

## SUMMARY OF REVENUE SOURCES FOR COUNTY HEALTH AND HUMAN SERVICES

### YOUTH SERVICES

#### **Coordinated Services Team (CST) Grant**

This grant became available in 2014 to transition the CST initiative to a statewide program. This grant is sum certain and funds CST Service Coordination along with program related expenses. County match of 20% is required.

#### **Youth Aids, Alcohol and Other Drug Abuse (AODA) Youth Aids**

Youth Aids is a sum certain allocation used to pay for the costs of youth placed in state correctional facilities as well as community services for those in youth justice.

#### **Community Intervention Program**

Community Intervention Program funding is an allocation based on the prior year's youth placements in juvenile facilities. An application must be completed each year to receive the funds. This program runs on a federal fiscal year. Counties must complete an annual report on the plan.

### CHILD PROTECTIVE SERVICES

#### **Kinship Care**

Benefits for Kinship Care are provided in a sum certain allocation which is 60% federal and 40% state. There is an annual process for counties who are underspending their allocation to reallocate to counties that are overspending their allocation.

The costs to administer the program are only partly reimbursed by the state with a small allocation for assessments. The administrative dollars are 100% federal.

#### **Promoting Safe and Stable Families (PSSF)**

This is a sum certain allocation which is 100% federal funds. There are restrictions on the use of funds between family support, preservation, and reunification. This program requires counties to submit a plan and an annual report on that plan.

#### **Coordinated Services Team (CST) Grant**

This grant became available in 2014 to transition the CST initiative to a statewide program. This grant is sum certain and funds CST Service Coordination along with program related expenses. County match of 20% is required.

#### **IV-E Legal Services, Legal Representation and eWiSACWIS Funding**

Counties apply for this funding. Typically, the application comes in September and is due the end of October. IV-E Legal Services expenditures for CHIPs and out-of-home care are reimbursed at 27% of the total costs. IV-E reimbursement limit for Termination of Parental Rights (TPR) and adoption activities is limited to 34% of the total costs. IV-E eWiSACWIS reimbursement for staffing and equipment is limited to 38% and changes based on RMS results. In 2020, IV-E Legal Representation for parents and children

was added and is limited to 39% for TPR and 26% for out- of-home care, guardianship, and Children in Need of Protection and/or Services (CHIPS).

### **Community Aids**

This is the basic allocation of funds for county human services departments. It is a general, non-earmarked allocation to be used as match on other federal programs such as the Medical Assistance Waivers and it pays for part of the cost of programs where allocations are not adequate such as Youth Aids and Birth to Three. It is also the source of payment for some services for which there is no other source of revenue. While at one time Community Aids was intended to fund county human services at 100%, most counties are in significant overmatch.

### **Targeted Safety Support Program (TSSF)**

This funding source requires counties to submit a plan of spending. Use of funds are to address in home safety to avoid out of home placements. A family must have a safety plan to qualify for this funding. This is a sum certain allocation awarded from the plan. Counties must complete and submit an annual report on the plan.

### **LONG-TERM SUPPORT SERVICES**

#### **Coordinated Services Team (CST) Grant**

This grant became available in 2014 to transition the CST initiative to a statewide program. This grant is sum certain and funds CST Service Coordination along with program related expenses. County match of 20% is required.

#### Children's Long Term Support Waiver

This is a Medical Assistance Waiver and serves children with physical disabilities, developmental disabilities, and mental illness. This funding source was introduced in 2005. In 2016, Autism services shifted to a Medicaid card service.

Counties are working with the state to eliminate county waiting lists. According to state formulas, counties may receive additional funding for serving clients coming off of the waitlist. As of the end of 2021, the waitlist was not eliminated, although originally projected to be done in 2018. The state continues to work with counties who have a waitlist to enroll the children. It is important to note that counties have an MOE based on individual county levy contributed to the program services to meet the needs of children in 2016.

#### **Children's Community Options Program (CCOP)**

In 2016, the mental health and substance abuse portion of COP was moved to Community Mental Health Grant. The Family Support Program was merged with the children's portion of COP and renamed Children's Community Options Program (CCOP). This is an entirely state funded program where we receive a sum certain allocation. We can use it for services not covered under the Waiver or as match to bring in the additional federal funds under the Waiver programs, or for children who met the eligibility guidelines for CCOP but not the Waiver. There is a Waiver mandate requiring Waiver funding be used before any CCOP funding is utilized if a child qualifies for both programs.

## **Transportation Contracts**

Since the implementation of a statewide Medicaid transportation system, some counties have entered contracts with nursing homes, assisted living facilities, and Managed Care Organizations for ambulatory and non-ambulatory van services.

## **BIRTH TO THREE**

### **Birth to Three**

This program is federally mandated. It is a sum certain allocation which is 100% federal funding that offsets some of the costs of the Birth to Three Program. This program has a maintenance of effort (MOE) attached to it that must be met each year.

## **AGING SERVICES**

### **Alzheimer's Family Caregiver Support Program (AFCSP)**

This is a 100% state sum certain allocation that can be used to support caregivers of persons living with Alzheimer's disease and other dementia. This funding source can fund services for the consumer to provide relief to the caregiver.

### **Adult Protective Services**

100% state sum certain allocation. This funding was made available after Family Care implementation for county responsibility in investigating reports of alleged abuse, neglect, or financial exploitation of vulnerable adults. This funding can be used for services or staff. Significant levy is put into Adult Protective Services.

### **Congregate, Home Delivered Meals and Nutrition Services Incentive Program (NSIP)**

Funding to provide nutrition services that assist older citizens in the county to live independently, promote better health, and reduce isolation. The funding source assists with funding for home delivered meals five days per week and different congregate meal sites. Created by the federal government in the Older Americans Act. Provided by state and federal funds. NSIP provides funding for the purchase of food for use in the meal program. The funding varies from year to year based on the prior year's data.

### **Title IIIB - Supportive Services; Title IIID — Preventive Health; Title IIIE — Family Caregiver Support**

These various funding sources are received through a contract with the Greater Wisconsin Agency on Aging Resources (GWAAR). They provide for several aging services such as fall prevention, health and nutrition education, medication management, caregiver support for those providing assistance to elderly loved ones, supportive home care, respite, chore services, and bathing services. These also are Older Americans Act revenue sources. The GWAAR contract also includes the State Senior Community Services grant used for services and support for seniors including meals.

### **85.21 Specialized Transportation**

The 85.21 grant is received each year through application to the Department of Transportation and funds rural transit system for the county. Funding is for the Specialized Medical Vehicle system and a portion of our volunteer driver program. There is also a grant process for 5310 funding.

### **5310 Vehicle Grant and 5310 Operation Assistance Grant**

These programs are funded in part by the Federal Transit Administration, FTA, as authorized under 49 U.S.C. Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities and is administered as an annual competitive application process. Local match is provided by the grantee as a cash match and/or in-kind services available to support the project.

### **Elderly Benefit Specialist, Disability Benefit Specialist**

Funding for Benefit Specialists to offer information, advice, and assistance to older or disabled individuals related to individual eligibility for public benefits and services as well as housing and other financial concerns. Provides legal advice and representation by an attorney, paralegal or law student as supervised by an attorney. The Elderly Benefit Specialist was created out of the Older Americans Act by the federal government. In 2021, the EBS funding was folded into the ADRC grants.

### **Aging and Disability Resource Center (ADRC)**

These funds provide seniors and those with disabilities a one-stop customer service center for information, advice and seamless access to opportunities and options counseling. These are sum certain funds, with a portion of expenditures matched with federal Medicaid funding to increase revenue. In 2022, every county received funding for at least a ½ time Dementia Care Specialist in their ADRC allocation.

### **Transportation Contracts**

Since the implementation of a statewide Medicaid transportation system, some counties have entered contracts with nursing homes, assisted living facilities, and Managed Care Organizations for ambulatory and non-ambulatory van services.

## **MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

### **Substance Abuse Block Grant**

A sum certain allocation that is 100% federally funded; used to fund AODA treatment and prevention activities. There are funding restrictions including 20% having to be spent on prevention activities and 10% on women. In 2021 and again in 2022, supplemental award applications have been offered to counties. Counties must complete a plan and an annual report on these funds.

### **Intoxicated Driver Program Supplement**

This is a funding source that is applied for each year to assist with the county deficit spending in the Intoxicated Driver Program.

### **Mental Health Block Grant**

This is a small sum certain allocation that is 100% federal money and is used to offset some purchased services for persons with mental illness and, if additional dollars are available, for some part of Integrated Services costs. The block grant is not a large funding source for Mental Health. Additional revenues for Mental Health also include private insurance, Medicaid, and private collections. In 2021 and 2022, Supplemental funds have been distributed. Counties must complete an application/plan and a report on that plan annually.

### **Community Mental Health Grant**

In 2016, the state consolidated base funding for several community mental health allocations into a single allocation for community programs under the state's community aids program. In addition, a portion of the Community Options Program (COP) funding was transferred to the newly created Community Mental Health Grant. There are twenty-two identified program areas to which we can apply these funds. The funds must be used for services to adults or children with a mental health diagnosis who have, or are at risk of having, a serious mental illness (SMI) or a serious emotional disorder (SED).

### **Coordinated Services Team (CST) Grant**

This grant became available in 2014 to transition the CST initiative to a statewide program. This grant is sum certain and funds CST Service Coordination along with program related expenses. County match of 20% is required.

### **Wisconsin Medicaid Cost Reporting (WIMCR)**

This is the process the state uses to claim the Medicaid federal match dollars for county costs for providing certain community-based Medicaid services. Through this process, counties receive a majority, but not all, of the federal gain from the WIMCR process. The county bills Medicaid through the usual fee-for-service process and is reimbursed at the basic fee-for-service Medicaid rate. Annually, counties submit reports electronically showing the full cost for providing the services. Each year the state reconciles and makes an adjustment to the county for a portion of the difference between the fee-for-service reimbursement and the full cost of the service.

## **PROGRAM REVENUES**

### **Comprehensive Community Services (CCS)**

This is a recovery centered Medicaid program serving adults and children who are functionally and diagnostically eligible. 100% funding for counties that are regionalized. The state reimburses the non-federal portion up to state approved rates.

### **Crisis Intervention Services**

This is a Medicaid covered program that is reimbursed by the state to cover up to 100% of the costs beginning in 2020. Counties must be part of a consortium to be eligible for the 100% funding. The definition of what is considered a consortium is loosely defined.

### **Additional Program Revenue through Medicaid**

Federal share for the following programs are reimbursed at varying amounts dependent on your costs. You receive some of the unreimbursed amounts through WIMCR:

- Community Support Program (CSP)
- Outpatient Mental Health and Substance Abuse Services in the home or community for adults
- Targeted Case Management

## **ECONOMIC SUPPORT SERVICES**

### **Economic Support Administration Funding**

The Income Maintenance (IM) funding allocation from the Department of Health Services is for department costs to administer the Medicaid (BadgerCare) Food Share (SNAP) and Caretaker Supplement (CTS) benefits as well as designated funds for program integrity (Fraud). This funding does not include the actual member benefits as those are paid directly by the state. The allocation to the county is a combination of federal and state resources. Costs that exceed the contract are funded at 50% federal match. Beginning in 2016, enhanced federal funding increased the match to 60%–65% for allowable Medicaid Services. These are not part of the IM contract and are not guaranteed beyond 2021. In 2022, this funding continues to be anticipated. There is a direct relation to the amount of county levy and the potential funds issued with the enhanced federal funding. Since 2019, additional federal Random Moment Sampling (RMS) funds have been distributed. DHS has retained some of that funding for improvement initiatives and passed some along to the consortia. RMS funding is not guaranteed each year. Significant county funding supports IM. IM is administered through consortia and funding agreements are specific to each consortium.

### **Day Care Certification and Administration**

The Child Care contract with the Department of Children and Families (DCF) has three funding areas supported by both federal and state resources.

Child Care Certification funds regulating in home day care, including background checks, home visits and administrative work. Counties can charge a fee for this service. The amount of funding is dependent on the number of certified providers in your county and is sum certain.

Child Care Administration is used to administer the Child Care (CC) subsidy program, Wisconsin Shares. The funding is based on the number of CC cases from prior years. Although the allocations are sum certain there has been a reallocation of funds at the end of the contract. This “de-obligation/re-obligation” process is not guaranteed each year and is only able to be achieved when other counties underspend their contract allocation. Although DCF has been predicting since 2017 there will not be enough reallocation funding available to make all counties “whole”, this continues to occur in the most recent contract year. Child Care benefits are made directly by the state and not included in the county allocations.

The final allocation category is Child Care Fraud funding and is sum certain. This allocation is used to prevent and investigate childcare fraud by consumers and providers.

Any cost overruns in any of the three allocation categories are county tax levy.

### **Wisconsin Home Energy Assistance Program (WHEAP) Administration**

The Department of Administration (DOA) issues contracts to local counties for the administration of this “energy assistance” program. The program is funded via both state and federal resources as well state energy providers via consumer’s contributions (Public Benefits). Yearly service/administration allocations are sum certain. Actual benefits paid to or on behalf of eligible households are issued by DOA. This program may be subcontracted out. The county incurs some administrative costs to oversee the program when services are subcontracted. Beginning in 2021, for those counties who subcontract

with Energy Services Inc. (ESI) the state allowed the option to contract with ESI directly. This reduces the administrative burden on the counties. This option continues to be a county choice.

### **Refunds/Collections on Economic Support Services**

The State Collections Unit collects all overpayments established by the counties for IM program benefit errors. The counties are reimbursed 15% on actual re-payments from collections. This funding is distributed through the consortia and is passed to counties based on those individual agreements.

### **Medicaid Estate Collections**

Medicaid Estate Collections earn the county 5% of the recoveries made under the recovery program because of the agency's efforts to collect voluntary recoveries, or liens against homes and estates. This is added to the Income Maintenance administration county allocation of the state/county contract and are again distributed based on the consortia model.

## **CHILD SUPPORT SERVICES**

### **Child Support**

The contract Child Support services is with the Department of Children and Families. The Child Support program is funded by several state and federal sources. The yearly base allocation is awarded based upon caseload size and the agency's prior performance in federal standards. Expenses over the allocation can be matched at 66% federal match funding. The Child Support program also collects revenues from the collection of Medical Support Liability, reimbursement of genetic lab fees, service of process fees and other fees. Additional non-IV-D revenue may include a fee for printed payment histories, certified payment histories, sending of income withholding orders, and crediting account for direct payments and is each county's decision. There could be other services counties decide to charge for in non-IV-D cases only. Includes cooperative agreements.

### **Public Health**

The contracts for Public Health consist primarily of Consolidated Contract. The Consolidated Contract program includes staff costs and program expenditures related to immunization, maternal child health, lead, preparedness, and prevention based on objectives negotiated annually with the state.

The Women Infant and Children (WIC) grant provides funding for supplemental food and nutrition counseling for pregnant/nursing women and children to age 5. The WIC staff provide information on the following; how to use WIC foods to improve health, getting immunizations for children, taking care of infants and how to breastfeed, healthy eating during pregnancy, doctors, dentists, and programs like Food Share, Head Start and BadgerCare Plus.

Local Public Health agencies in Wisconsin receive additional supplemental grants and some program revenues.