

**DEPARTMENT OF HEALTH SERVICES  
DIVISION OF HEALTH CARE ACCESS AND  
ACCOUNTABILITY  
ADMINISTRATOR'S MEMO SERIES**

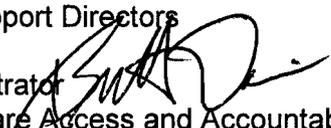
**NOTICE: 10-03 - AMENDED**

**DATE:** November 30, 2010

**DISPOSAL DATE:** April 1, 2012

**RE:** Reimbursement of Drug Testing for  
Enrollment Services Center

**To:** County Departments of Human Services Directors  
County Departments of Social Services Directors  
Tribal Chairpersons/Human Services Facilitators  
Tribal Economic Support Directors

**From:** Brett Davis, Administrator   
Division of Health Care Access and Accountability

**PURPOSE**

This memo provides information on reimbursement for drug testing completed for Enrollment Services Center (ESC) FoodShare applicants and members.

**BACKGROUND**

In Operations Memo 09-38 issued June 2009 it states that Department of Health Services (DHS) will take over the process of drug testing for ESC FoodShare applicants and members starting January 1, 2010. With the large backlog of cases that have been processed, DHS was not able to fully implement this option as of January 1, and IM agencies were asked to provide these services.

**REIMBURSEMENT**

The Department will reimburse IM agencies that have facilitated drug testing for ESC FoodShare applicants and members in calendar 2010 by doing a Cash Adjustment.

Agencies will be reimbursed for all costs necessary and allowable for the provision of drug tests for those individuals referred by the ESC. Agencies should submit the completed form (Appendix A attached), including the case number and the cost of the drug test by e-mail for all ESC referrals made from January through October 2010 to the addresses listed below.

Beginning in November 2010, all completed drug tests for ESC should be sent by e-mail on a monthly basis to the following addresses no later than the seventh of the following month.

Stacia Jankowski  
[Stacia.Jankowski@dhs.wi.gov](mailto:Stacia.Jankowski@dhs.wi.gov)

and

Sheila Kurt  
[Sheila.kurt@dhs.wi.gov](mailto:Sheila.kurt@dhs.wi.gov)

Payments will be issued following the regular CARS schedule.

APPENDIX I

Report of Costs Incurred Providing Drug Testing Services

County Name	(Name Here)
County Number	(Number Here)
Agency Type Code	(Type Code Here)
Number of Units of Service provided	
Direct Costs	
Lab Fees	
Staff to Administer Test*	
Other**	
Overhead Costs	
AMSO	
Other **	
Total Reimbursement Requested	\$0.00
Average Cost per Unit	#VALUE!

\*Costs of staff included on the IM/W-2 RMS roster, if any, must be identified separately to avoid over claiming of federal funds.

\*\*Describe nature of Other costs.