

2014 STATE AND COUNTY CONTRACT
FOR SOCIAL AND COMMUNITY PROGRAMS

Appendix Title: Brain Injury Waiver Program (BIW)

It is further understood and agreed by both parties, through this attachment to the CY 2014 "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 Brain Injury Waiver Program, herein after referred to as BIW.

I. Funds Provided/Period Covered

Funds in the amount identified in this contract are provided for the period January 1, 2014 through December 31, 2014. 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. New waiver slots may be assigned to the County during the term of the contract when a prospective waiver 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 or closes.

Brain Injury Waiver slots may be either "state matched" slots or "locally matched" slots. The "state matched" slots use state GPR funds to match the federal share of MA and "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 BI waiver program participant and associated service coordination costs. **By letter notice from the Department of Health Services, these funds may be increased or decreased during the contract year**

Medicaid Administrative Pass through Program (MAPT) (Profiles 388, 389, 390) associated with BIW
The Medicaid Pass through Program (MAPT) is an administrative program to arrange for the pass through to counties of the federal share (50%) of certain administrative and quality assurance functions reimbursable through the Medicaid administrative funds. MAPT maybe be accessed to pay for adult family home activities performed or purchased by County agencies which are associated with the Medical Assistance Community Based Waiver Programs.

MAPT funds are only available to non-family care counties/agencies. In order for a county to earn the 50% federal MA administrative funds (Profile 388) a like amount of matching nonfederal funds must be available (CARS profile 390, Community Aids and CARS profile 389, COP; the use of COP funding for match requires Department Approval)

BRAIN INJURY WAIVER – TOTAL CLAIMS (CARS REPORTING PROFILE 501)

Total claims for all Brain injury Waiver (BIW) participants should be reported on the Community Aids Reporting System (CARS) profile 501. The Department will allocate these costs based on the current federal percentage rate to the payment lines. "Current federal percentage rate" means the Federal Medical Assistance Percentages (FMAP) that are finalized and published in the federal register. The FMAP for the current federal fiscal year can be found on the Federal Register Website (www.federalregister.gov). The federal amount will allocate to CARS Profile 507 (BIW Federal) a sum sufficient payment line. The non-federal portion will allocate to contract controlled CARS Profile 506 (BIW

Non Federal).

BRAIN INJURY WAIVER NON FEDERAL (CARS PROFILE 506)

The non-federal share of Brain Injury Waiver (BIW) costs incurred by counties shall be based on the claims for all program participants and reimbursed with state funds earned by the following formula:

- A. the number of days during the contract period which BIW participants are anticipated to be eligible; times
- B. the maximum per diem rate established by the Division of Long Term Care (DLTC)

Costs that are eligible for reimbursement must be included in a valid claim submitted for an eligible BIW program participant and include both services and associated service coordination costs. The per diem rates for BIW are established in the Medicaid Home and Community Based Services Waivers Manual and updated in DLTC Numbered Memos. The non-fed share of expenses reimbursed is contract controlled.

Costs that exceed the non-federal contract will roll to CARS Profile 561 (Basic County Allocation). If the County chooses to use another match source for the non-federal share of the nonfederal share of the expenses that exceed the contract, the County must make a negative adjustment to profile 561 and then charge the other funding source accordingly using the appropriate CARS profile.

BRAIN INJURY WAIVER FEDERAL (CARS PROFILE 507)

BIW Medicaid federal funds are available to reimburse counties at the Federal Fiscal Medical Assistance Percentage (FMAP) rate for allowable BIW service costs. Federal matching funds are earned as the non-federal share is expended. The federal share of expenses above the matching fed for the BIW nonfederal contract amount (CARS profile 506) will be reimbursed completely, provided the County has matching nonfederal funds to support the additional claim of federal funds.

Additional Funds: Any unused nonfederal state funds from BIW are applied to provide MA match for locally matched slots.

Reallocations: The Department may also reimburse the County for additional expenses exceeding their contract maximum if funds are available. Any 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 BIW participant as specified in the MA Waivers Manual and receives approval permitting the County to use an additional slot. 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.

The maximum amount of this contract may also be increased or decreased, if it is determined that said change would maintain the cost effectiveness of the waiver. The amount of such increases or decreases, if any, is at the discretion of and is set by the Division of Long Term Care.

As the BIW Program transitions to managed long term care, a county's BIW allocation will be reduced to reflect that individuals are no longer being served under the BIW Program; and instead are being served through the Family Care Program.

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 community based services for persons eligible for the BIW 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 by the contract. This amount 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 the qualifying settings specified in the MA Waivers Manual.
6. Case Management services shall be provided to BIW participants.
7. Funds may be used for supported employment services only when they are not available from the Division of Vocational Rehabilitation.
8. 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.
9. 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.
10. No consumer shall be required to contribute to the cost of BIW covered service beyond their cost sharing requirements pursuant to the Medicaid Home and Community Based Services Waivers Manual.

Failure to meet these purposes and conditions or requirements specified in the MA Waiver's 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

1. **HUMAN SERVICES REPORTING SYSTEM (HSRS) REQUIREMENTS:** The County shall report according to the requirements specified for BIW contained in the HSRS Reporting handbook. The County's HSRS reporting of BIW 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 BIW 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.
2. **FINANCIAL REPORTING ON 20-942 (Expense Report for Human Services Programs) and 22-540 (formerly HSRR – Human Services Revenue Report):** Total actual costs incurred and revenue received by the County for eligible BIW participants shall be reported on Form 20-942 and 22-540 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 forms as prescribed by the Department according to instructions for profile 501 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.
4. Funds may be withheld if HSRS reporting is more than two months behind.

IV. Payment Procedures

The Department shall pay these funds to the County in accordance with the State/County Contract. Payments through 06/30/2014 are limited to 6/12 of the contract with the balance paid after 06/30/2014 based on reported costs up to the contract level on the NON – Fed profile.