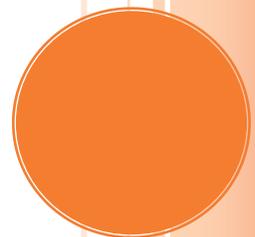
A faint, light-colored illustration of the Wisconsin State Capitol dome and its portico, serving as a background for the title text.

WISCONSIN LEGISLATOR  
BRIEFING BOOK  
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## CHAPTER 21 – HUMAN SERVICES AND AGING

The area of “human services” encompasses a wide range of services provided to persons with low income, the elderly, persons with physical and developmental disabilities and mental illness, and children. The federal, state, local, and tribal governments fund and administer an array of human services programs including: Wisconsin Works; child welfare services; mental health and substance abuse services; and community-based long term care and residential care for the elderly and persons with developmental disabilities.

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## INTRODUCTION

Human services and aging programs are regulated primarily by two state agencies: the Department of Health Services (DHS) and the Department of Children and Families (DCF). Services are generally operated on a county level, with some administration by resource centers and regional consortia. DHS and DCF administer funds and provide operational oversight, for most programs, while directly providing services only in certain circumstances.

### Department of Health Services

DHS administers or regulates the following programs:

- The FoodShare Wisconsin program and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Long term care services, including Family Care and the Medicaid waiver programs.
- Residential long term care programs, including the state centers for persons with developmental disabilities.
- 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.
- Supplemental payments to the federal Supplemental Security Income (SSI) program.

### Department of Children and Families

DCF administers or regulates the following programs:

- Adoption programs.
- Brighter Futures Initiative.
- Child care licensing and certification.
- 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 Wisconsin Works (W-2) program.

## ECONOMIC ASSISTANCE PROGRAMS

### Income Maintenance Administration

**Online access to apply for health, nutrition, child care, and W-2 assistance is available at:**

<https://access.wisconsin.gov>

Wisconsin counties, except for Milwaukee County, are organized into 10 multi-county consortia to administer “income maintenance” programs. The consortia are responsible for administering BadgerCare Plus, Medicaid, FoodShare, the Wisconsin Shares Child Care Subsidy, and the SSI Caretaker Supplement. If a

county does not enter a consortium or DHS determines a consortium does not meet performance requirements, DHS must provide the services or contract with another consortium to provide the services. DHS operates Milwaukee County’s income maintenance system as a single-county consortium, through Milwaukee Enrollment Services (MILES). [s. 49.78, Stats.]

### W-2

The W-2 program is an economic support program for low-income families. DCF oversees 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. [ss. 49.141 to 49.162, Stats.]

### Eligibility

The lifetime eligibility limit for W-2 is 48 months (revised in 2015 Wisconsin Act 55 from 60 months); however, extensions may be granted in limited circumstances. 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 SSI payments or federal Social Security disability insurance payments (SSDI).

W-2 participants must also meet financial eligibility requirements. An individual, 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.

2015 Wisconsin Act 55 requires participants to comply with a drug screening, testing, and treatment program in order to maintain eligibility in the W-2 program.

### Employment Requirement

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 employment matches, community services jobs, or transitional placements.**

- **Unsubsidized employment.** Job search assistance is provided to an unemployed individual who, once employed, will receive wages from an employer. Generally, unsubsidized employment is appropriate for an unemployed person who has no barriers to work (or barriers that can 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 employment match program (TEMP).** Individuals who have basic skills, but lack sufficient work experience, may be placed in a TEMP job. Through a TEMP 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 40 hours per week in work, education, and training activities, which may specifically include up to 10 hours per week in education and 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 40 hours per week for participating in work training or other employment-related activities, which may specifically include up to 12 hours per week in education or training.

Participants in W-2 subsidized employment positions are required to search for unsubsidized employment throughout their participation. A W-2 agency assists a participant in searching for unsubsidized employment. Caretakers of infants age 12 weeks

or younger, and unmarried women in the third trimester of an at-risk pregnancy, may receive cash grants in lieu of employment placements.

### Additional Support Services

In addition to employment services, other 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.

W-2 recipients may also be eligible for the state and federal earned income tax credit, child care subsidies through the Wisconsin Shares Child Care Subsidy program, and nutrition assistance through the FoodShare Wisconsin Program. Participants may also be eligible for BadgerCare Plus or other medical assistance (MA) programs.

### Transform Milwaukee and Transitional Jobs Programs

The Transform Milwaukee Jobs program in Milwaukee County was established in 2013 and is administered by DCF. To be eligible to participate in the program, an individual must satisfy all of the following criteria:

- Be at least 18 years of age.
- If over 24 years of age, be a biological or adoptive parent of a child under 18 years of age whose parental rights to the child have not been terminated, or be a relative and primary caregiver of a child under 18 years of age.
- Have an annual household income that is below 150% of the federal poverty line.
- Have been unemployed for at least four weeks.
- Be ineligible to receive unemployment insurance benefits.
- Not be a participant in a W-2 employment position.

An individual may participate in the program for a maximum of 1,040 work hours. The program reimburses an employer for a minimum of 20 hours a week for work performed by the participant. The reimbursement includes a wage subsidy for hours worked, not to exceed 40 hours a week at the federal or state minimum wage. The employer may pay more, but is not subsidized for any amount exceeding the minimum wage. [s. 49.163, Stats.]

DCF is also authorized to operate a Transitional Jobs program outside of Milwaukee County, with the same eligibility and program requirements as the Transform Milwaukee Jobs Program, to the extent that funds are available. In selecting the geographic area or areas in which to conduct the Transitional Jobs program, DCF is required to prioritize

areas with relatively high rates of unemployment and childhood poverty or other special needs.

## Wisconsin Shares Child Care Subsidy Program

Under Wisconsin Shares, the state subsidizes child care expenses for eligible W-2 and other low-income working families. DCF administers Wisconsin Shares through the income maintenance consortia. The subsidy is available to enable parents with a child under age 13, or under age 19 if the child is disabled, to work or participate in certain work or educational activities. [s. 49.155, Stats.]

In order to qualify, parents must meet the applicable income, asset, employment, and educational requirements. Generally, a family whose gross income is at or below 185% of the federal poverty level is 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.

Beginning in the fall of 2016, DCF will be issuing electronic benefits transfer cards to families for the payment of the subsidy to each child care provider.

## FoodShare Wisconsin

The FoodShare Wisconsin program, formerly referred to as the food stamps program, is administered by DHS to help low-income families buy food each month. Funding for the monthly benefit amount is provided by the federal Supplemental Nutrition Assistance Program (SNAP), which is administered by the U.S. Department of Agriculture. The state administrative costs are generally 50% state funded and 50% federally funded. Eligibility determinations and issuance of debit (Quest) cards used to purchase food are generally done by the income maintenance consortia. [s. 49.79, Stats.]

**Formerly known as food stamps, benefits under the federal Supplemental Nutrition Assistance Program are provided through FoodShare Wisconsin.**

Participants must meet all of the following nonfinancial eligibility requirements:

- Be a U.S. citizen, or resident alien who qualifies for benefits under the federal law.
- 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.

For the financial eligibility requirement, households must have less than \$2,000 worth of assets, or less than \$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. To be eligible, a family must also meet a two-part income test, with a gross income at or below 200% of the federal poverty level. Several items are then deducted from gross income to determine if net income meets a net income threshold (generally, 100% or below the federal poverty level) to qualify for FoodShare.

FoodShare participants must comply with work requirements for able bodied adults without dependents. 2015 Wisconsin Act 55 also requires DHS to develop and implement a drug screening, testing, and treatment policy for participants in the FoodShare employment and training program.

## WIC

WIC is a federally funded program administered by DHS through local offices to promote and maintain the health of nutritionally at-risk pregnant, breastfeeding, or new mothers, infants under age one, and children under age five. To be eligible, families may not earn income that exceeds 185% of the federal poverty level. [s. 253.06, Stats.]

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, BadgerCare Plus, and Head Start. In addition, women receive information on healthy eating during pregnancy and on breastfeeding.

## SSI

### Federal SSI

SSI 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. SSI is available for those qualifying individuals only if they meet particular financial need requirements. However, unlike Social Security retirement benefits, a work history is not needed. Individuals who receive SSI payments automatically qualify for Medicaid and may also qualify for FoodShare. SSI is administered by the U.S. Social Security Administration.

SSI eligibility requirements for children or adults who are blind or disabled are as follows:

- 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 qualify for SSI payments based on disability:
  - An adult must have a physical or mental impairment that prevents the individual from performing any substantial gainful activity (earnings up to \$1,690 per month for blind individuals and \$1,010 for other disabilities) and which has lasted, or is expected to last, for a continuous period of at least 12 months or result in death.

- 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 at least 12 months.

All eligible individuals must also have limited income and resources. An individual may be eligible for SSI payments if the person has countable resources of up to \$2,000 for a single person, or up to \$3,000 for married couples. Certain resources are excluded from consideration, including the person’s home and car. The income limit is determined from a given formula.

### State SSI Supplement

Wisconsin is among most states and the District of Columbia that supplement federal SSI payments with a state supplemental payment to SSI beneficiaries. 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. [ss. 49.77 and 49.775, Stats.]

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

The state SSI supplement provides a basic supplement, and, in some cases, an exceptional expense supplement or a supplement for caretakers of dependent children. 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 an SSI Exceptional Expense Supplement (SSI-E) -- 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-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 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 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. The

dependent children themselves must be SSI recipients. The SSI Caretaker Supplement is funded by TANF and GPR funds.

## HUMAN SERVICES AND AGING PROGRAMS

### Long Term Care and Support

The state offers several Medicaid-funded managed care programs that provide long-term care services to eligible recipients. Eligible recipients typically include elderly individuals, adults with developmental disabilities, and adults with physical disabilities. Community-based long term care programs use state funds or a combination of federal and state funds monitored by DHS and administered by county agencies to deliver community-based services to elderly or disabled persons who need long term assistance in bathing, dressing, cooking, and other daily activities involving self-care and home care. The Family Care and IRIS programs are the major community-based long term care programs in Wisconsin.

#### Family Care

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 MA and non-MA eligible persons.

Under Family Care, Aging and Disability Resource Centers (ADRCs) serve as the primary point of entry for accessing long term care services, including Family Care. The ADRCs provide information and referral services, determine functional and financial eligibility for Family Care, and help persons enroll in Family Care. All counties and tribes are served by ADRCs. When a person enrolls in Family Care, he or she becomes 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 that is tailored to an individual's needs, circumstances, and preferences. [ss. 46.2805 through 46.2895, Stats.]

#### IRIS

The IRIS (Include, Respect, I Self-Direct) program provides a self-directed alternative to Family Care. Individuals with long term care needs who qualify for MA-funded community-based services, but do not wish to enroll in Family Care, have the option to participate in IRIS, the fee-for-service alternative to Family Care. IRIS offers program participants greater control over their personal care services and providers.

**IRIS offers program participants greater control over their personal care services and providers.**

## MA Waivers

### Community Options Program – Regular

Under the COP, also known as COP-Regular (COP-R) program, 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-R serves the elderly and persons with developmental disabilities, chronic mental illness, physical disabilities, and alcohol or drug dependency.

COP-R provides screening of potential participants, coordination of services, and supplementary funding to counties for support services to COP-R clients. COP-R is funded by state GPR funds. [s. 46.27, Stats.]

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

### Community Options Program Waiver

Community Options Program Waiver, 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 available program opening is created. Under COP-W, counties are allocated a specific amount of funding, rather than a given number of slots. Counties are subject to a 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 Programs IA and IB

The Community Integration Programs IA and IB, or “CIP IA and IB,” permit federal MA 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 MA funds and state GPR.

Under CIP IA, participating counties receive a payment to relocate persons into appropriate community settings from the state centers for persons with developmental disabilities 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 MA reimbursement is reduced. The participant remains eligible for SSI and all other MA services.

The purpose of CIP IB 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 to persons who require the level of care necessary to qualify for MA reimbursement in an intermediate care facility for persons with mental retardation (ICF-MR). CIP IB attempts to relocate or divert persons from nursing homes to

**Under CIP IA and IB and CIP II, participating counties receive payments to divert or relocate persons from institutional settings into appropriate community settings.**

individualized, integrated community services. 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 MA services. [s. 46.275, Stats.]

### Community Integration Program II

Community Integration Program II (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 MA recipients who receive CIP II services at any time may not exceed the number of MA beds that are closed. [s. 46.277, Stats.]

### Brain Injury Waiver

Under the Brain Injury Waiver (BIW) program, 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 MA waivers in the community. Individuals who are eligible for the BIW must be eligible for MA and have a brain injury. According to DHS, this program is being phased out.

## Residential Facilities

### 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.

**DHS operates three residential centers for persons with developmental disabilities.**

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' missions have 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.

### Nursing Homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

A nursing home is a residential facility where five 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, 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. [s. 50.01 (3), Stats.]

When a nursing home accepts residents whose placements are funded by the Medicare or MA programs, the facility is subject to both federal and state regulations, and can be sanctioned under both state and federal law for the same violation. This is referred to as “dual enforcement.” 2011 Wisconsin Act 70 prohibits DHS from serving a notice of violation to a nursing home for any Class A or B violation of state requirements if DHS has, in a statement of deficiency, cited the nursing home for a violation under federal regulations based on the same facts. A Class “A” violation is one that creates a condition or occurrence presenting a substantial probability of death or serious mental or principal harm to a resident. A Class “B” violation is one that creates a condition or occurrence that threatens the health, safety, or welfare of a resident.

An ICF-IID is an institution (or a distinct part of an institution) that primarily provides treatment or rehabilitative services for persons with mental retardation or related conditions and provides 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-IID for three or more unrelated persons. [ch. DHS 134, Wis. Adm. Code.]

#### Assisted Living Facilities

**DHS’ Consumer Guide to Finding and Choosing an Assisted Living Facility is available at:**

<https://www.dhs.wisconsin.gov/guide/assisted-living.htm>

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 that consist of individual apartments and provide up to 28 hours per week of services that are supportive, personal, and nursing services.

## Services for Children With Delays or Disabilities

**A list of resources for families and children is available at:**

<https://www.dhs.wisconsin.gov/children/resources.htm>

Wisconsin has a number of programs available for children with delays or disabilities. The programs are designed to assist families in caring for their child at home and in the community. Families may be eligible for one or more programs based on their assessed need.

### Autism Services

Autism benefits are provided under the MA home and community-based waiver program. Autism services are 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 who are eligible for in-home autism services may qualify for one of two levels of services for up to three years as long as they begin receiving services by the time they are eight years old. Consultative behavioral intervention services provide 10 to 20 hours per week of face-to-face service. Early intensive behavioral intervention services provide 30 to 40 hours per week of face-to-face service. DHS may grant variances to the three-year limit. Services are also available at the ongoing 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.

**Information on behavioral treatment and other support services for children with autism is available at:**

<https://www.dhs.wisconsin.gov/clts/waiver/autism/index.htm>

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.

Insurers must 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. 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.

## 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.

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

<https://www.dhs.wisconsin.gov/birthto3/index.htm>

There are no income eligibility requirements 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. [ch. DHS 90, Wis. Adm. Code.]

## Care4Kids

DHS and DCF partner to implement Care4Kids, a program designed to offer comprehensive and coordinated health services for children and youth in foster care. The Care4Kids program creates a “medical home” team for children in foster care, assuring that children receive individualized treatment plans in order to address their specific health care needs, including trauma related care. A medical home is a concept, not a place. A medical home means that each child has a team that coordinates care to meet a child's needs. These needs can be medical in nature, but also include community-based supports and services. The program is currently available in the six Southeastern Wisconsin counties: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha.

## Children and Youth With Special Health Care Needs Program

**A list of CYSHCN contacts is available at:**

<https://www.dsh.wisconsin.gov/mch/contacts/mch.htm>

The Children and Youth with Special Health Care Needs Program (CYSHCN) collaborates with national, state, and community-based partners to link children to appropriate services, close service gaps, reduce duplication and develop policies to better serve families. The CYSHCN Program works

to improve systems of care for anyone from birth through age 21 with a chronic physical, developmental, behavioral or emotional illness, or condition.

## Children’s Long-Term Support Waiver

The Children’s Long-Term Support (CLTS) waiver provides children with long term care needs with MA 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 CLTS in several counties across the state. Counties may also create CLTS 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 MA waiver programs, but also include

**The CLTS waiver provides MA services and a single point of entry for services to children with long term care needs.**

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 MA card services, which are services provided to a MA recipient, as detailed in the state MA 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 MA.

## Family Support Program

**Information about the Family Support Program is available at:**

<http://www.dhs.wisconsin.gov/children/fsp/index.htm>

The Family Support Program is a state-funded and 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 ISP 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.

## 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 MA coverage. A disabled child under these circumstances may be eligible for MA if all of the following criteria are met:

- The child is under age 19 and determined to be “disabled” by Social Security Act standards.
- The child requires a level of care at home that is typically provided in a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF-MR).
- Services can be provided with safe and appropriate care at home.
- The child does not have assets or income in his or her name in excess of current standards for a child living in an institution.

**A list of Katie Beckett program consultants is available at:**

<http://www.dhs.wisconsin.gov/children/kbp/kbpcons.htm>

- The child does not incur MA costs at home that exceed the costs MA 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.

## Services for Older Adults

**Information on resources provided by the Bureau of Aging and Disability is available at:**

<https://www.dhs.wisconsin.gov/dltc/badr.htm>

Wisconsin has a variety of programs and services for older adults and their caregivers. The Bureau on Aging and Disability Resources in DHS is responsible for the development of policy and the

management of programs that serve aging adults; persons with physical disabilities or who are blind or visually impaired, deaf or hard-of-hearing; those in need of adult protective services; and persons who need or receive information about or access to community-based long-term support through an Aging and Disability Resource Center.

## Aging and Disability Resource Centers

**A map of ADRCs is available at:**

<https://www.dhs.wisconsin.gov/adrc/consumer/index.htm>

DHS promotes Aging and Disability Resource Centers (ADRCs) as the first place to go to get accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs also provide long term care options counseling, benefit specialists, health and wellness programs,

and a number of other programs and services for persons aging or living with a disability.

### Dementia Care System Redesign

DHS is engaged in an initiative to redesign the state’s dementia care delivery system. The goals of this initiative are to ensure that individuals with dementia receive appropriate, safe, and cost-effective care, that individuals with dementia are not unnecessarily or inappropriately placed in institutions, and that the burden on families and caretakers related to caring for persons with dementia is reduced.

**Additional information on the DHS redesign of the dementia care system is available at:**

<https://www.dhs.wisconsin.gov/dementia/index.htm>

DHS is focusing its efforts on five broad categories: community awareness and services; facility-based long-term care; care for people with significant challenging behaviors; dementia care standards and training; and continuing data collection, research and analysis.

Specific initiatives include the creation of

toolkits for both employers and for building dementia-friendly communities, outreach to increase referrals to ADRCs, outreach to reduce stigma and educate the public about dementia, engaging local public health departments in the dementia initiative, and many other strategies.

### Speaker’s Task Force on Alzheimer’s and Dementia

In the 2015-16 Legislative Session, Assembly Speaker Robin Vos established the Speaker’s Task Force on Alzheimer’s and Dementia to study and make recommendations on policy initiatives to improve the care of those suffering from Alzheimer’s and dementia.

Specifically, the Speaker presented the Task Force with a number of goals, including identifying ways to improve and sustain in-home care, improving and promoting community-based resources for those suffering with Alzheimer’s and dementia, continuing to raise individual and community awareness of Alzheimer’s and dementia, and determining ways to ensure future quality of care while lowering the cost of long-term care.

Based on information and recommendations received at the Task Force’s public hearings and tours, members of the Task Force and other legislators introduced 10 bills, collectively referred to as the “Wisconsin Cares Legislative Package.” Three of the bills introduced by the Task Force, which relate to developing a pilot program to ensure individuals with dementia who are experiencing a crisis are placed in an appropriate setting, funding for caregiver respite, and funding for mobile crisis unit training, were enacted into law as 2015 Wisconsin Acts 272, 273, and 274.

## Alzheimer’s Family and Caregiver Support Program

The Alzheimer’s Family and Caregiver Support Program (AFCSP) 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 \$48,000 or less; however, if their income is more than \$48,000, the costs related to Alzheimer’s may be subtracted from the gross income for eligibility purposes. When net income is then less than \$48,000, the couple becomes eligible.

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

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. [s. 46.87, Stats.]

## Older Americans Act Programs

Established under the federal Older Americans Act (OAA) in 1973, the federal Administration on Aging administers an “aging network,” comprised of various state units on aging, and a variety of programs which support elderly persons in the community. The Administration on Aging distributes funds to the states. In Wisconsin, the 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. 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.

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;

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

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

however, the home-delivered nutrition services are for persons who are age 60 or older who are homebound due to health reasons.

### Board on Aging and Long Term Care

The state Board on Aging and Long Term Care was created by the Legislature in response to the 1979 OAA Amendments. 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 Family Care and 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).

**Medigap Help Line 1-800-242-1060.**

The Board on Aging and Long Term Care also operates the Medigap Help Line, which answers questions and provides counseling related to Medicare, Medicare supplemental insurance, MA, long term care insurance, and other forms of health insurance. [s. 16.009, Stats.]

### Elderly Benefit Specialists

Anyone age 60 or older who is having a problem securing benefits, including Medicare, MA, SSI, and FoodShare, or is having problems regarding housing or consumer issues, is eligible for the Elderly Benefit Specialist program. Elderly benefit specialists are trained to help older persons with paperwork often required to apply for a benefit program and can help

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

<https://www.dhs.wisconsin.gov/benefit-specialists/ebs.htm>

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.

## 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.
- MA and BadgerCare Plus.
- Private insurance and individual copayments.

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

**Counties have the primary responsibility for providing community mental health services in Wisconsin.**

### Coordinated Services Teams

**A directory of the CSTs in the state may be found at:**

<https://www.dhs.wisconsin.gov/cst/index.htm>

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. [s. 46.56, Stats.]

### Comprehensive Community Services

Comprehensive Community Services (CCS) are services for individuals who are less functionally impaired by their mental illness than those requiring CSP who need help arranging a comprehensive range of services to support a fuller recovery. Under federal law, CCS is an optional MA benefit. Prior to 2013 Act 20, the CCS benefit was provided through counties that chose to provide the services and are certified CCS providers. These counties paid the nonfederal share (approximately 40%) of MA-allowable CCS costs. Act 20 increased funding for a projected increase in MA benefits costs that would result by expanding state support for CCS, beginning July 2014. [ch. DHS 36, Wis. Adm. Code.]

### Community Recovery Services

Wisconsin’s Medicaid State Plan Amendment under 1915(i) State Plan Home and Community Based Services is called Community Recovery Services (CRS), and provides community living supportive services, supported employment services, and peer-support services. CRS services are individualized based on the needs identified through a comprehensive assessment and a person-centered planning process. The program is based upon a continuous improvement process characterized by continual growth and improved

functioning of the client, and includes measures of individual outcomes associated with the implementation of goals included in the Individual Service Plan.

**Veterans Outreach and Recovery Program outreach and recovery specialist contact information is available at:**

<https://www.dhs.wisconsin.gov/mh/veterans.htm>

### Veterans Outreach and Recovery Program

The Veterans Outreach and Recovery Program provides access to housing and treatment services through recovery supports for veterans and former service members, regardless of discharge status, who are experiencing homelessness and mental and substance use disorders. It is a joint project of DHS and the Wisconsin Department of Veteran Affairs (DVA). The program is currently available in 49

counties.

### Involuntary Commitment

Current law requires a civil court proceeding to obtain involuntary mental health treatment or care for an individual. 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 five statutory standards that demonstrate harm to oneself or others.

**A person must meet several criteria, including one of five legal standards of dangerousness, in order to be committed by a court for involuntary mental health treatment.**

The Division of Mental Health and Substance Abuse 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 is located in

**Information on substance abuse services, including where to find a treatment provider, is available at:**

<https://www.dhs.wisconsin.gov/aoda/phlsasindex.htm>

Madison and the Winnebago Mental Health Institute is located near Oshkosh.

### 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 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.

## 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 BMCW in Milwaukee County. The juvenile court and a county department of human or social services, or the BMCW in Milwaukee

**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.**

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 have jurisdiction over those cases.

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 department is responsible for providing intake and investigation services to determine if children have 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.

## 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 case 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 the child 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.

## Foster Care

A child may be placed in a foster home under the Children's Code, ch. 48, Stats., or Juvenile Justice Code, ch. 938, Stats.

Foster care placements typically are made pursuant to a court order. A court may order foster care following a 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 placements also may be made without a court order for up to six months under a voluntary placement.

**Children may be placed in a foster home if the children's court or juvenile court makes certain findings and orders the placement.**

A foster home is licensed pursuant to administrative rules 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.

**The State of Wisconsin implemented a new foster care licensing system in 2010.**

The foster care licensing system specifies the levels of care that a licensed foster home is certified to provide. Wisconsin licenses five levels of foster homes, based on the severity of the child's needs. Foster home payments are adjusted accordingly, and are also adjusted based on the age of the child in care.

The DCF also administers the Transition to Independent Living program. Under this program, the DCF must distribute at least \$231,700 in each fiscal year to counties for the purpose of assisting individuals who attain the age of 18 while residing in a foster home, group home, or residential care center for children and youth or in the home of a relative other than a parent to make the transition from out-of-home care to independent living. No county may use funds provided under this subsection to replace funds previously used by the county for this purpose.

### Kinship Care

Kinship care provides a payment of \$232 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 an 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 CHIPS (being found in need of protection or services) 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.

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, which enables DCF to capture federal funds under Title IV-E of the federal Social Security Act for these placements. However, if a kinship care relative’s application for a foster home license is denied, the county department or 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. [s. 48.57, Stats.]

## ADDITIONAL REFERENCES

1. Legislative Council Information Memorandum “Regulation of Group Living Arrangements for Adults” (IM-2012-10), available at: <http://www.legis.wisconsin.gov/lc>.
2. At the beginning of each biennial legislative session, the Legislative Fiscal Bureau publishes Informational Papers on various subjects including, among others, Wisconsin Works, Supplemental Security Income, FoodShare, and community aids. These Informational Papers are available at: <http://www.legis.wisconsin.gov/lfb>.
3. The Legislative Audit Bureau selected audit reports available at: <http://www.legis.wisconsin.gov/lab>:
  - Non-Emergency medical Transportation (Audit Report 15-4).
  - Child-Placing Agencies (Audit Report 13-15).
  - FoodShare Wisconsin (Audit Report 12-8).
  - FoodShare Benefits Spent Outside of Wisconsin (Audit Report 12-3).
  - Family Care (Audit Report 11-5).
4. DCF website, <http://dcf.wisconsin.gov>.
5. DHS website, <http://dhs.wisconsin.gov/>.
6. Greater Wisconsin Agency on Aging Resources, [www.gwaar.org](http://www.gwaar.org).
7. Coalition of Wisconsin Aging Groups, [cwagwisconsin.org](http://cwagwisconsin.org).
8. Wisconsin Board for People With Developmental Disabilities (formerly the Wisconsin Council on Developmental Disabilities), [www.wi-bpdd.org](http://www.wi-bpdd.org).
9. Wisconsin Board on Aging and Long Term Care (includes Ombudsman program), [longtermcare.wi.gov](http://longtermcare.wi.gov).

## GLOSSARY

**ARDC:** Aging and Disability Resource Center. One-stop resource for long term care options counseling, benefit specialists, health and wellness programs, and a number of other programs and services for persons aging or living with a disability.

**BIW:** Brain Injury Waiver Program. A MA 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 MA 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 MA 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 MA 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 MA 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 MA waiver program that provides children with long-term care needs with MA 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 MA 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.

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