

Chapter L

Human Services and Aging

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Human services encompass a wide range of services provided to persons in need, including persons with low income, the elderly, persons with physical and developmental disabilities, mental illness, and children. The federal, state, local, and tribal governments fund and administer an array of human services programs including: Wisconsin Works (W-2); child welfare services; mental health and substance abuse services; and community-based long-term care and residential care for the elderly or developmentally disabled.

Human services and aging programs are administered primarily by two state agencies: the Department of Health Services (DHS); and the Department of Children and Families (DCF).

DHS administers:

- Long-term care services, including family care and the Medicaid waiver programs.
- Residential long-term care programs, including the State Centers for the Developmentally Disabled.
- The regulation of various types of long-term care facilities, such as nursing homes and other facilities.
- Community-based services for elderly persons, children with long-term care needs, and persons with developmental disabilities, hearing and visual impairments, and brain injuries.
- Community-based services for persons with mental illness and alcohol and other drug abuse (AODA) issues.

In Wisconsin, these community-based services are administered primarily on a county level, and DHS is responsible for distributing various types of block grant funds, including community aids, to counties for the operation of these programs.

The programs administered by DCF include the following:

- Adoption programs.
- Brighter Futures Initiative.
- Child care licensing, certification, and regulation of the Wisconsin Shares Child Care Subsidy program.
- Child protective services.
- Child support enforcement.
- Child welfare in Milwaukee County.
- Domestic violence and abuse programs.
- Foster care licensing.
- The Kinship Care program.
- The W-2 program.

Economic Assistance Programs

W-2

The W-2 program¹ replaced the Aid to Families with Dependent Children (AFDC) program in September 1997. The Division of Family and Economic Security in DCF administers the W-2 program, while counties, private agencies, and tribes (“W-2 agencies”) provide services under the terms of contracts signed with DCF. W-2 is funded by state general purpose revenue (GPR), federal Temporary Assistance to Needy Families (TANF) block grant funds, and program revenue, which is primarily from child support collections assigned to the state by public assistance recipients.

Nonfinancial eligibility requirements for W-2 participation include all of the following:

- Being a custodial parent who is at least 18 years old.
- Being a U.S. citizen or qualifying alien.
- Residing in Wisconsin.
- Fully cooperating in efforts to establish paternity of a dependent child and obtain support payments.
- Not receiving federal or state supplemental security income (SSI) payments or federal Social Security disability insurance payments (SSDI).

W-2 participants must also meet financial eligibility requirements. An individual, his or her spouse or nonmarital coparent, and any dependent children and grandchildren who reside together may not have a gross income that exceeds 115% of the federal poverty level. In addition, the family may not have assets that exceed \$2,500 in combined equity value, excluding the equity value of vehicles up to a total of \$10,000 and one homestead property.

All W-2 participants are assigned by their local W-2 agency to either unsubsidized employment or one of three types of subsidized employment: trial jobs, community services jobs, or transitional placements.

All W-2 participants are assigned by their local W-2 agency to either unsubsidized employment or one of three types of subsidized employment: trial jobs, community services jobs, or transitional placements. Participants in W-2 subsidized employment positions are required to search for unsubsidized employment throughout their participation. A W-2 agency is required to assist a participant in searching for unsubsidized employment.

- **Unsubsidized Employment.** Job search assistance is provided to an unemployed individual who, once employed, will receive wages from his or her employer. Generally, unsubsidized employment is appropriate for an unemployed person who has no barriers to work which cannot be addressed through supportive services, has recent work experience, and has an educational or training background that allows the individual to compete in the unsubsidized labor market.
- **Trial Job.** Individuals who have basic skills, but lack sufficient work experience, may be placed in a trial job. Through a trial job contract, the employer agrees to provide the participant with on-the-job work experience and training in exchange for a wage subsidy.
- **Community Services Job.** Generally, community services jobs are developed for participants who lack basic skills and work habits needed in a regular job environment. Participants receive a monthly cash grant for up to 30 hours per week in work training activities and up to 10 hours per week in education or training.
- **W-2 Transition (W-2T).** W-2T is designed for participants who have a limited ability to perform independent, self-sustaining work. Participants receive a monthly cash payment for up to 28 hours per week for participating in work training or other employment-related activities, and up to 12 hours per week in education and training.

The lifetime eligibility limit for W-2 is 60 months; however, extensions may be granted in limited circumstances.

Additional support services are available for all W-2 participants. These services may include the following:

- Job access loans to help eligible individuals meet immediate expenses related to obtaining or maintaining employment. These are short-term loans that must be repaid in cash or a combination of cash and volunteer services.
- Transportation assistance to get to and from work, child care, or school.
- The Children's Services Network, which brings together the community resources administered outside of the W-2 agency that are available to help low-income individuals and families.

W-2 recipients may also be eligible for the state and federal earned income tax credit, child care subsidies through the Wisconsin Shares Child Subsidy program, and Food Stamps. Participants may also be eligible for Medicaid or BadgerCare Plus.

Transitional Jobs Demonstration Project

In 2009 Wisconsin Act 28 (the 2009-11 Biennial Budget Act; hereafter, "Act 28"), DCF was directed to conduct a transitional jobs demonstration project.² The project, which began in July 2010, offers transitional jobs to low-income adults. These jobs are allocated among the counties of Milwaukee, Dane, Racine, Kenosha, Rock, Brown, and other regions of the state, as determined by DCF, based on the allocation of W-2 participants among those counties and regions.

In order to be eligible to participate in the transitional jobs program, an individual must satisfy all of the following criteria:

- Be at least 21 years of age, but not more than 64 years of age.
- Be ineligible for W-2.
- Have an annual household income below 150% of the federal poverty level.
- Be unemployed for at least four weeks.
- Be ineligible to receive unemployment insurance benefits.

The project is funded with federal funds under the American Recovery and Reinvestment Act.

Wisconsin Shares Child Care Subsidy Program

Under Wisconsin Shares,³ the state subsidizes child care expenses for eligible W-2 and other low-income working families. The Division of Family and Economic Security in DCF administers Wisconsin Shares through local W-2 agencies and county human or social services departments. The subsidy is available to enable parents to work or participate in certain work or educational activities.

In order to qualify, parents must meet the applicable income, asset, and employment or educational requirements. Generally, families whose gross income does not exceed 185% of the federal poverty level are eligible. Once eligible, a family remains eligible until the family's gross income exceeds 200% of the federal poverty level. Most parents who qualify for the subsidy are required to make a copayment, based upon the family's income, family size, the type of child care selected, and the number of children in the family who receive child care services.

In the 2009-10 Legislative Session, several changes were made to the regulation of child care providers generally, and to the Wisconsin Shares program specifically. 2009 Wisconsin Act 76 broadened the law relating to criminal background checks for child care providers. Act 76 also requires DCF to refuse to pay a Wisconsin Shares child care provider for care provided by a person who is convicted of a serious crime, or if a caregiver or nonclient resident of the child care provider is convicted or adjudicated delinquent on or after his or her 12th birthday. Payments must be suspended in the case of pending criminal charges or delinquency petitions alleging the commission of a serious crime by a caregiver or nonclient resident of a provider, pending the outcome of the investigation. Finally, if a recipient or former recipient of a child care subsidy is found to have violated any program statute or rule, the person is ineligible to receive a child care subsidy for up to five years from the date of the judgment.

SSI

SSI⁴ is a federal program that provides cash benefits to persons who are age 65 or older, as well as to children or adults who are blind or disabled. Individuals who receive SSI payments automatically qualify for Medicaid and may also qualify for FoodShare.

SSI eligibility is based upon nonfinancial and financial requirements. To qualify for SSI payments for blindness, a person must have vision of 20/200 or less or have a limited field of vision of 20 degrees or less with the best corrective eyeglasses. To receive SSI payments based on disability, an adult must have a physical or mental impairment that prevents the individual from performing any substantial gainful activity and which has lasted, or is expected to last, for a continuous period of at least 12 months or result in death. Substantial gainful activity is generally considered to be a job that pays \$700 or more of earnings per month. A child's impairment must result in "marked and severe functional limitations," which is expected to result

in death or which has lasted or can be expected to last for a continuous period of 12 months.

Eligible individuals must also have limited income and resources. An individual may be eligible for SSI payments if the person has little or no income and has countable resources of up to \$2,000 for a single person, or \$3,000 for married couples. Certain resources are excluded from consideration, including the person's home and a car, depending on its use or value.

Individuals may apply for SSI at their nearest Social Security office.

Wisconsin has chosen to supplement federal SSI payments with a state supplemental payment to SSI beneficiaries.

State SSI Supplement. Wisconsin has chosen to supplement federal SSI payments with a state supplemental payment to SSI beneficiaries.⁵ Individuals do not have to apply separately for the state SSI payment, but must qualify for a federal SSI payment in order to receive a state SSI payment.

The state SSI cash benefit includes three components: a basic supplement, an exceptional expense supplement, and a supplement for caretakers of dependent children. The Division of Disability and Elder Services in DHS administers state SSI benefits. A recipient's cash benefit level is based upon whether the individual is living:

- Independently.
- In the household of another person (such as a relative or friend).
- Independently with an ineligible spouse.
- In the household of another person with an ineligible spouse.
- In Exceptional Expense Supplement-supported living in nonmedical substitute care (eight or fewer beds) or in a natural residential setting (a home or apartment).

If an SSI recipient has a spouse who is also eligible to receive SSI payments, the couple receives a combined benefit.

The **SSI Exceptional Expense Supplement (SSI-E)** is an additional payment of up to \$96 per month added to the state SSI payment of each individual who meets eligibility requirements. Generally, an SSI recipient who lives in a natural residential setting (home or apartment) who needs at least 40 hours of primary long-term support services each month is eligible for the SSI-E benefit.

The **SSI Caretaker Supplement**⁶ is an additional payment available to SSI recipients who have dependent children. Eligible recipients receive a cash benefit of \$250 per month for one dependent child and \$150 per month for each additional dependent child. SSI recipients and their dependent children must meet eligibility requirements. The SSI Caretaker Supplement is funded by TANF and GPR funds.

FoodShare Wisconsin and WIC

FoodShare Wisconsin. The federal Food Stamp program is administered by the U.S. Department of Agriculture (USDA). In Wisconsin, it is called FoodShare Wisconsin.⁷ DHS administers FoodShare Wisconsin at the state level according to federal law and regulations. Eligibility determinations, issuance of debit cards used to purchase food (Quest cards), and implementation of the Food Stamp Employment and Training (FSET) program are generally done by county human or social services agencies or tribal agencies.

In Wisconsin, the Federal Food Stamp program is called FoodShare Wisconsin.

Participants must meet all of the following eligibility requirements:

- Be a U.S. citizen or qualified resident alien.
- Live in the county where the application is made and not reside in an institution that provides meals, such as a nursing home.
- Provide a Social Security number for all members of their household.
- Comply with certain requirements regarding the establishment of paternity and child support.
- Participation in the FSET was made voluntary in 2007 Wisconsin Act 20 (the 2007-09 Biennial Budget Act) and the administration of the FSET was transferred from DWD to DHS.

Households may have up to \$2,000 worth of assets, or up to \$3,000 if at least one household member is at least age 60 or disabled. Only certain types of assets are counted toward these limits.

In a household without an elderly or disabled member, the household must meet a monthly gross income and net income test. To qualify for FoodShare benefits, a household's gross cash income must be below 130% of the poverty income guidelines for the household size. Net income must be lower than 100% of the poverty income guidelines for the household size. In a household with an elderly or disabled member, only the net income test is applied.

Households with a gross monthly income at or below 200% of the federal poverty level and authorized to receive a TANF-funded benefit or service are categorically eligible to receive FoodShare Wisconsin benefits, except when the household includes a member who was sanctioned from FoodShare Wisconsin for a drug felony or fraud.

FoodShare benefits are entirely federally funded. State administration of the program is generally 50% state and 50% federally funded.

Under Act 28, eligibility for the low-income energy assistance program was provided to any household that included at least one person eligible for FoodShare.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC).⁸ WIC is a federally funded program administered by the Division of Public Health in DHS to promote and maintain the health of nutritionally at-risk pregnant, breastfeeding, or new mothers, infants under one year old, and children under age five. To be eligible, families may not earn income that exceeds 185% of the federal poverty level.

All WIC participants receive screening for nutrition and health needs; financial assistance to purchase WIC-approved nutritional foods and infant formula; and referrals to doctors, dentists, and programs such as FoodShare and Head Start. In addition, women receive information on healthy eating during pregnancy and on breastfeeding.

Human Services and Aging Programs

A majority of the state's human services programs are funded through the community aids program. Community aids⁹ are a combination of state GPR and federal revenues from a variety of sources that are distributed by DHS to counties for the provision of human services, including services for low-income persons, children in need of protection or services, and persons with needs relating to mental illness, substance abuse, or developmental disabilities. The programs funded through community aids are county administered.

Community aids funds are provided to counties under the "basic county allocation" block grant and in five categorical allocations. A majority of funds are provided in the basic county allocation, which funds certain services that counties are required to provide, such as services ordered by the courts. However, beyond these required services, counties have discretion in the expenditure of the remaining funds, limited by the availability of funds and the demands of competing programs. Community aids categorical allocations must be used for specific purposes. The five categorical allocations are:

- The Family Support program.
- Community mental health services.
- Tribal child care.
- Prevention and treatment of substance abuse.
- The Alzheimer's Family and Caregiver Support program.

Counties are required to provide matching funds for the basic county allocation and the Alzheimer's Family and Caregiver Support program allocation. Most counties provide county funds in excess of the required match, which is referred to as "over-match."

Child Welfare Services

The Division of Safety and Permanence in DCF supervises child welfare services, including child protective services, foster care, and kinship care.

Child protective services are administered by county human or social services departments in 71 counties and by the DCF Bureau of Milwaukee Child Welfare (BMCW) in Milwaukee County. The juvenile court and a county department of human or social services, or the BMCW in Milwaukee County, share responsibility for children in the child welfare system. Under the federal Indian Child Welfare Act (ICWA), special provisions apply to American Indian children in child custody proceedings, and some tribes have child welfare departments which deal with those cases. In 2009 Wisconsin Act 94, substantial changes were made to the statutes to incorporate ICWA into the Children's Code.

The Children's Code, ch. 48, Stats., grants the juvenile court jurisdiction over children who are alleged to be in need of protection or services, including children who are abused or neglected. The appropriate child welfare agency is responsible for providing intake and investigation services to determine if a child had been abused or neglected, case management services to children placed by the juvenile court in out-of-home placements, and services to children placed for adoption whose parents have had their parental rights terminated. Counties and the BMCW are also responsible for the placement costs of children in out-of-home care.

Jurisdictional Grounds. The juvenile court may take jurisdiction over a child as a “child in need of protection or services” (CHIPS). The jurisdictional grounds include, among others, the following situations:

- The child is without a parent or guardian.
- The child is at substantial risk of, or has been the victim of, sexual or physical abuse.
- The child is at substantial risk for, or has been the victim of, neglect.
- The child is in need of special treatment or care.

Dispositional Alternatives. If a juvenile court adjudicates a child as a CHIPS case, the court orders a disposition of the case. The dispositional process includes determining whether custody of the child should be transferred to the county (or to the BMCW in Milwaukee County) and whether they should be placed outside the home. If a child is placed outside the home, the court’s dispositional order must contain a finding that continued placement of the child in his or her home would be contrary to the health, safety, and welfare of the child. The order must also contain a finding as to whether the appropriate agency has made reasonable efforts to prevent the removal of the child from the home, while assuring that the child’s health and safety are the paramount concerns. If applicable, the order may contain a finding as to whether the agency primarily responsible for providing services has made reasonable efforts to make it possible for the child to return safely to his or her home. The agency may be the county department of social or human services, the BMCW in Milwaukee County, or the child welfare agency primarily responsible for providing services under the court order.

For each child living outside his or her home in a licensed facility (e.g., a foster home or group home), the agency that placed the child, arranged the placement, or is primarily responsible for providing services to the child must prepare a written permanency plan that identifies the goal for a permanent placement for the child and the services provided to the child and the family in order to achieve the identified goal. An identified goal could be reunification with the birth family, transfer of legal guardianship to a relative, termination of parental rights, or long-term foster care. The court or a panel appointed by the court must review a permanency plan every six months from the date on which the child was first held in physical custody or placed outside of his or her home.

In contrast to other counties where child welfare services are provided by the county department of human or social services, DCF must provide child welfare services in Milwaukee County.

Milwaukee Child Welfare Responsibilities. Child welfare services in Milwaukee County are provided by DCF’s BMCW. Various duties assigned to DCF are enumerated in the Children’s Code, and include receiving and investigating reports of suspected child abuse and neglect, providing child welfare intake services for the purpose of screening children who are taken into custody and not released, and investigating and supervising child welfare cases for the court.

Foster Care. A child may be placed in a foster home or treatment foster home under the Children’s Code, ch. 48, Stats., or Juvenile Justice Code, ch. 938, Stats. Treatment foster homes provide specialized services to children with mental illness, behavioral disorders, alcohol or other drug abuse problems, or developmental disabilities. Treatment foster care parents are specially trained to be a part of the child’s treatment process. Foster care and treatment foster care placements typically are made pursuant to a court order. A court may order foster care or treatment foster care following CHIPS adjudication (for example, based on abuse or neglect); an adjudication that a juvenile is delinquent; or an adjudication that a juvenile is a juvenile in need of protection or services (JIPS) (for example, based on being uncontrollable or habitually truant from home or school). Foster care and treatment

foster care placements also may be made without a court order for up to six months under a voluntary placement.

A foster home is licensed pursuant to administrative rules¹⁰ by a county department of human or social services; by the BMCW in Milwaukee County; by licensed private child placement agencies; or by tribes. A foster home may provide care and maintenance for no more than four children unless all of the children are siblings, or up to six children if that will allow a sibling group to stay together.

Foster care payments are made to a licensed foster parent who is caring for a child. The payments are made if a court has placed the child with a foster parent or the child has been placed with the foster parent on a voluntary basis. The amount of the foster care payment is based on the age of the child, and whether the child needs more than the usual amount of care because of individual needs.

Under Act 28, DCF was directed to establish a new foster care licensing system providing levels of care that a licensed foster home is certified to provide. As of January 1, 2010, DCF had promulgated an emergency rule that established the licensing categories for Level One and Level Two foster homes. Additional levels of care will be established as this new licensing system is developed. In addition, DCF will establish a customized assessment tool, and provide the process to determine monthly rates of reimbursement above the basic maintenance payment under levels of care. Treatment foster home is still a licensing category; however, this category will ultimately be eliminated and the specialized care provided by treatment foster homes will be incorporated into the foster home levels of care.

A foster home licensed at Level One may provide only child-specific foster care, which is a license that is issued to a relative of a child or an individual who has a previous existing relationship with the child or the child's family. For Level Two certification, an individual must submit at least three favorable reference letters written by persons unrelated to the applicant.

Act 28 changes the way certain out-of-home care providers, including treatment foster homes, are reimbursed. First, the provider proposes a rate for the upcoming year to DCF. DCF then reviews the proposed rate to determine if it is appropriate to the level of services being provided. Then, if DCF does not approve of the proposed rate, DCF and the provider enter into a negotiation process. A mediation process with appeal rights was added by 2009 Wisconsin Act 335. Act 335 also creates a performance-based contracting system for group homes, residential care centers, and child welfare agencies that will be implemented over a three-year period beginning January 1, 2011.

Kinship Care. Kinship care¹¹ provides a payment of \$215 per month to eligible kinship care relatives who are providing care and maintenance for a child. A "kinship care relative" means a relative other than a parent.

Kinship care is administered by county departments of human or social services; by the BMCW in Milwaukee County; or by a federally recognized American Indian tribe or band that has entered into an agreement with DCF to administer the program.

The basic eligibility requirements for kinship care include the following:

- The basic needs of the child can be better met with the relative than with the parent.
- The placement is in the best interests of the child.

- The child currently meets or would potentially meet the requirements of being found CHIPS if the child were to remain with his or her parent.

Kinship care is funded with federal TANF block grant funds. Based on a formula established by DCF, the moneys are allocated to counties, to the BMCW for Milwaukee County, and to tribes.

Under Act 28, as a condition of eligibility, a court-ordered kinship care relative who applies to the county department or DCF for kinship care payments must apply for a license to operate a foster home. This will enable the DCF to capture federal Title IV-E funds for these placements. However, if a kinship care relative's application for a foster home license is denied, the county department or the department (the BMCW) may make kinship care payments to the kinship care relative for as long as the relative continues to meet the conditions for eligibility for those payments, provided that certain information is submitted to the juvenile court.

Youngstar Child Care Quality Rating System

Under Act 28, the Legislature authorized the creation of a child care quality rating system, referred to as "Youngstar." In June 2010, the Joint Committee on Finance approved a five-category rating system and funding to begin implementing the system.

Mental Health and Substance Abuse Services

Community Mental Health Services. The state oversees community mental health services through the Division of Mental Health and Substance Abuse Services in DHS. Counties have the primary responsibility for the treatment and care of persons with mental disabilities who reside in the county. Under standards established by administrative rule, each county establishes its own program and budget for mental health services.

There are four primary funding sources for community mental health services in Wisconsin:

- The federal community mental health block grant.
- State and local funding.
- Medicaid and BadgerCare Plus.
- Private insurance and individual copayments.

The primary mental health programs offered in the community are Community Support Programs (CSP). The CSPs provide community-based, individualized services, including coordinated care, treatment, rehabilitation, and support services to adults with serious and persistent mental illness.

Coordinated Services Teams (CST). The Division of Mental Health and Substance Abuse Services in DHS distributes state GPR and federal funding to counties for collaborative systems of care, which are also called Coordinated Services Teams (CSTs), and "Children Come First." All of these projects provide "wraparound services," which "wrap" services around the child and family to treat and support them in the community. CSTs target children and families who have complex needs and are involved in two or more service systems, including mental health, child welfare, or juvenile justice. A directory of the CSTs in the state may be found at: http://dhs.wisconsin.gov/mh_bcmh/cstisp.htm.

Involuntary Commitment. Current law requires an adversary civil court proceeding to obtain involuntary mental health treatment or care.¹² Under the statutory procedures, the decision to involuntarily commit a person is made by an objective decision-maker (the judge) based on professional opinions, factual evidence, and a

balancing of the interests of the state and the interests of the person alleged to be mentally ill. Special provisions apply to minors.

Three statutory criteria must be proved before a person may be involuntarily committed. The person must be shown to be all of the following:

- Mentally ill, drug dependent, or developmentally disabled.
- A proper subject for treatment.
- Dangerous, under at least one of the five following standards:
 - There is a substantial probability that the person will physically harm himself or herself.
 - There is a substantial probability that a person will physically harm other individuals.
 - The person's judgment is impaired to the extent that there is a substantial probability of physical impairment or injury to himself or herself.
 - The person is unable to satisfy his or her basic needs for nourishment, medical care, shelter, or safety, because of mental illness, unless the person receives treatment. Under this standard, there must be a substantial probability that death, serious physical injury, serious physical debilitation, or serious physical disease will imminently ensue unless the person receives prompt and adequate mental health treatment.
 - There is a substantial probability, as demonstrated by both the individual's treatment history and his or her recent acts or omissions, that the individual needs care or treatment to prevent further disability or deterioration and a substantial probability that he or she will, if left untreated, lack services necessary for his or her health or safety and suffer severe mental, emotional, or physical harm that will result in the loss of the individual's ability to function independently in the community or the loss of cognitive or volitional control over his or her thoughts or actions. This is referred to as the "fifth standard" of dangerousness.

The Division of Disability and Elder Services in DHS operates two mental health institutes in the state. These institutes provide psychiatric services to adults and children who are either involuntarily committed or are forensic patients committed as a result of a criminal proceeding. The Mendota Mental Health Institute, located in Madison, opened in 1860. The Winnebago Mental Health Institute, located near Oshkosh, began operating in 1873.

Substance Abuse. The Division of Mental Health and Substance Abuse in DHS administers a variety of county-operated programs that provide AODA prevention, treatment, and educational services. A major source of funding for state substance abuse programs is the federal Substance Abuse Prevention and Treatment (SAPT) block grant administered by DHS. DHS is also responsible for certifying publicly funded substance abuse programs, including detox centers, day treatment, inpatient and outpatient facilities, residential programs, and intervention and prevention efforts.

DHS also administers tobacco control programs, such as the Wisconsin Wins campaign, designed to reduce illegal sales of tobacco to young people and a statewide compulsive gambling awareness campaign.

Services for the Elderly

Older Americans Act Programs. Established under the federal Older Americans Act (OAA) in 1973, the federal Department of Health and Human Services Administration on Aging administers an aging network and a variety of programs which

support elderly persons in the community. The Administration on Aging distributes funds to the states. In Wisconsin, DHS distributes federal as well as state funding to area agencies on aging, which administer the aging network through county and tribal aging offices.

The National Family Caregiver Support Program (NFCSP) was created by the federal OAA Amendments of 2000. The NFCSP provides grants to states to enable area agencies on aging to provide an array of support services to family caregivers of older adults, as well as grandparents and relative caregivers of children under age 18.

Basic support services that must be provided under the NFCSP include:

- Information to caregivers about available services.
- Assistance to caregivers in gaining access to support services.
- Individual counseling.
- Organization of support groups and caregiver training to assist caregivers in making decisions and solving problems relating to their caregiving roles.
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities.
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Elderly Nutrition. The Elderly Nutrition program is authorized under the OAA and administered by the Division of Long-Term Care in DHS. The program is operated by county and tribal aging offices. The program addresses the nutrition and nutrition-related health needs of older adults by providing congregate meals in the community, such as in senior or community centers, or in individual homes. Home-delivered nutrition services are commonly referred to as “meals on wheels.” There are no income eligibility requirements for the nutrition program; however, the home-delivered nutrition services are for persons who are age 60 or older who are home-bound due to health reasons.

A directory of county and tribal aging offices is available at:
<http://dhs.wisconsin.gov/aging/contacts/coagof.htm>.

Board on Aging and Long Term Care. The board was created by the state Legislature in response to the 1979 OAA Amendments.¹³ In Wisconsin, the board operates the Long Term Care Ombudsman program. An ombudsman serves as an advocate for long-term care consumers who are age 60 and over who reside in nursing homes, group homes, or are participating in the Community Options Program (COP). Some of the services an ombudsman offers include complaint investigation, education on resident rights, abuse reporting and prevention, and assistance with choosing a nursing home or community-based residential facility (CBRF).

<p>Medigap Help Line 1-800-242-1060</p>
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The Board on Aging and Long Term Care also operates the Medigap Help Line, which answers questions and provides counseling related to Medicare, Medicaid, Medicare supplemental insurance, the Health Insurance Risk-Sharing Plan (HIRSP), long-term care insurance, and other forms of health insurance.

Alzheimer’s Family and Caregiver Support Program. The Alzheimer’s Family and Caregiver Support Program (AFCSP)¹⁴ is administered by the Division of Long-Term Care in DHS and operated by county or tribal aging offices. The program is

designed to respond to the service needs of families caring for someone with irreversible dementia at home. To be eligible, a person must have a diagnosis of Alzheimer’s disease or a related disorder and be financially eligible. A couple must have a joint annual income of \$40,000 or less; however, if their income is more than \$40,000, the costs related to Alzheimers may be subtracted from the gross income for eligibility purposes. If the net income is then less than \$40,000, the couple becomes eligible.

Under the AFCSP, up to \$4,000 per year may be available to a participant. Participants may use the funds to purchase goods and services including: nutritional supplements; security systems; specialized clothing; home-delivered meals; respite care; adult day care; and transportation.

A directory of county and tribal aging offices is available at:

<http://dhs.wisconsin.gov/aging/contacts/coagof.htm>.

Anyone age 60 or older who is having a problem securing benefits, including Medicare, Medicaid, SSI, and FoodShare or is having problems regarding housing or consumer issues, is eligible for the Elderly Benefit Specialist program.

Elderly Benefit Specialists. Anyone age 60 or older who is having a problem securing benefits, including Medicare, Medicaid, SSI, and FoodShare or is having problems regarding housing or consumer issues, is eligible for the Elderly Benefit Specialist program.¹⁵ Elderly benefit specialists are trained to help older persons with paperwork often required to apply for a benefit program and can help older persons determine what benefits they may be entitled to and what to do to receive them. The program is supported by funding from the state and the OAA. The Bureau of Aging in DHS coordinates the program, but services are provided through county and tribal aging units.

A list of elderly benefit specialists by county and a list of elderly benefit specialists serving tribes is available at:

<http://dhs.wisconsin.gov/aging/contacts/benspecs/CNTYBNSP.htm>.

Community-Based Long-Term Care

Community-based long-term care programs use state funds or a combination of federal and state funds monitored by the DHS and administered by county agencies to deliver community-based services to elderly or disabled persons who need long-term assistance in performing the activities of daily living.

COP. Under COP (also known as COP-Regular or COP-R),¹⁶ persons who need the same levels of physical or mental health care provided in nursing homes are screened to determine if they could remain in the community if adequate support services were provided. COP serves five targeted groups, including:

- Persons with developmental disabilities.
- The elderly.
- Persons with chronic mental illness.
- Persons with physical disabilities.
- Persons who are alcohol or drug dependent.

There are three components of COP, including:

- A screening process, which attempts to determine if the individual could live in the community if provided with adequate support services.
- Supplementary funding to county agencies to enable them to provide support services to COP clients remaining in the community.
- Coordination of services provided to COP clients by separate agencies.

Services provided to COP participants include home-delivered meals; transportation and escort services; placement in a community-based treatment facility; day services; supportive home care; and alterations to a residence to accommodate disabling conditions.

COP is administered at the state level by the Division of Long-Term Care in DHS and at the county level by either the county human or social services department. COP is funded by state GPR funds. Under current law, COP funds may also be used to expand the Medicaid waiver programs.

A list of COP coordinators by county is available at:
http://dhs.wisconsin.gov/lc_cop/contacts.htm.

Medicaid waivers are a source of funding for long-term support services for persons who are otherwise eligible for Medicaid-funded institutional care.

Medical Assistance Waiver Programs. Medicaid waivers are a source of funding for long-term support services in the community for persons who are otherwise eligible for Medicaid-funded institutional care. The Division of Long-Term Care in DHS supervises the waiver programs and county human or social services agencies administer the programs. Wisconsin operates all of the following Medicaid waiver programs that offer medical and support services to certain groups of Medicaid-eligible recipients:

Community Options Program Waiver (COP-W). COP Waiver,¹⁷ or COP-W, serves persons who are elderly or physically disabled. COP-W is intended to divert persons from nursing homes and to relocate nursing home residents; therefore, COP-W does not require that a nursing home bed be closed before a new COP-W slot is created. Under COP-W, counties are allocated a specific amount of funding, rather than a given number of slots or placements. Counties are subject to the federally imposed waiver requirement that the average cost of care statewide under COP-W does not exceed the average cost of care in nursing homes.

Community Integration Program II (CIP II). Community Integration Program II,¹⁸ or CIP II, participants are persons who are either elderly or physically disabled who are relocated or diverted from nursing homes. Under state statute, a CIP II placement requires the closing of a nursing facility bed. Once a nursing home bed has been de-licensed and a community “slot” has been established, the number of Medicaid recipients who receive CIP II services at any time may not exceed the number of Medicaid beds that are closed.

Community Integration Programs IA and IB (CIP IA and IB). The Community Integration Programs IA and IB, or CIP IA and IB, permit federal Medicaid funds that would normally be required to fund institutional care for persons with developmental disabilities to be used for long-term community support services. Both programs are funded from federal Medicaid funds and state GPR.

Under CIP IA, participating counties receive a payment to relocate persons into appropriate community settings from the state centers for the developmentally disabled.

Under CIP IA,¹⁹ participating counties receive a payment to relocate persons into appropriate community settings from the state centers for the developmentally disabled with the assistance of home and community-based services and with continuity of care. The payment is a per person daily rate. When a CIP IA placement is made, the state center’s bed capacity and Medicaid reimbursement is reduced. The participant remains eligible for SSI and all other Medicaid services.

The purpose of CIP IB²⁰ is to provide home or community-based care to persons with developmental disabilities who are relocated from an institution other than a state center for the developmentally disabled or persons who require the level of care necessary to qualify for Medicaid reimbursement in an intermediate care facility for persons with mental retardation (ICF-MR). CIP IB attempts to relocate persons from nursing homes to individualized, integrated community services. The program

also diverts people from entering these facilities. Counties receive a payment that is a statewide average payment per day for each person relocated under the program to a community setting. A CIP IB participant remains eligible for SSI and other Medicaid services.

Brain Injury Waiver (BIW). Under the BIW program,²¹ adults and children who are substantially disabled by a brain injury and who receive, or are eligible for, admission to a brain injury rehabilitation facility may receive supportive services available under other Medicaid waivers in the community. Individuals who are eligible for the BIW must be eligible for Medicaid and have a disability that meets the state’s statutory definition of a “brain injury.”

In some counties, disability benefit specialists provide assistance and information about benefit programs, including Medicaid waiver programs, and private health and disability-related insurance issues, to adults ages 18 to 59 with physical disabilities, developmental disabilities, mental illness, or substance abuse disorders.

Disability Benefit Specialists. In some counties, disability benefit specialists provide assistance and information about benefit programs, including Medicaid waiver programs, and private health and disability-related insurance issues, to adults ages 18 to 59 with physical disabilities, developmental disabilities, mental illness, or substance abuse disorders.

Disability benefit specialists can also help individuals apply for benefits or appeal a denial of benefits. A list of disability benefit specialists by county is available at: <http://dhs.wisconsin.gov/disabilities/benspecs/counties.htm>.

Children’s Long-Term Support (CLTS) Waiver. A Medicaid waiver program operating under the three Medicaid home and community-based waivers²² provides children with long-term care needs with Medicaid services and a single entry point for eligibility determinations in each county. The CLTS program is designed to improve access to services, choice, coordination of care, quality, and financing of long-term care services for children with physical, sensory and developmental disabilities, and severe emotional disturbance.

State funding supports waiver slots in several counties across the state. Counties may also create waiver slots by supplying a local match to obtain federal matching funds to support waiver services. The services provided under the CLTS program are similar to those available under other Medicaid waiver programs, but also include support services that are not available under the other waivers, such as intensive in-home autism services and specialized medical and therapeutic supplies. Children enrolled in the CLTS program also have access to all Medicaid card services, which are services provided to a Medicaid recipient, as detailed in the state Medicaid plan.

Children must meet functional and financial eligibility criteria in order to be eligible for the program. Families may be required to contribute to the cost of services, based upon their income level. Children may continue receiving waiver services until they reach age 21, as long as they continue to be eligible for Medicaid.

Intensive In-Home Autism Services. The intensive in-home autism benefit under the Medicaid home and community-based waiver program authorizes the provision of intensive in-home autism services. Intensive in-home autism services are defined as one-on-one behavioral modification therapy services for children with autism, Asperger’s disorder, or a pervasive developmental disorder. Children must also meet diagnostic and functional criteria before starting services.

Children are eligible for in-home autism services at the intensive level for up to three years as long as they begin receiving services by the time they are eight years old. Children receiving services at this level may receive 20 to 35 hours of face-to-face contacts per week, plus one hour per week of case management services. DHS may grant variances to the three-year limit. Services are also available at the on-

going level until the child is 16 years old. There is a statewide waiting list for these services. Participants are limited by the services identified in their individual service plans (ISPs), which are developed for each participant to identify the type of care and number of hours of services that each individual requires, and the funding that is available.

Counties are responsible for administering the in-home autism benefit; therefore, the counties conduct assessments, establish ISPs, and perform quality assurance activities for each participant.

The Governor's Council on Autism advises DHS on strategies for implementing statewide supports and services for children with autism.

Contact information for autism services by county is available at:

<http://dhs.wisconsin.gov/bdds/clts/autism/county.htm>.

Act 28 requires insurers to cover certain treatments for individuals with autism spectrum disorders. Specifically, health insurers must provide coverage of at least \$50,000 for intensive-level services per year for up to four years. Insurers are also required to provide coverage of at least \$25,000 per year for nonintensive-level services. DHS has issued guidance on how this new mandated benefit coordinates with the intensive in-home autism treatment program. In general, if a child has access to an insurance plan that is subject to this mandate, the child will be required to obtain services covered by that insurance prior to accessing the intensive in-home autism treatment program, except that the child may have access to service coordination services provided by the program. The guidance on the coordination of these two benefits may be found at:

<http://www.dhs.wisconsin.gov/bdds/clts/autism/insuranceFAQ20100115.pdf>.

Early Intervention Services for Infants and Toddlers With Disabilities (Birth to Three Program)

The Birth to Three program is a federal grant program that is administered by the Division of Long-Term Care in DHS and operated by counties and tribes. State and county funds also support the program.

Birth to Three operates a "child find" system to ensure identification of children who may be eligible for the program. Identified children are screened and referred for further evaluation. If a child is determined to be eligible for the program, due to a finding of developmental delay or a physical or mental condition likely to result in developmental delay, a child may receive early intervention services. Services are based on an Individual Family Service Plan developed for the child and his or her family. Core services offered include occupational and physical therapy services and nutrition services.

There are no income eligibility requirements to meet for the Birth to Three program; children who meet disability criteria are eligible regardless of their family's income status. However, parents contribute to the cost of the services based on their ability to pay.

State, regional, and tribal Birth to Three resources are available at:

<http://dhs.wisconsin.gov/bdds/b3dir/state.htm>.

Katie Beckett Program

The Katie Beckett Program enables certain children with long-term disabilities or complex medical needs to live at home with their families and to obtain Medicaid coverage. A disabled child under these circumstances may be eligible for Medicaid if all of the following criteria are met:

- Is under age 19 and determined to be "disabled" by Social Security Act standards.

- Requires a level of care at home that is typically provided in a hospital, nursing facility, or ICF-MR.
- Can be provided with safe and appropriate care at home.
- Does not have assets or income in his or her name in excess of current standards for a child living in an institution.
- Does not incur costs at home to Medicaid that exceed the costs Medicaid would pay if the child were in an institution.

The Katie Beckett Program is administered by the Division of Long-Term Care in DHS and funded with a combination of federal and state funds.

A list of program consultants is available at:
<http://dhs.wisconsin.gov/bdds/kbp/kbpcons.htm>.

Family Support Program

The Family Support Program²³ is a state-administered, county-operated program that provides supportive services to families that include a severely disabled child under age 21. The program is intended to enable a family to keep a child at home or to return a child home from an institution or other out-of-home placement. Under the program, parents work with a county Family Support program coordinator to develop an individualized service plan for each family. Examples of items and services which the program may help a family purchase include: home modifications, transportation, specialized equipment, nursing care, and respite care. The application process includes an eligibility determination and a needs assessment; family income is not a basis for eligibility. However, families contribute to the cost of the program's services based on ability to pay. Family Support is a state-funded program.

Information about the program is available at:
<http://dhs.wisconsin.gov/bdds/fsp.htm>.

Family Care

Family Care²⁴ serves persons, if the person resides in a Family Care county, who are frail adults age 65 or older (age 60 or older in Milwaukee County), people with physical disabilities, and people with developmental disabilities.

The purpose of Family Care is to provide a single program in which an eligible person can receive all long-term care services, rather than having the person's care fragmented among several different programs, each with its own eligibility criteria and service parameters. Family Care establishes both functional and financial eligibility criteria. Cost-sharing requirements apply to individuals above a certain income level. Family Care includes both Medicaid and non-Medicaid eligible persons.

Under Family Care, Aging and Disability Resource Centers (ADRCs) serve as the primary point of entry for accessing long-term care services. The ADRC provides information and referral services, determines functional and financial eligibility for Family Care, and helps persons enroll in Family Care.

When a person enrolls in Family Care, they become a member of a Care Management Organization (CMO), which manages and delivers the Family Care benefit. The Family Care benefit combines funding and services from a variety of programs into one long-term care benefit which is tailored to an individual's needs, circumstances, and preferences.

As of August 2010, Family Care is offered in 55 counties. A list of Family Care counties, as well as ADRC and CMO contacts, is available at:

<http://dhs.wisconsin.gov/LTCare/Generalinfo/Where.htm>.

The Division of Long-Term Care in DHS supervises Family Care. Funding for Family Care includes federal funds and state GPR. All counties which participate in Family Care by offering a CMO must either provide a payment to DHS or authorize DHS to allocate a portion of the county's basic community aids allocation to fund the operation of the county's CMO.

State Centers. The Division of Disability and Elder Services in DHS operates three residential institutions for the care of developmentally disabled persons: Northern Center, established in 1897 and located in Chippewa Falls; Central Center, established in 1959 and located in Madison; and Southern Center, established in 1919 and located in Union Grove.

The purpose of the centers is to provide residents with services that may not otherwise be available to them and to assist them in returning to the community when their needs can be met at the local level. Over the years, the centers' mission has shifted from primarily a residential approach to a treatment approach, and there has been a corresponding decrease in long-term extended care admissions at the centers. Only Central Center and Southern Center serve individuals with developmental disabilities on a long-term basis. The centers are certified as ICFs-MR, which makes them eligible for Medicaid funding.

Nursing Homes and ICFs-MR. A nursing home is a residential facility where three or more persons who are not related receive care or treatment and, because of their mental or physical condition, require access to 24-hour nursing services,

Glossary of Terms and Abbreviations

BIW – Brain Injury Waiver Program. A Medicaid home and community-based waiver program in which adults and children who are substantially disabled by a brain injury and who receive, or are eligible for, admission to a brain injury rehabilitation facility, may receive the same services available under Medicaid in the community.

CHIPS – Child in need of protection or services. Under ch. 48, Stats., the juvenile court has jurisdiction over children who are alleged to be in need of protection or services.

CIP IA – Community Integration Program IA. A Medicaid waiver program to relocate developmentally disabled persons into community settings, with the assistance of home and community-based services, from the state centers for the developmentally disabled.

CIP IB – Community Integration Program IB. A Medicaid waiver program that provides home and community-based care to developmentally disabled persons who are relocated from an institution, other than a state center for the developmentally disabled, such as a nursing home.

CIP II – Community Integration Program II. A Medicaid waiver program that assists elderly or physically disabled persons in moving or being diverted from a nursing home into a community-based setting.

CLTS – Children's Long-Term Support Waiver. A Medicaid waiver program that provides children with long-term care needs with Medicaid services and a single entry point for eligibility determinations in each county.

COP – Community Options Program. A state-funded program that screens persons who are elderly, developmentally or physically disabled, have chronic mental illness, or who are alcohol or drug dependent and who are about to enter nursing homes or state centers for the developmentally disabled to determine if they could live in the community, and provides community-based services.

COP-W – Community Options Program Waiver. A Medicaid waiver program that funds long-term support services for elderly or physically disabled persons who are relocated or diverted from nursing homes into community-based settings.

SSI – Supplemental Security Income. A federal program that provides cash benefits to low-income elderly, blind, and disabled persons who meet financial and nonfinancial eligibility requirements; each Wisconsin recipient of a federal SSI benefit is eligible for a basic state supplement to his or her federal benefit.

SSI-E – Supplemental Security Income Exceptional Expense Supplement. An enhanced payment added to the state SSI payment of each SSI recipient who meets the program requirements.

TANF – Federal Temporary Assistance to Needy Families Block Grant Program. The 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act replaced the AFDC program with the TANF program, under which public assistance benefits are funded with block grants to states.

W-2 – The Wisconsin Works program is funded with a combination of state funds and federal TANF block grant funds, which generally provides persons who satisfy financial and nonfinancial eligibility requirements with benefits based upon employment status.

Residential Facilities

including limited nursing care, intermediate level nursing care, and skilled nursing services. Nursing homes are licensed by the Division of Quality Assurance in DHS according to whether the level of care is skilled nursing care or intermediate nursing care.

ICFs-MR are institutions (or a distinct part of an institution) that primarily provide treatment or rehabilitative services for persons with mental retardation or related conditions and provide ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his or her greatest ability. A license from the Division of Quality Assurance in DHS is required to operate an ICF-MR for three or more unrelated persons.

Assisted Living Facilities. The Division of Quality Assurance in DHS licenses adult family homes, CBRFs, and residential care apartment complexes (RCACs) for adults. Adult family homes are places where three or four adults reside and receive treatment, care, or services that may include up to seven hours per week of nursing care per resident. CBRFs are facilities where five or more adults who do not require care above intermediate level nursing care reside and receive care, treatment, or services that include no more than three hours of nursing care per resident per week. RCACs, commonly known as assisted living facilities, are places where five or more adults reside and that consist of individual apartments and that provide up to 28 hours per week of services that are supportive, personal, and nursing services.

Lists of residential options, including nursing homes, assisted living facilities, and adult family homes, are available by county at:

<http://dhs.wisconsin.gov/bqaconsumer/ResidOpts/seek.htm>.

Additional References

- Wisconsin Legislative Fiscal Bureau Informational Papers, <http://www.legis.state.wi.us/lfb/Informationalpapers/info.html>.
- DCF website, <http://dcf.wisconsin.gov>.
- DHS website, <http://dhs.wisconsin.gov/programs.htm>.
- Coalition of Wisconsin Aging Groups, www.cwag.org.
- Wisconsin Board for People with Developmental Disabilities (formerly the Wisconsin Council on Developmental Disabilities), www.wcdd.org.
- Wisconsin Board on Aging and Long Term Care (includes Ombudsman program), <http://longtermcare.state.wi.us/>.
- Wisconsin Affordable Assisted Living, <http://www.wiaffordableassistedliving.org>.

¹ ss. 49.141 to 49.161, Stats.

² s. 49.162, Stats.

³ s. 49.155, Stats.

⁴ 42 U.S.C. ss. 1381 to 1383d.

⁵ s. 49.77, Stats.

⁶ s. 49.775, Stats.

⁷ s. 49.79, Stats.

⁸ 42 U.S.C. s. 1786.

⁹ ss. 46.40, 46.45, 46.49, and 46.495, Stats.

- ¹⁰ s. 48.62, Stats., and ch. DCF 56.
- ¹¹ s. 48.57 (3m), Stats.
- ¹² s. 51.20, Stats.
- ¹³ s. 16.009, Stats.
- ¹⁴ s. 46.87, Stats.
- ¹⁵ s. 46.81, Stats.
- ¹⁶ s. 46.27, Stats.
- ¹⁷ s. 46.27 (11) (am), Stats.
- ¹⁸ s. 46.277, Stats.
- ¹⁹ s. 46.275, Stats.
- ²⁰ s. 46.278, Stats.
- ²¹ s. 46.278, Stats.
- ²² ss. 20.435 (6) (gc) and (7) (h) and 46.011 (1g), Stats.
- ²³ s. 46.985, Stats.
- ²⁴ ss. 46.2805 to 46.2895, Stats.

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