

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

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 2016 “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. Additional reporting requirements and activities and funding for the Intermediate Care Facilities for Individuals with Intellectual Disabilities (referred to here as ICF/MR Restructuring Initiative) and Family Care Transitions will be governed by specific policies expressed in applicable 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, 2016 through December 31, 2016. 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 Medicaid federal share. The "locally matched" slots use only local funds or another specific funding source allocated by the County to match the Medicaid federal share. 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. The federal and non federal funding is determined by the Federal Medical Assistance Percentage (FMAP) rate. The FMAP for the current federal fiscal year can be found on the Federal Register Website (www.federalregister.gov).

By letter notice from the Department, 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 and receives Department approval for an individual service plan for each prospective CIP 1B (1B regular, 1B ICF MR, 1B-FC transfer, 1B MFP) participant as specified in the MA Waivers Manual. The amount of the increase depends on the type of slot designated in the plan materials submitted by the County. If an approved participant replaces a participant whose episode of services closed, the County will not receive an additional slot but will use the vacated slot for the new participant. The approved increase will be determined by applying the funding formula contained in this section for the type of slot used.

When a county transitions into managed long term care, the county's CIP 1B and associated 1B Programs, a county's allocations will be reduced to reflect that individuals are no longer being served under the CIP IB programs; but rather are being served through the Managed Care Program. The CIP IB allocations may be increased or decreased by notice from the Administrator or Deputy Administrator of the Department's 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) facilitates the pass through of federal funding to counties to assist with up to fifty percent of certain administrative and quality assurance functions reimbursable through Medicaid administrative funds. Counties may access MAPT funding to pay for adult family home activities performed or purchased by county agencies associated with the Medicaid Home and Community Based Waiver Programs (1B regular, 1B ICF MR, 1B FC transfers, 1B MFP).

MAPT funds are only available to counties/agencies where managed long term care is not operating. In order for a county to earn the federal Medicaid administrative funds (CARS Profile 388) the county must identify matching funds. This includes the county's Community Aids allocation (CARS Profile 390) and the Community Options Program (COP) allocation (CARS Profile 389). The use of COP funding to match MAPT funds 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 through CARS Profile 564 (non-federal share) and 563 (federal share) according to the approved FMAP rate.

CIP 1B Non Federal (CARS Profile 564)

The Medicaid GPR funding is allocated to the county using the following formula: the total number of regular slots allocated to the county at \$49.67 a day per slot, multiplied by the number of service days, times the blended non federal FMAP rate (41.82%).

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 the 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 current 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 Department 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 long term care county when the receiving legacy waiver county has a wait list. The Department provides the County with person specific funding at the planned cost of care for individuals who have moved from a managed care county to a county where a managed long term care program is not available. The receiving county will place the individual's name on the county's wait list. When the county releases the Family Care

transfer individual from the wait list, the county will serve the individuals(s) with their regular CIP 1B allocation funding and the Department will pull back the Family Care Transfer Funds.

All eligible expenses for these individuals will be reported to CARS Profile 409. The Department will allocate these expenses based on the current FMAP to payment lines, CARS Profile 410, the non-federal is contract controlled and Cars Profile 411, the federal share is sum sufficient. The Department will reimburse the County for expenses exceeding their contract maximums if the Department determines sufficient funding was not awarded in the initial contract.

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 original person's facility level of care at the time of the initial relocation.

The county shall report 100% of allowable CIP 1B ICF/MR expenses on CARS reporting Profile 406. The CARS system will allocate and pay reported expenses according to the approved FMAP rate on CARS Profile 407 (non-federal share) and 408 (federal share).

Reimbursement of non-federal expenses under CARS Profile 407 is based on actual expenses incurred during the calendar year and is contract controlled. The non-federal share of costs that exceed the contract amount will roll to CARS Profile 561 (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

The federal share paid on all CIP 1B ICF/MR costs reported to CARS Profile 407 is earned as the County expends the non-federal allocation.

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 through 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. This is a voluntary program for all participants.

For CY 15 the blended rate applied to develop the contracts under this grant is 20.91% (non-federal) and 79.09% (federal). The Department may draw the enhanced federal matching rate for eligible individuals for a maximum of 365 days, after which the participant will continue to be served at the approved federal matching rate for the CIP 1B ICF/MR.

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

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

- A. These funds may be used by the county in accordance with the following conditions:
- B. The County agrees to comply with the requirements of WI Stats. 46.278 , the MA Waivers Manual, applicable Numbered Memos and other policy communications.
- C. Funds may only be used for services for CIP IB eligible individuals that are specified in an approved Individual Services Plan.
- D. Individuals shall be given a choice of all qualified providers for each service covered by the CIP 1B waiver.
- E. The amount of funds earned is determined by actual allowable Medicaid 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 increase if funds can be reallocated from other county agencies. This amount is also subject to revision based on the actual FMAP rate in effect on the date the service was provided.
- F. These funds may only be used for individuals who reside in qualifying settings which include a private residence, a 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 Department of Work Force Development, Division of Vocational Rehabilitation.
- J. Medicaid waiver funds may not be used when a participant receives Medicaid funded services in an inpatient setting. Such settings include general hospitals,

- Skilled Nursing Facilities (SNFs), Intermediate Care Facilities (ICFs), or ICF-IIDs.
- 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 participant shall be required to contribute to the cost of CIP IB covered services beyond their cost sharing requirements pursuant to the MA 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 MA Waivers Manual may result in the future loss of these funds to the County and repayment of expended funds to the Department.

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 6/30/2016 are limited to 6/12th of the contract with the balance being paid after 06/30/2016 based on reported costs up to the contract level for the NON fed Profiles.