

Profile: 557 563 564  
406 407 408  
409 410 411  
474 475 476  
(associated with 388 389 390)  
Appendix # T  
Division of Long Term Care

2014 STATE AND COUNTY CONTRACT  
FOR SOCIAL AND COMMUNITY PROGRAMS

Community Integration Program (CIP IB - regular) (Profiles 557,563,564)  
Community Integration Program – Family Care Transfers (CIP1B-FC transfers) (Profiles 409,410,411)  
Community Integration Program- ICFMR Restructuring Initiative (CIP 1B-ICFMR)(Profiles 406,407,408)  
Community Integration Program – Money Follows the Person (CIP1B-MFP) (Profiles 474,475,476)  
Medicaid Administrative Pass through Program – related to CIP 1B (Profile 388, 389, 390)

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 Community Integration Program IB, herein after referred to as CIP IB. Activities and funding for the ICF-MR Restructuring Initiative and Family Care Transitions 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, 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 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. Funding 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.

By letter notice from the Department of Health Services, these funds may be increased or decreased during the calendar year.

**Reallocations:** The Department may reimburse the County for additional expenses exceeding their contract maximum if funds are available. 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 (1B regular, 1B ICF MR, 1B-FC transfer, 1B MFP) 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 1B and associated 1B Programs transition into managed long term care, a county's CIP 1B allocations will be reduced to reflect that individuals are no longer being served under the CIP 1B programs; and instead are being served through the Managed Care Program. The CIP 1B allocations may be increased or decreased by notice from the Administrator or Deputy Administrator of the Division of Long Term Care.

**Medicaid Administrative Pass through Program (MAPT) (Profiles 388, 389, 390 associated with CIP 1B)**

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 Medicaid administrative funds. MAPT may 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 (1B regular, 1B ICF MR, 1B FC transfers, 1B MFP).

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

**CIP 1B Regular (Profiles 557,563,564)**

Cars profile 557 is a reporting profile for all allowable CIP 1B regular expenses  
The county shall report 100% of allowable CIP 1B regular expenses on CARS profile 557. The CARS system will allocate and pay reported expenses on CARS profile 564 (non-federal share) and 563 (federal share) according to the approved Federal Medical Assistance Percentage (FMAP) rate. The Federal matching rate in effect is the Federal Medical Assistance Percentages (FMAP) finalized and published in the Federal Register. The matching rate is calculated annually. The FMAP for the current federal fiscal year can be found on the Federal Register Website ([www.federalregister.gov](http://www.federalregister.gov))

**CIP 1B Non Federal (CARS Profile 564)**

The MA GPR funding that the County has been allocated is the sum of the non-federal portion of the total number of regular slots awarded to the County by the State at a value of \$49.67 per day times the number of days in the calendar year.

Reimbursement of funds is based on actual expenses incurred during the calendar year. The non-federal share of CIP 1B regular is contract controlled. Under the current process, the non-federal share of costs that exceed the contract amount will roll to CARS profile 561, the basic County allocation (BCA) for payment. If a County chooses to use another funding source to offset this overage, a manual adjustment must be made to reduce the charge to the BCA and charge another profile accordingly.

**CIP 1B FEDERAL (CARS Profile 563)**

CIP 1B federal funds are available to reimburse counties at the Federal Fiscal Medical Assistance Percentage (FMAP) rate for all allowable CIP 1B eligible expenses; the federal share is paid on all CIP

1B costs reported to CARS profile 557. Federal matching funds are earned as the nonfederal share is expended. The state supports the non-federal share of costs up to the amount in the CIP 1B nonfederal contract amount (CARS profile 580). The County must provide the matching nonfederal (local match) funds to support any additional claim of federal funds.

**CIP 1B – Family Care Transfers (CARS Profile 409,410,411)**

CARS profile series 409,410,411 have been established to identify individuals who are eligible for CIP 1B services and who are in move status from a managed care county when the receiving legacy waiver county has a wait list. The Department provides person specific funding for individuals at their planned cost of care, who have moved from a managed care county to a non-family care county when the non-family care county has a list of individuals who are waiting for CIP 1B service funding. A receiving county will put the person's name on their wait list and when their name comes to the top of the list, the county will serve the individuals with their regular CIP 1B allocation funding and the Family Care Transfer funds will be pulled back.

All eligible expenses for these individuals will be reported to CARS profile 409. The Department will allocate these costs based on the current federal percentage rate to payment lines, CARS profile 410 (nonfederal share) and 411 (federal share). The federal payment line CARS profile 411 is sum sufficient. CARS profile 410 (nonfederal) is contract controlled. The Department will reimburse the County for expenses exceeding their contract maximums if sufficient funding was not awarded in the initial contract. Current federal percentage rate means the federal Medical Assistance Percentages (FMAP) that are finalized and published in the federal register. The matching rate, calculated annually, is known as the FMAP. The FMAP for the current federal fiscal year can be found on the Federal Register Website. ([www.federalregister.gov](http://www.federalregister.gov))

**CIP 1B – ICF MR Relocation Initiative CARS Profiles 406,407,408**

The ICF MR funds expand the current CIP 1B program waiver for persons with an intellectual and developmental disability. Functional and financial eligibility requirements are the same as the eligibility requirements for CIP 1B regular. The per diem rates for individuals relocated under ICF-MR Restructuring Initiative are based on either actual service expenditures, if available, or estimated plan costs if service expenditures are not available. The allocation is calculated by the specific individuals' rates multiplied by the number of days in a calendar year.

If approved by the Department, a vacated "slot" may be utilized by the county to serve another individual. However, the rate will be adjusted to reflect a benchmark rate based on the person's facility level of care at the time of the initial relocation.

Cars profile 406 is a reporting profile for all allowable CIP 1B-ICF MR Relocation expenses.

The county shall report 100% of allowable CIP 1B –ICFMR expense on CARS profile 406. The CARS system will allocate and pay reported expenses on CARS profile 407 (non-federal share) and 408 (federal share) according to the approved Federal Medical Assistance Percentage (FMAP) rate. The Federal matching rate in effect is the Federal Medical Assistance Percentages (FMAP) 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](http://www.federalregister.gov))

**CIP 1B ICF MR Non Federal (CARS Profile 407)**

The estimated MA GPR funding the County has been allocated is based on the non-federal share of either actual service expenditures, if available, or estimated plan costs if service expenditures are not available.

Reimbursement of funds is based on actual expenses incurred during the calendar year. The non-federal share of CIP 1B regular is contract controlled. Under the current process, the non-federal share of costs that exceed the contract amount will roll to CARS profile 561, the basic County allocation (BCA)

for payment. If a County chooses to use another funding source to offset this overage, a manual adjustment must be made to reduce the charge to the BCA and charge the other profile accordingly.

The Department may reimburse the County for additional expenses exceeding their contract maximum if funds are available

**CIP 1B ICF MR FEDERAL (CARS Profile 408)**

CIP 1B – ICF MR federal funds are available to reimburse counties at the Federal Fiscal Medical Assistance Percentage (FMAP) rate for all allowable CIP 1B ICF MR eligible expenses; the federal share is paid on all CIP 1B ICF MR costs reported to CARS profile 407. Federal matching funds are earned as the nonfederal share is expended.

**CIP 1B – ICF MR – Money Follows the Person (Profiles 474,475,476)**

CARS Profile series 474 (reporting) 475 (nonfederal) and 476 (federal) have been established to identify individuals' who are relocated from an ICF MR under the ICF MR restructuring initiative and who meet additional specific criteria that will allow the Department to claim an enhanced federal matching rate under the Money Follows the Person Demonstration Grant (MFP). An individual's functional and financial eligibility for MFP is the same as it is for the general CIP 1B ICF MR. The Department will make a determination if costs for an individual relocated under ICF MR are eligible for enhanced federal matching funds under MFP. This is a voluntary program for all participants.

For CY 14 the blended rate applied to develop the contracts under this grant is 20.44% (non-federal) and 79.56 (fed). The Department may draw the enhanced federal matching rate for eligible individuals for a maximum of 365 days after which the person will continue to be served at the approved federal matching rate for the CIP 1B ICFMR. Further information regarding the Money Follows the Person (MFP) Demonstration grant can be found in the DLTC numbered memo 2008-05.

Reimbursement of funds is based on actual expenses incurred during the calendar year. The non-federal share of CIP 1B ICFMR MFP expenses is contracted controlled. Under the current process, the non-federal share of costs that exceed the contract amount will roll to CARS profile 561, the basic County allocation (BCA) for payment. The Department may reimburse the ICF MR MFP waiver expenses exceeding the contract maximum if sufficient dollars are available statewide. COP regular funding may not be used to pay for expenses in excess of the CRI MFP nonfederal contract amount.

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

- A. These additional funds may be used by the county in accordance with the following conditions:
- B. 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
- C. Funds may only be used for services for persons eligible for CIP IB which are specified in an approved individual Services Plan.
- D. Consumers shall be given a choice of all qualified providers for each service covered by the waiver.
- E. 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. "The actual MA matching rate in effect" means the federal Medical Assistance percentages are finalized and published in the federal register. The matching rate, calculated annually, is known as the FMAP. The FMAP for the current federal fiscal year can be found on the Federal Register Website ([www.federalregister.gov](http://www.federalregister.gov)).
- F. 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.
- G. 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.
  - H. Case Management services shall be provided to all CIP IB participants.
  - I. Funds may be used for supported employment services only when they are not available from the Division of Vocational Rehabilitation.
  - J. 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.
  - K. 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.
  - L. 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.
  - M. 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:

- A. **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.
- B. **FINANCIAL REPORTING ON 20-942, *Expense Report for Human Service Program and 22-540 (formerly HSRR) Human Service Revenue Report:*** Total actual costs incurred and the revenue received by the County for eligible CIP IB participants shall be reported according to the schedule in the State/County Contract.
- C. **COMMUNITY AIDS REPORTING SYSTEM (CARS):** The County shall report the expenditure of these funds monthly on forms prescribed by the Department 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. Payments made through 6/30/2014 are limited to 6/12<sup>th</sup> of the contract with the balance being paid after 06/30/2014 based on reported costs up to the contract level for the NON fed profiles.