

Profile: 558 581 580
471 472 473
388 389 390
Appendix # AD
Division of Long Term Care

Community Integration Program (CIP 1A)

It is further understood and agreed by both parties through this attachment to the CY 2015 "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 1A, herein after referred to as CIP 1A.

I. FUNDS PROVIDED/PERIOD COVERED

Funding Period and Amount: Funds identified in this contract are provided for the period January 1, 2015 through December 31, 2015. The initial value of this contract is the sum of the minimum potential federal and State GPR funding the County can earn for each waiver slot assigned to it by the Department and the federal portion of costs above the revenue 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. By letter notice from the Department of Health Services, these funds may be increased and/or decreased.

Waiver slots in CIP 1A are distinguished from one another by the level of funding which the County can earn. These levels are based on the creation date of the slot. Funds used to match the federal share of MA funding for these slots include state GPR funds in an amount up to the required matching share of seven levels of the State per diem rates.

Funding Formula: The minimum potential funding the County has been allocated is based on the number and type of waiver slots in use. The allocation is calculated as: the "State Per Diem Rate" for each level of slots, based on the relocation date of the individual, multiplied by the maximum number of days for each eligible CIP IA participant.

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

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 Home and Community Based Waiver Program.

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 prior Department Approval)

CIP 1A – Total Claims (CARS REPORTING PROFILE 558)

All total waiver-allowable costs, i.e. 100% of costs, for participants in the CIP 1A should be reported on the Community Aids Reporting System (CARS) Profile 558 (CIP 1A). The Department will allocate these costs based on the current federal percentage rate to 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 be allocated to CARS Profile 581 (CIP 1A Federal), a sum sufficient payment line. The non-fed share will be allocated to contract controlled CARS Profile 580 (CIP 1A Non-Federal)

CIP 1A – non fed profile CARS profile 580

The non-federal share of the CIP 1A waiver costs incurred by counties shall be based on the claims for all program participants and reimbursed with state funds earned by the following formula.

The number of days during the contract period which the CIP 1A participants are anticipated to be eligible times the maximum per diem established for each slot awarded to the county. The slot value is based on the relocation date of the individual.

Costs that are eligible for reimbursement must be included in a valid claim submitted for an eligible CIP 1A program participant and include both service and associated service coordination costs. Per diem values for CIP 1A program are established in the Medicaid Home and Community Based Waivers Manual and updated in DLTC Numbered Memos. The non-fed share of expenses reimbursed is contract controlled. Costs over the amount of the non-federal contract will roll to the CARS Profile 561 (Basic County Allocation). If the County chooses to use another funding source for the non-fed share of expenses that exceed the contract level, the County must make a negative adjustment to profile 561 (Community Aids) and charge another non fed profile accordingly through the appropriate CARS process.

CIP IA Federal (CARS PROFILE 581)

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

share is paid on all CIP 1A costs reported to CARS profile 558. 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 IA nonfederal contract amount (CARS profile 580). The County must provide the matching nonfederal funds to support any additional claim of federal funds.

Reallocations: The Department may also reimburse the County for additional expenses exceeding their contract maximum if funds are available from other Counties. Any minimum 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 the contract period if the County submits an individual service plan for a prospective CIP IA participant as specified in the MA Waivers Manual and receives approval permitting the County to use a new CIP IA slot. The amount of the increase will be at the most recent “enhanced” rate unless the person approved replaces a person whose episode of services closed. In this instance, the County will not receive an additional slot, but may use the vacated slot for this person. The rate will be the same and there will be no increase to the contract. The approved increase will be determined by applying the funding formula contained in this section which details the seven funding levels and applicable dates.

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

**Community Integration Program 1A (CIP 1A)– Money Follows the Person (MFP)
(Profiles 471,472.473)**

CARS profile series 471 (reporting), 472 (non-fed) and 473 (fed) have been established to identify individuals who are relocated from a State Center and 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 1A program but an individual must additionally be relocated from a State Center long term bed. The Department will make a determination if costs for an individual relocated are eligible for enhanced federal matching funds under MFP. This is a voluntary program for all participants.

For Cy 15 the blended rate applied to develop the contracts under this grant is 20.44% (non fed) 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 1A program. 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 nonfederal share of the CIP 1A MFP expenses is contract controlled. Under the current process, the nonfederal 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 CIP1A-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 CIP 1A MFP nonfederal contract amounts. Although the CARS profile 473 (fed) is a not a sum sufficient payment line, the federal share of all eligible expenses will continue to be paid.

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. 46.275 WI Stats., Medicaid Home and Community Based Services Waivers Manual, applicable Division of Long Term Care (DLTC) Numbered memos, and other policy communications.
 - C. Funds may only be used for services for persons eligible for the CIP IA 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. This amount is subject to upward revision if funds can be reallocated from other counties. The amount is also subject to revision based on the actual MA matching rate in effect on the date the service was provided.
 - F. These funds may only be used for persons who reside in qualifying settings including 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, a community based residential
 - G. Case Management services shall be provided to CIP IA participants.
 - H. Funds may be used for supported employment services only when they are not available from the Division of Vocational Rehabilitation.
 - I. 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.
 - J. 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.
 - K. No consumer shall be required to contribute to the cost of CIP IA services beyond their cost sharing requirements pursuant to the Medicaid Home and Community Based Services Waivers Manual.
- Failure to meet these purposes and conditions will 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 IA contained in the HSRS Reporting handbook. The County's HSRS reporting of CIP IA 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 IA 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 Long Term Support 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 Services Program and 22-540 (formerly HSRR) Human Service Revenue Report:*** Total actual costs incurred and revenue received by the County for eligible CIP IA 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 the forms as prescribed by the Department, according to instructions for Profile 558 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 6/30/2015 are limited to 6/12 of the contract with the balance paid after 06/30/2015 based on reported costs up to the contract level for the NON fed profiles.