and a portion of our volunteer driver program. There is also a grant process for 5310 funding.

Substance Abuse Block Grant –

A sum certain allocation that is 100% federally funded; used to fund substance use disorder treatment and prevention activities. There are funding restrictions including a 20% minimum set aside on prevention activities and 10% minimum set aside on women's treatment services targeting pregnant women and women with dependent children.

Title IIIB, IIID, IIIE, Supportive Services, Preventive Health, Family Caregiver –

These various funding sources are received through a contract with the Greater Wisconsin Agency on Aging Resources (GWAAR). They provide for several aging services such as fall prevention, health and nutrition education, medication management, caregiver support for those providing assistance to elderly loved ones, supportive home care, respite, chore services, and bathing services. These also are Older Americans Act revenue sources. The GWAAR contract also includes the State Senior Community Services grant used for services and support for seniors including meals.

Transportation Contracts –

Since the implementation of a statewide Medicaid transportation system, we have entered into contracts with nursing homes, assisted living facilities, and Managed Care Organizations for our ambulatory and non-ambulatory van service.

WHEAP (Wisconsin Home Energy Assistance Program) Administration –

This is 100% Federal money and counties can opt to operate the program or subcontract it out. The county incurs some administrative costs to oversee the program. Again the actual payments to eligible people are done directly by the state but we determine eligibility.

WIMCR (Wisconsin Medicaid Cost Reporting) –

This is the process the state uses to claim the Medicaid federal match dollars for county costs for providing certain community-based Medicaid services. Through this process, counties receive over 80% of the federal gain from the WIMCR process. The county bills Medicaid through the usual fee-for-service process and is reimbursed at the basic fee-for-service Medicaid rate. Annually counties submit reports electronically showing the full cost for providing the services. Each year the state reconciles and makes an adjustment to the county to make up for the difference between the fee-for-service reimbursement and the full cost of the service.

Department of Children & Families Programs:

Child Support –

The Child Support program is funded by a number of sources. Child Support agencies receive state allocation of GPR. Agencies can get the 60% Federal reimbursement on county match. This only applies for IV-D reimbursable expenses. The Child Support program also collects revenues from the collection of Medical Support Liability, reimbursement of genetic lab fees, service of process fees and other fees. Additional non-IV-D revenue may include a fee for printed payment histories, certified payment histories, sending of income withholding orders, and crediting account for direct payments and is at each County's discretion. There could be other services counties decide to charge for non-IV-D cases only.

Community Aids –

This is the basic allocation of funds for county human services departments. There is one allocation for DCF Children and Families and one DHS Basic County Allocation. It is used as a general, non earmarked allocation to be used as match on other Federal programs such as the Medical Assistance Waivers and it pays for part of the cost of programs where earmarked allocations are not adequate such as Youth Aids and Birth to Three. It is also the source of payment for some services for which there is no other source of revenue. While at one time Community Aids was intended to fund county human services at 100%, most counties are in significant overmatch.

Community Intervention Program-

Community Intervention Program funding is an allocation based on the prior year's youth placements in juvenile facilities. An application must be completed each year to receive the funds. Typically due mid-June, this funding is used to intervene and prevent kids from offending.

DCF Grants-

DCF gives out several different CW grants that counties can apply for. This includes: the home visiting program, innovation grants given under youth aids and grants such as Parents Supporting Parents which operate as a pilot moving towards sustainability funding within a county. Funding for these grants vary as do parameters on allowable expenses.

DCF Wisconsin Shares Child Care Subsidy Program Administration, Child Care Fraud, and Child Care

Certification—All three of the allocations below are sum certain. Any cost overruns are county tax levy responsibility. If funds are available statewide, as has historically been the case, a deobligation/ reobligation may be done.

The DCF Child Care contract has three funding areas.

Child Care Administration

Child Care Administration is used to administer the Child Care subsidy program, Wisconsin Shares. This includes determining eligibility for the family and creating childcare authorizations for a child to receive care at a childcare provider for a certain amount of hours. The funding is based on the number of open Wisconsin Shares CC cases per agency. Administration of this program is 100% federally funded. Child Care benefits are made directly by the State.

Child Care Certification

Child Care Certification is used to certify/regulate Child Care Providers to care for children either in their home or in the child's home (in-home day care). Funding includes: conducting background checks, on-site provider visits and administrative work within the various DCF systems. Counties/Tribes are able to charge a fee for

conducting background checks. The amount of funding is dependent on the number of certified providers in the county/tribe.

Child Care Fraud

This allocation is used to prevent and investigate childcare fraud by consumers and providers.

IV-E Legal Services and eWisACWIS funding-

There are currently 4 different IC-E pass throughs available. IV-E Legal, IV-E eWisacwis, IV-E Foster Parent Training, and IV-E Legal Representation. Counties must apply for this funding and then they get reimbursed anywhere from 27-38% of the cost. The county does incur the cost and DCF does pass through some reimbursement to offset that cost. As noted, this funding must be applied for annually. Typically the application is available in September and is due the end of October. IVE Legal Services for CHIPs and out-of-home (OOH) care are reimbursed at 27% of the total costs. IVE reimbursement limit for TPR and Adoption activities is limited to 34% of the total costs.

IVE eWisACWIS reimbursement for staffing and equipment is limited to 38% and changes based on RMS results.

Kinship Care –

Kinship care is 100% federally funded. Counties allocations are based on their caseload that is re-estimated annually based on the caseload. There is a process toward the end of the year for counties who are underspending their allocation to reallocate to counties that are overspending their allocation.

The costs to administer the program are only partly reimbursed by the state with a small allocation for assessments. The administrative dollars are 100% Federal. Kinship care assessment monies for initial eligibility determinations and redeterminations can be used for staff costs and is somewhat flexible. The amount, however, is small.

Promoting Safe and Stable Families –

This is a sum certain allocation which is 100% Federal funds. There are restrictions on the use of funds between family support, preservation, and reunification. This program requires Counties submit a plan.

Youth Aids, AODA Youth Aids -

Youth aids has three components. The largest allocation can be used for community based services as well as correctional costs and as costs for youth detention. It can be used for delinquents, CHIPS, and for kids that have not been adjudicated. For community based services to keep kids out of the formal system. It can also be used for community based services to keep kids out of the formal youth justice system. Youth Aids is a sum certain allocation.



WISCONSIN DEPARTMENT
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