



Community Aids/Children and Family Aids

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Community Aids/Children and Family Aids

The Department of Health Services (DHS) and the Department of Children and Families (DCF) distribute funds to counties through the community aids, and children and family aids programs. These state and federal funds support a variety of mental health, substance abuse, developmental disability, and child welfare services administered by counties, and often provided through their contracted entities. In calendar year 2017, total community aids and children and family aids allocations equal approximately \$276.7 million.

Prior to state fiscal year (SFY) 2008-09, the Department of Health and Family Services (DHFS) distributed community aids, which funded both child welfare and other and social service programs. 2007 Wisconsin Act 20 created DCF, which assumed responsibility for multiple programs previously administered by DHFS and the Department of Workforce Development, and renamed DHFS the Department of Health Services. As part of this agency reorganization, Act 20 split the community aids program into two separate state payments, beginning in fiscal year 2008-09: community aids from DHS, and children and family aids from DCF. The sum of the two payments equaled the amount the state would have allocated under the original community aids program.

This paper provides information on community aids and children and family aids, including the following: (a) county responsibilities for the delivery of social services and child welfare services; (b) supported activities and funding sources of aid payments; (c) county requirements to receive funding; (d) eligibility and fees for child welfare and other social services; and (e) state monitoring and evaluation procedures. The appendices to this paper provide additional back-

ground information, including current and historical allocations by county.

State and County Service Delivery

Wisconsin statutes define the responsibilities of DHS and counties for delivering social services under Chapter 46, and alcohol, substance abuse, developmental disabilities, and mental health services under Chapter 51. Chapter 48 of the statutes defines the DCF and county roles in delivering child welfare services. Appendix I provides examples of the services that counties may support with community aids and children and family aids funding.

Social Services. Chapter 46 of the statutes specifies many of the social services counties must provide to their residents, including direct program services to individuals and families. For example, counties must provide social services to persons who receive federal and state payments for supplemental security income (SSI) or who would have qualified for the former aid to families with dependent children (AFDC) program.

Counties have considerable flexibility in determining the funding allocated for each type of service. State law does not specify the types or amount of services counties must provide, and counties must only provide social services within the limits of available state, federal, and county matching funds.

Mental Health, Developmental Disabilities, and Substance Abuse Services. Section 51.42 of the statutes assigns each county board of supervisors, except the Milwaukee County Board of Su-

supervisors, the primary responsibility for the well-being, treatment, and care of residents with mental illness, developmental disabilities, or alcohol or other drug dependency, and for ensuring that individuals receive any necessary emergency services. However, counties must only provide programs, services, and resources that the county can reasonably provide within the limits of state, federal, and county matching funds.

In Milwaukee County, the Milwaukee County Mental Health Board (MCMHB) is assigned these responsibilities, except that the Milwaukee County Board of Supervisors is responsible for the well-being, care, and treatment of Milwaukee County residents with developmental disabilities, unless it explicitly delegates this authority to the MCMHB.

Within these funding limits, counties must offer the following services: (a) collaborative and cooperative prevention programs; (b) comprehensive diagnostic and evaluation services; (c) inpatient and outpatient care and treatment, residential facilities, partial hospitalization, emergency care, and supportive transitional services; (d) related research and staff training; and (e) continuous planning, development, and evaluation of programs and services for all population groups.

For more information on these specific service areas, see the Legislative Fiscal Bureau informational papers entitled, "Services for Persons with Developmental Disabilities," and "Services for Persons with Mental Illness and Substance Abuse Disorders."

Child Welfare. Child welfare services encompass a broad range of services and activities aimed at assuring safety and permanence for children and the well-being of children and their families. These include efforts to educate the public on the prevention and reporting of child abuse and neglect; methods to receive, screen,

and respond to child abuse and neglect reports; the provision of, or referral to, parenting education classes, counseling, material supports, respite care, mental health or substance abuse treatment, or any other activity designed to strengthen, preserve, or reunite families; assessment, case planning, and review to determine services for children in out-of-home care; and transitional services to children who age out of out-of-home care.

The child welfare system is county-operated and state-supervised. Responsibility for children in the child welfare system is shared between the juvenile court and the county department of human or social services. In Milwaukee County, the child welfare system is shared with DCF, rather than the county department of human services. Child welfare services are also provided to Native American children by tribal social services departments.

DCF is responsible for providing statewide leadership and supervision of child welfare standards and practices, administering state and federal funds for child welfare services, and assuring compliance with state and federal law and regulations. DCF also provides adoption services for children with special needs from counties other than Milwaukee County.

Neither community aids nor children and family aids fund economic support programs such as Wisconsin Works, FoodShare, or state support for child care expenses. Further, counties do not deliver or coordinate all local social services. Private, nonprofit agencies that contract directly with DHS or DCF provide various state-funded social services, such as family planning services, shelters for homeless persons, and assistance to victims of domestic abuse. In addition, services are provided by private agencies funded by contributions and community fund-raising organizations.

Community Aids

In 2017, DHS will distribute \$207.9 million in community aids funding. Statutes require DHS to distribute community aids within the limits of available federal and state funding. These funds must support services provided by county social services departments, human services departments, departments of community programs, and departments of developmental disabilities services. Under s. 46.40 of the statutes, community aids support community social services, mental health services, developmental disabilities services, alcohol and other drug abuse services, the Alzheimer's family and caregiver support program, and community support programs.

The community aids program includes several subcategories. The main source of funding is through the basic county allocation (BCA), which counties may use to support any eligible service (\$169.7 million in calendar year 2017, supported with a combination of state general purpose revenue (GPR) and federal funding (FED)). In addition, the program includes four categorical allocations for specific purposes:

- a. substance abuse prevention and treatment block grant (\$9.7 million FED);
- b. mental health block grant (\$2.5 million FED);
- c. community mental health services (\$24.3 combined GPR and FED); and
- d. the Alzheimer's family and caregiver support program (\$1.6 million GPR).

Appendix II provides the calendar year 2017 allocation, by county and category; Appendix III provides total county allocations for the past several years.

Basic County Allocation. Counties may use funding provided under the community aids BCA to support any allowable community aids service. In state fiscal year 2016-17 the total budgeted BCA equals \$169,731,700, from the following funding sources: (a) \$137,372,600 GPR; (b) \$21,104,500 FED from the social services block grant (SSBG); and (c) \$11,254,600 FED from the temporary assistance for needy families (TANF) block grant. These federal funding sources are described below.

Social Services Block Grant. Wisconsin's total SSBG allocation in federal fiscal year (FFY) 2015-16 equaled \$28.5 million. States may use SSBG funds to provide services directed toward at least one of five goals: (a) prevent, reduce, or eliminate economic dependency; (b) achieve or maintain self-sufficiency; (c) prevent or remedy neglect, abuse, or exploitation of children and adults; (d) prevent or reduce inappropriate institutional care; and (e) secure admission or referral for institutional care when other forms of care are not appropriate.

States may transfer up to 10% of their allotment for any fiscal year to preventive health and health services, alcohol and drug abuse services, mental health services, maternal and child health services, and low-income home energy assistance block grants. States may also use funds for staff training, administration, planning, evaluation, and technical assistance to develop, implement, or administer the state's social service program.

States may not use SSBG funds for certain services, including medical care (except family planning, rehabilitation, and certain detoxification services), educational services generally provided by public schools, and most social services provided by hospitals, nursing homes, and prisons. Although states need not provide a match for SSBG funds, states must prepare a plan that ensures expenditure of the funds on appropriate social services.

Temporary Assistance for Needy Families Block Grant. The 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) created the TANF block grant as a replacement to the AFDC program. Wisconsin is budgeted \$313.9 million in TANF block grant funds in SFY 2016-17. A state may use up to 10% of this allocation for purposes consistent with the requirements of the SSBG. Federal law specifies that any funds states use in this manner are subject to the federal SSBG requirements, not to TANF block grant requirements. For additional information on this grant, see Legislative Fiscal Bureau informational paper entitled, "Wisconsin Works (W-2) and Other Economic Support Programs."

Substance Abuse Block Grant. In FFY 2015-16, Wisconsin received a total of \$27.0 million under the federal substance abuse prevention and treatment block grant (SABG). The state allocated \$9,735,700 in SABG funding for community aids in calendar year 2017. The SABG supports the development and implementation of substance abuse prevention, treatment, and rehabilitation activities. States must spend at least 20% of the SABG on education and prevention activities and at least 10% on substance abuse treatment services for pregnant women and women with dependent children.

In addition, federal guidelines require SABG-funded treatment programs for intravenous drug users to admit individuals into treatment within 14 days after making such a request, or 120 days of such a request if an individual receives interim services within 48 hours. States must also directly provide or contract for tuberculosis services such as counseling, testing, treatment, and early intervention services for human immunodeficiency virus (HIV). Counties decide what services to provide with SABG funds, but must comply with these federal guidelines.

Mental Health Block Grant. Wisconsin received a total of \$7.3 million in federal communi-

ty mental health block grant (MHBG) funds in FFY 2015-16. State statutes require DHS to allocate \$2,513,400 of these funds through the community aids program. This funding supports comprehensive community mental health services to adults and children, as well as evaluation, planning, administration, and educational activities related to these services.

MHBG-funded services include respite care, adult family home care, community prevention services, crisis intervention, counseling, and therapy. Several federal restrictions apply to the use of these funds. For example, states may not use these funds to provide inpatient services or to make cash payments to recipients of health services. States may use up to 5% of the block grant to support administrative costs.

Alzheimer's Family and Caregiver Support Program. Statutes specify that DHS may allocate up to \$2,558,900 GPR annually to provide services to persons with Alzheimer's disease and their caregivers, enabling the person with Alzheimer's disease to remain a member of the household. In calendar year 2017, DHS will distribute \$2,558,900 through this program. Of that total, DHS will allocate \$1,560,800 to 39 counties as an allocation under community aids, and \$998,100 to area agencies on aging in 33 counties as a non-community aids allocation.

Typical services provided through this program include respite care and adult day care. Individuals who receive services through this program may live in their own homes or in some other residential setting, such as an adult family home or a community-based residential facility. The program does not provide services to individuals who live in institutions, such as nursing homes.

2015 Wisconsin Act 273 modified the program in several ways. First, the annual amount of funding budgeted for the program was increased by \$1,000,000 GPR, from the previous level of

\$1,558,900 to \$2,558,900, beginning in 2016-17. Second, DHS was directed to allocate at least \$1,000,000 annually to fund respite care for caregivers. Third, DHS was authorized to allocate funding to Indian tribes and bands, in addition to counties that had previously received allocations. Fourth, the act established a statutory income eligibility standard for the program so that a person is financially eligible for the program if the joint income of the person with Alzheimer's Disease and the person's spouse, if any, is \$48,000 per year or less, unless DHS sets a higher limitation on income eligibility by rule. (Previously, the maximum income level of \$40,000 was established in DHS rule.)

Adjustments to Community Aids Allocations. The following adjustments have been made to county community aids allocations over the past several years.

Family Support Program. Through calendar year 2015, DHS distributed community aids funds to counties for the family support program to enable children with severe disabilities to remain at home with their parents or caretakers. DHS distributed \$4,909,300 GPR for this purpose. The program provided eligible families with up to \$3,000 a year in services and goods, such as training for parents in behavioral management, respite care, home modifications, and attendant care.

2015 Act 55 consolidated funding for the family support program and non-medical assistance community options program (COP) funds supporting service children with disabilities under a newly-created Children's COP. This program combined features of COP and the family support program, and is provided outside of the community aids allocation.

Act 32 Reduction to Milwaukee County BCA. 2011 Wisconsin Act 32, the 2011-13 biennial budget act, made multiple changes to the statewide Medicaid and FoodShare eligibility de-

termination and case management, referred to as the income maintenance (IM) system. These changes included a conversion of all county positions at the Milwaukee County Enrollment Services Center (MILES) to state positions, resulting in DHS completely operating and staffing that office. Statutes had required Milwaukee County to provide \$2.7 million per year in county funds for the operation of MILES. Act 32 repealed this requirement for county support of MILES, but also reduced the amount that Milwaukee County received in community aids by an equal amount. This \$2.7 million reduction began in the calendar year 2012 BCA allocation.

Transfers to the Family Care Program. The Family Care program supports long-term care services to qualifying individuals who are eligible for medical assistance (MA). Originally offered in five pilot counties in the early 2000s, these services were available in 65 counties in July, 2016. By the end of the 2017-19 biennium, Family Care services are expected to be available in all counties of the state. Once Family Care services become available in a county, part of the county's community aids BCA that previously supported long-term care services for this population is reallocated to fund Family Care services.

Provisions enacted in 2007 Wisconsin Act 20 established the expected contribution level for each county, once Family Care begins in the county. The amount equals the actual amount the county spent for long-term care services in 2006, not to exceed 22% of the county's 2006 BCA. For counties that spent more than 22% of their BCA, the statutes provide for a buy-down provision, where the expected county contribution phases down to 22% over a five-year period following implementation of the Family Care program. This buy-down provision results in a need for a corresponding increase in state GPR funding for the Family Care program.

DHS currently permits counties to make the Family Care contribution as an annual lump sum

or in quarterly installments throughout the year. In addition, the Department has authorized the following three acceptable methods for counties to make their payment: (a) a reduction in the county BCA contract; (b) direct payment to DHS; or (c) by directing the state to subtract the payment from the county's regular monthly reimbursement payments. A DHS program revenue appropriation that partially funds Family Care service costs receives these county contributions.

Wisconsin Medicaid Cost Reporting Program. The Wisconsin Medicaid cost reporting (WIMCR) program aims to increase the amount of federal funds the state can claim under the MA program by maximizing federal payments to counties for certain MA-eligible services. Created under 2003 Wisconsin Act 318, the program provides counties with a GPR and FED-funded WIMCR supplemental payment for the difference between certain reported MA-reimbursable costs and MA reimbursement rates. DHS then reduces the GPR-funded portion of the counties' BCA by an equivalent amount. The program results in GPR savings because the state offsets an all-GPR reduction to the BCA with a partially federally-funded WIMCR payment. The state shares a portion of the annual WIMCR savings with counties by reducing BCA payments by \$19.25 million less than the amount of the WIMCR payment. In state fiscal year 2015-16, the state made WIMCR payments to counties totaling \$38.0 million (all funds).

Children and Family Aids

Similar to the community aids basic county allocation payments made by DHS, DCF provides counties with children and family aids. Children and family aids funding is distributed to eligible counties for services related to child abuse and neglect and to unborn child abuse, including prevention, investigation, and treatment.

Children and Families Allocation. Children and families allocation (CFA) funds may be used for child abuse and neglect, juvenile justice, and other children and families target populations. Based on expenditure data reported to DHS, approximately 50% of the CFA is used for child abuse and neglect, 26% for other child welfare services to families, and 24% for community-based juvenile justice services. CFA funds cannot be used for juvenile corrections placements.

Appendix II shows the allocation for calendar year 2017. CFA funds are generally allocated in the calendar year in two increments. Approximately 25% of CFA funds are made available to counties from January through June. The remaining 75% of CFA funds are added to the contract in July for unreimbursed expenses through June and for July through December. Counties may carry over up to three percent of CFA funds from one year into the next.

As discussed below, state law requires counties to match a portion of the CFA. The CFA requires a county match of 9.89%. However, because no matching is required for the 25% of CFA funds made available from January, 2017, through June, 2017, the effective annualized rate is only 7.4%. The matching requirement is implemented by allowing counties to draw the first 92.6% of the allocation and to earn the remaining 7.4% by reporting the county match on a dollar to dollar basis. In practice, most counties provide funding above the match requirement.

In 2016-17, DCF was budgeted \$68,327,900 to fund the CFA, including: (a) \$25,658,600 GPR; (b) \$32,472,600 FED from state foster care reimbursement claims under Title IV-E of the Social Security Act; (c) \$2,900,000 FED from funds the state receives under Title IV-B, subpart 1 of the Social Security Act; (d) \$4,006,900 FED from the SSBG; and (e) \$3,289,800 FED from TANF block grant funds transferred to the SSBG. The SSBG and TANF block grants are described in the DHS-administered BCA section. The other

federal funding sources are described briefly below.

Title IV-E. DCF distributes, as part of the CFA, reimbursements the state receives under Title IV-E of the Social Security Act. Title IV-E provides funding for a portion of the cost of services for children who meet certain financial eligibility criteria and are placed in out-of-home care. These criteria are based on the criteria for AFDC eligibility as of July 16, 1996. The AFDC program was eliminated under PRWORA. However, the AFDC financial criteria are still used to determine IV-E eligibility.

Title IV-E revenue included in the CFA is earned based on maintenance payments and administrative costs incurred by counties. Counties pay expenses out of the CFA and local tax levy funds. Expenses are then reported to DCF, and DCF claims the Title IV-E reimbursement. Since the IV-E reimbursement is for costs incurred by counties, the state has flexibility on how to budget the IV-E revenue once it is received. As a result, the amount of Title IV-E funds that DCF distributes to counties through the CFA is determined through the state budgeting process and is not based on counties' foster care caseloads.

Maintenance payments are funds provided to cover the costs of food, shelter, clothing, daily supervision, school supplies, personal incidentals, liability insurance for the child, and reasonable travel to the child's home for visits. These costs are reimbursed under Title IV-E at the MA reimbursement rate, which is currently approximately 58.5%.

Title IV-E administrative reimbursement is determined based on expenses reported by counties. Of the expenses reported, the percentage of staff activities devoted to IV-E reimbursable functions is determined. For those administrative costs which are eligible for reimbursement, the reimbursement rate is 50%.

The Legislative Fiscal Bureau informational paper entitled, "Child Welfare Services in Wisconsin" provides additional information regarding Title IV-E reimbursement.

Title IV-B, Subpart 1. Child welfare funds are provided to states under Title IV-B, subpart 1 of the Social Security Act to support permanency planning for children. Unlike Title IV-E (foster care) funding, states are limited in the use of Title IV-B to support out-of-home care, or to provide child care that is exclusively work-related. The primary purpose of Title IV-B child welfare funding is to keep children with their own families. These services include respite care, intensive family treatment, and individual and family counseling. Funds are distributed to states on the basis of their under-21 population and per capita income.

Tribal Family Services Program

The Family Services Program (FSP) is jointly administered by DHS and DCF. Tribes receive a separate FSP allocation via contract with DHS and DCF. Tribes submit a three-year plan and annual budget to DCF and DHS detailing how the family services funds will be used and how outcomes will be evaluated. These plans detail separate budgets for DHS and DCF funds, but tribes may use funds from both departments to support the same tribal staff and provide integrated services to families. Tribes also submit semi-annual reports describing progress on achieving the goals identified in their plans.

The FSP allocations include funds from multiple state and federal sources. Due to regulations on the use of the particular fund sources, portions of the total FSP allocation must be used for specific types of services. The DHS FSP allocation is comprised of federal and state alcohol, tobac-

co, and other drug abuse (ATODA) funds which must be directed towards ATODA prevention/treatment activities. Contracts between the tribes and DHS allocate a total of \$1,138,900 all funds in federal fiscal year 2017.

Appendix IV identifies the FSP grants each tribe or band will receive in federal fiscal year 2017. As shown in Appendix IV, the DCF allocation is comprised of \$1,271,900 GPR. In addition, tribes also receive \$408,700 FED under Title IV-B, subpart 2 of the Social Security Act and \$346,400 FED under the community services block grant (CSBG).

The DCF FSP allocation can be used for a wide range of human services, including domestic abuse, child welfare, self-sufficiency, teen parenting, and child care. However, the range of services funded by the DCF allocation in a tribe's FSP plan must include the following services: (a) adolescent pregnancy prevention and parenting skills; (b) child/respite care; (c) permanency for children in out-of-home care; (d) family preservation and support services; (e) empowerment for low-income individuals, families, and communities to overcome the effects of poverty; (f) domestic abuse intervention, prevention and education services; and (g) other services to improve family functioning and positive outcomes for children. Tribes are free to reallocate the allocation between the different service categories, but unused FSP funding does not carry over into the following year.

FSP funds may not be used to supplant existing funds and cannot be used for out-of-home child placement costs. Further, if any tribe receives a CSBG allocation directly from the Federal Office of Community Services, that tribe's FSP allocation will be reduced by the amount of the federal award and the state CSBG portion of FSP funds will be redistributed to other tribes.

In addition to the above funding sources, approximately \$395,000 program revenue (PR) is

made available from Indian gaming receipts to cover unexpected or unusually high-cost out-of-home care placements and guardianship payments ordered by tribal courts. Tribes may request funding from the tribal high-cost pool on a case-by-case basis.

County Funding Requirements

County Match. Counties provide matching funds of 9.89% of the basic county allocation and the Alzheimer's family and caregiver support allocation. As discussed above, the effective annualized rate for matching CFA funding is 7.4%. No county matching requirement applies to the family support program, or the SABG and MHBG allocations. Appendix V shows the required matching fund amounts for each county for calendar year 2017.

Counties may use local tax levies, federal and state revenue sharing funds, or private donations to meet their match requirements. Private donations cannot exceed 25% of the required county match. DHS and DCF may reduce a county's community aids allocation or children and family aids allocation by an amount equal to the amount by which the county does not meet its match requirement.

Maintenance-of-Effort. Counties must also meet certain maintenance-of-effort requirements. First, federal regulations of the SABG require counties to provide funding from the BCA or other county funds for substance abuse services in at least the amount budgeted for these services in 1982 (\$21.4 million statewide). Additionally, counties cannot use community aids to replace county funds used to allow individuals over 18 years of age with developmental disabilities to live in a non-institutional setting.

Carry-Forward Provisions. At the request of

a county, DHS and DCF must carry forward up to 3% of the total amount of the basic county allocation, children and family aids allocation, the SABG, the MHBG, and Alzheimer's caregiver support funds allocated for a calendar year for use in the following calendar year. Five percent of the family support program allocation may be carried over. The following restrictions apply to any funds carried forward:

- Counties must use all funds carried forward must for the funds' original purpose;
- Counties may not use carry-forward funds for staff or administrative costs; and
- Any original match requirement applies to funds carried forward by a county.

At the request of a county, DHS and DCF must carry forward an additional 10% for unforeseen emergencies, for justifiable unit services costs above planned levels, and to provide compensation for increased costs due to population shifts. DHS carried forward \$519,500 and DCF carried forward \$0 from calendar year 2015 into calendar year 2016. Any funds not carried forward lapse to the general fund at the end of each fiscal year. No funds lapsed to the general fund in calendar years 2015 or 2016.

Eligibility Criteria and Fees

All persons who qualify for SSI or medical assistance qualify for services funded through county social services agencies. In addition, people with income at or below levels determined by DHS qualify for these services. For calendar year 2016, this level equals 75% of the state's median income, or \$4,308 per month for a family of three. Counties may choose to provide services to persons with higher incomes.

Counties must charge fees based on the ability

to pay for certain services. For certain services, counties cannot, or may choose whether to, charge fees. DHS establishes a uniform fee schedule by rule that counties use to assess all fees, except under certain circumstances. The individual or family payment amount varies depending on the number of people in the household and the amount of monthly income the family receives. For example, in 2016, a family of three with gross monthly income of up to \$2,650 would not pay any fee for services received, with fees increasing on a sliding scale as income increases. The DHS website provides a copy of the current uniform fee schedule at www.dhs.wisconsin.gov/uniform-fee/.

Parents who pay court-ordered child support for a child in substitute care, as determined by the child support percentage standard, are not required to pay uniform fees for the substitute care services provided by the county.

Monitoring and Evaluation

DHS and DCF monitor county programs in several ways. The Departments sign an annual contract with each county and use the contract, as well as fiscal and program information, to audit the county. In addition, regional Department staff monitor programs and serve as liaison between the counties and DHS and DCF. This section discusses several monitoring and evaluation tools used by the Departments.

County Budgets. County agencies develop annual budgets as part of the county budgeting process. Annually, DHS and DCF inform each county by mid-summer of the estimated amount of community aids and children and family aids the county will receive in the succeeding calendar year. The county, with participation from the public, then assesses the needs of its clients and the resources available to meet those needs. The

county agency then submits the budget to the county executive, county administrator, or county board for review and approval.

State-County Contract. In late fall of each year, DHS and DCF finalize the state-county contract containing county allocations for the upcoming year for a range of programs, including the community aids and children and family aids allocations. The county board must approve and return the signed contract by January 1, unless the county receives an extension. The contract is between DHS and DCF and the county board, and legally obligates the parties to expend only the amount of available state and federal funds and required county matching funds.

The contract contains multiple provisions, including the following: (a) the manner in which the counties will provide the services subject to the contract; (b) the process by which the state reimburses counties for these services; and (c) county record-keeping and reporting requirements.

Counties receive allocations on a calendar year basis. The Departments allocate approximately 25% of the payments in January of a given year, with the remaining 75% provided in July of that year.

County Reporting of Services and Expenditures. Counties report certain types of information to DHS through the program participation system (PPS), the human services reporting system (HSRS), the human services revenue report (HSRR), and the community aids reporting system (CARS). DCF also collects information on child protective services provided using children and family aids funds through the electronic Wisconsin Statewide Automated Child Welfare Information System (eWISACWIS). DCF collects information on juvenile justice and child welfare services using CFA funds separately, with counties having the option to report services in eWISACWIS or an annual report.

Program Participation System (PPS) The PPS is a web-based IT system that was developed to help streamline various program functions and tasks. Part of the system includes mental health and AODA modules which serve as electronic client-level data collection system for reporting of County-authorized or paid for substance abuse and mental health services. The data entered into this system had previously been collected through the HSRS.

Human Services Reporting System (HSRS). HSRS collects data on three major client populations: developmental disabilities, physical and sensory disabilities, and elderly. Information contained in HSRS includes clients served, services received, and expenditures for services provided through community aids and children and family aids, and the community options, intoxicated driver, and community integration programs (HSRS does not include Family Care expenditures).

Counties must submit client-specific information at different intervals depending on the program. For long-term care waiver programs, counties must submit information monthly, while counties must submit information on other programs either quarterly or annually. HSRS reports do not include information on revenue sources reported separately in the HSRR.

Human Service Revenue Report (HSRR). Counties must annually submit a human service revenue report (HSRR) of all county human service expenditures and revenues to DHS. This report shows actual costs to provide human services at the local level and the source of funds used to pay for these costs. HSRR uses the same target groups as client data reporting in HSRS.

Community Aids Reporting System (CARS). Counties also must submit monthly reports of expenditures based on the categories included in the state contract. DHS uses the community aids reporting system (CARS) to authorize the pay-

ment of funds to counties across a range of contracts.

These reports do not indicate expenditures by fund source because community aids and children and family aids funds are distributed as two

aggregate payments. As CARS data elements report budget contract categories, and HSRS and HSRR report broad program categories, it is generally not possible to make data comparisons among these reporting systems.

Additional Resources

Additional information on community aids and children and family aids is available through the following sources:

Department of Health Services State-County Contract

www.dhs.wisconsin.gov/sca

Department of Children and Families State-County Contract

dcf.wisconsin.gov/cwfunding

Human Services Reporting System (HSRS) Home

www.dhs.wisconsin.gov/hsrs

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APPENDIX I

Examples of Community Aids and Children and Family Aids Services

Community Support Services

Adult day care
Community prevention, organization, and awareness
Congregate meals
Consumer education and training
Daily living skills training
Family support
Home delivered meals
Housing and energy assistance
Interpreter services and adaptive equipment
Recreation and alternative activities
Respite care
Shelter Care
Specialized transportation and escort
Supportive home care
Work related services

Child Services

Adoptions
Child day care
Family planning services
Foster home support
Juvenile correctional institution services
Juvenile reintegration, supervision, and aftercare services
Protective payment and guardianship

Mental Health and Substance Abuse Treatment Services

Community based care
Community support and recovery services
Counseling and therapeutic resources
Crisis intervention
Detoxification services
Inpatient treatment
Residential care center treatment
Skilled nursing services

Prevention, Access, and Outreach

Advocacy and defense resources
Case management and service coordination
Consumer directed supports
Health screening and accessibility
Housing counseling
Information and referral
Intake assessments
Outreach

APPENDIX II

**Community Aids/Children and Family Aids Allocations
Calendar Year 2017**

County	Community Aids (DHS)						Total
	Basic County Allocation	Mental Health Block Grant	Substance Abuse Block Grant	Alzheimer's Family and Caregiver Support*	Community Mental Health Services	Children and Family Aids (DCF)	
Adams	\$549,903	\$8,555	\$34,248	\$0	\$116,366	\$256,262	\$965,334
Ashland	767,508	9,580	28,276	9,318	47,129	341,772	1,203,583
Barron	1,427,693	20,066	79,713	0	94,627	640,188	2,262,287
Bayfield	558,039	7,354	35,262	9,438	44,967	253,223	908,283
Brown	6,485,261	98,340	365,279	0	1,773,216	3,019,188	11,741,284
Buffalo	543,628	7,803	23,204	8,827	80,576	315,018	979,056
Burnett	576,644	7,248	28,760	0	84,179	255,940	952,771
Calumet	850,983	12,388	46,328	16,150	36,297	380,531	1,342,677
Chippewa	1,914,834	27,037	96,341	0	135,032	841,633	3,014,877
Clark	1,323,522	16,032	55,026	0	146,955	574,369	2,115,904
Columbia	1,322,934	16,818	77,128	23,616	171,255	597,630	2,209,381
Crawford	997,898	7,939	32,086	10,878	167,216	433,172	1,649,189
Dane	12,180,386	160,098	650,692	157,063	1,076,985	5,503,617	19,728,841
Dodge	2,136,359	31,007	111,966	38,471	127,391	993,774	3,438,968
Door	782,216	7,665	46,219	0	103,623	335,987	1,275,710
Douglas	2,175,532	25,572	110,750	21,492	139,471	759,545	3,232,362
Dunn	1,238,561	18,754	69,453	0	117,808	557,638	2,002,214
Eau Claire	3,568,796	51,569	189,338	0	530,430	1,623,704	5,963,837
Florence	256,033	3,434	8,512	0	10,568	204,588	483,135
Fond du Lac	2,289,009	37,307	153,543	0	342,213	1,516,200	4,338,272
Forest	492,506	5,386	29,605	0	69,653	242,611	839,760
Grant	1,707,921	21,745	77,899	24,434	176,945	717,292	2,726,236
Green	870,541	11,554	45,365	17,106	101,971	421,924	1,468,461
Green Lake	563,850	6,805	32,340	9,594	35,029	259,587	907,205
Iowa	661,931	8,335	29,860	11,123	67,826	289,778	1,068,853
Iron	301,953	3,621	7,985	5,143	27,167	134,989	480,858
Jackson	968,088	8,922	39,385	10,459	72,014	466,669	1,565,537
Jefferson	1,952,972	26,128	109,299	33,053	97,609	900,841	3,119,902
Juneau	750,173	10,820	42,890	0	24,055	326,213	1,154,151
Kenosha	5,459,611	72,813	326,821	0	708,894	2,539,524	9,107,663
Kewaunee	609,379	7,486	26,797	0	50,359	286,501	980,522
La Crosse	2,761,715	56,779	204,793	45,602	343,078	1,813,320	5,225,287
Lafayette	607,876	7,785	22,055	7,338	16,299	276,741	938,094
Langlade	854,290	12,236	50,577	0	66,268	358,215	1,341,586
Lincoln	529,539	7,585	31,351	0	41,077	417,279	1,026,830
Manitowoc	2,721,509	35,127	140,547	0	426,416	1,221,999	4,545,598
Marathon	3,988,145	52,071	215,234	0	282,010	1,593,963	6,131,423
Marinette	1,252,382	18,732	75,173	0	240,078	557,792	2,144,157
Marquette	453,656	6,423	23,939	9,576	14,091	204,348	712,033
Menominee	770,176	5,752	41,427	0	138,442	342,708	1,298,505

APPENDIX II (continued)

**Community Aids/Children and Family Aids Allocations
Calendar Year 2017**

County	Community Aids (DHS)						Total
	Basic County Allocation	Mental Health Block Grant	Substance Abuse Block Grant	Alzheimer's Family and Caregiver Support*	Community Mental Health Services	Children and Family Aids (DCF)	
Milwaukee	\$36,004,475	\$685,914	\$2,431,021	\$457,224	\$7,780,317	\$6,890,368	\$54,249,319
Monroe	1,297,278	18,307	71,115	21,806	179,509	585,477	2,173,492
Oconto	938,460	13,353	48,966	0	220,546	435,517	1,656,842
Oneida	1,054,670	11,796	64,839	0	152,548	498,758	1,782,600
Outagamie	4,380,602	64,126	236,002	60,019	268,642	1,981,272	6,990,663
Ozaukee	1,804,658	25,233	85,354	0	43,530	822,996	2,781,771
Pepin	430,756	4,795	11,569	5,000	13,692	185,567	651,379
Pierce	962,563	13,239	51,163	0	133,782	458,042	1,618,789
Polk	1,303,606	17,164	68,628	21,902	137,286	591,899	2,140,485
Portage	1,138,063	25,490	111,625	0	202,057	785,568	2,262,803
Price	592,141	8,029	19,379	9,140	86,319	266,514	981,522
Racine	7,335,756	100,488	500,171	88,004	963,375	3,304,279	12,292,073
Richland	563,004	9,465	32,819	11,088	124,228	362,945	1,103,549
Rock	6,340,810	73,312	343,850	0	821,034	2,859,443	10,438,449
Rusk	759,761	9,661	30,407	10,598	100,374	332,092	1,242,893
St. Croix	1,172,768	17,529	70,176	0	458,680	524,036	2,243,189
Sauk	1,600,523	17,541	82,089	28,976	197,417	712,348	2,638,894
Sawyer	778,120	8,146	50,066	10,710	47,502	350,344	1,244,888
Shawano	1,151,876	16,604	73,720	22,781	240,467	507,613	2,013,061
Sheboygan	3,457,657	51,197	178,215	0	1,088,859	1,568,055	6,343,983
Taylor	859,849	9,043	31,092	12,230	137,088	388,160	1,437,462
Trempealeau	1,086,100	15,769	43,091	15,357	55,093	466,246	1,681,656
Vernon	1,012,439	12,392	44,268	17,006	47,056	446,868	1,580,029
Vilas	650,355	7,434	40,862	0	96,138	238,722	1,033,511
Walworth	2,348,458	22,005	118,911	41,773	189,215	1,067,445	3,787,807
Washburn	623,025	8,386	27,842	0	100,213	279,872	1,039,338
Washington	2,397,558	37,470	131,927	0	229,643	1,051,888	3,848,486
Waukesha	7,832,181	109,469	421,473	150,768	603,712	3,540,339	12,657,942
Waupaca	1,359,465	20,786	80,798	26,726	56,069	632,079	2,175,923
Waushara	739,272	10,433	37,207	14,665	111,973	342,467	1,256,017
Winnebago	4,997,919	68,961	253,027	66,321	834,687	2,317,532	8,538,447
Wood	<u>2,533,608</u>	<u>39,193</u>	<u>128,562</u>	<u>0</u>	<u>282,064</u>	<u>1,190,514</u>	<u>4,173,941</u>
Total	\$169,731,728	\$2,513,401	\$9,735,700	\$1,560,775	\$24,348,700	\$68,761,538	\$276,651,841

* Counties with no listed Alzheimer's family and caregiver support program allocation receive that grant through Area Agencies on Aging, rather than as a community aids allocation.

APPENDIX III

Total Community Aids/Children and Family Aids Allocation, By County Calendar Years 2011 through 2017

County	2011	2012	2013	2014	2015	2016	2017
Adams	\$855,750	\$860,050	\$859,881	\$855,450	\$865,716	\$965,782	\$965,334
Ashland	1,171,012	1,177,847	1,177,619	1,171,375	1,182,449	1,201,958	1,203,583
Barron	2,204,594	2,218,147	2,217,707	2,206,156	2,218,080	2,263,143	2,262,287
Bayfield	878,038	882,403	882,239	877,695	889,886	904,871	908,283
Brown	10,070,754	10,140,211	10,138,214	10,086,143	10,163,651	11,745,649	11,741,284
Buffalo	902,884	909,284	909,122	905,051	911,949	976,212	979,056
Burnett	882,726	887,473	887,301	877,206	883,537	953,149	952,771
Calumet	1,328,478	1,336,069	1,335,816	1,328,927	1,336,448	1,334,983	1,342,677
Chippewa	2,937,213	2,938,387	2,937,797	2,922,233	2,936,056	3,015,983	3,014,877
Clark	1,990,003	2,001,313	2,000,905	1,990,065	2,009,219	2,116,873	2,115,904
Columbia	2,059,811	2,073,019	2,072,626	2,061,942	2,073,468	2,199,808	2,209,381
Crawford	1,487,289	1,496,546	1,496,245	1,488,105	1,496,116	1,644,975	1,649,189
Dane	18,741,729	18,870,834	18,867,083	18,768,440	18,930,240	19,720,141	19,728,841
Dodge	3,328,929	3,351,433	3,350,800	3,333,581	3,372,388	3,424,333	3,438,968
Door	1,212,905	1,219,316	1,219,074	1,212,683	1,217,814	1,276,152	1,275,710
Douglas	3,123,438	3,140,796	3,140,147	3,121,528	3,138,505	3,230,369	3,232,362
Dunn	1,898,344	1,909,748	1,909,367	1,899,323	1,916,354	2,003,098	2,002,214
Eau Claire	5,476,945	5,515,225	5,483,161	5,454,215	5,520,542	5,966,752	5,963,837
Florence	478,723	482,200	482,122	480,459	486,316	483,350	483,135
Fond du Lac	4,028,739	4,063,467	4,062,763	4,046,423	4,092,105	4,340,115	4,338,272
Forest	790,567	794,861	794,710	790,837	793,125	840,012	839,760
Grant	2,589,768	2,603,339	2,602,837	2,588,778	2,605,358	2,723,712	2,726,236
Green	1,370,762	1,379,530	1,379,270	1,372,345	1,386,137	1,460,948	1,468,461
Green Lake	878,175	882,877	882,709	878,150	888,445	903,768	907,205
Iowa	1,005,933	1,010,943	1,010,741	1,005,336	1,013,952	1,059,802	1,068,853
Iron	455,240	456,989	456,901	454,435	461,595	480,257	480,858
Jackson	1,505,251	1,515,243	1,514,952	1,507,232	1,523,406	1,562,677	1,565,537
Jefferson	3,042,513	3,062,919	3,062,339	3,046,599	3,074,718	3,107,831	3,119,902
Juneau	1,150,769	1,156,778	1,156,547	1,150,437	1,155,479	1,154,576	1,154,151
Kenosha	8,382,419	8,439,827	8,438,144	8,394,062	8,504,304	9,112,301	9,107,663
Kewaunee	950,792	955,865	955,678	950,763	965,238	981,085	980,522
La Crosse	4,898,907	4,940,951	4,940,101	4,920,371	4,962,958	5,233,575	5,225,287
Lafayette	950,624	955,818	955,637	950,730	957,264	936,985	938,094
Langlade	1,264,171	1,271,128	1,270,867	1,278,572	1,285,877	1,342,107	1,341,586
Lincoln	1,397,755	1,406,243	1,405,963	986,520	992,424	1,027,143	1,026,830
Manitowoc	4,162,874	4,190,516	4,189,678	4,167,632	4,196,813	4,547,367	4,545,598
Marathon	5,552,420	5,587,239	5,586,125	5,954,033	6,022,037	6,134,595	6,131,423
Marinette	1,939,622	1,951,160	1,950,775	1,940,611	1,953,721	2,144,966	2,144,157
Marquette	702,665	706,114	705,979	702,293	710,108	708,082	712,033
Menominee	1,176,131	1,182,660	1,182,423	1,176,147	1,189,192	1,304,986	1,298,505
Milwaukee	50,055,635	47,537,801	47,525,888	47,159,632	47,159,632	54,052,657	54,249,319
Monroe	2,014,096	2,026,201	2,025,815	2,015,313	2,030,644	2,144,289	2,173,492
Oconto	1,467,144	1,475,717	1,475,428	1,467,892	1,477,884	1,657,448	1,656,842
Oneida	1,649,221	1,659,498	1,659,172	1,650,735	1,665,253	1,783,359	1,782,610
Outagamie	6,782,002	6,823,791	6,822,490	6,787,088	6,831,282	6,976,321	6,990,663

APPENDIX III (continued)

**Total Community Aids/Children and Family Aids Allocation, By County
Calendar Years 2011 through 2017**

County	2011	2012	2013	2014	2015	2016	2017
Ozaukee	\$2,761,468	\$2,779,149	\$2,778,592	\$2,763,979	\$2,795,292	\$2,783,197	\$2,781,771
Pepin	648,393	651,513	651,385	647,865	651,579	651,131	651,379
Pierce	1,499,046	1,508,356	1,508,059	1,500,374	1,512,538	1,619,449	1,618,789
Polk	2,013,562	2,026,409	2,026,022	2,015,465	2,034,780	2,132,233	2,140,485
Portage	2,067,154	2,083,389	2,088,670	2,074,975	2,115,733	2,264,100	2,262,803
Price	905,031	909,871	904,063	904,870	917,189	978,692	981,522
Racine	11,352,132	11,431,212	11,429,027	11,369,530	11,473,289	12,275,975	12,292,073
Richland	978,274	985,339	985,167	981,108	990,414	1,096,442	1,103,549
Rock	9,715,670	9,782,659	9,780,706	9,729,354	9,809,315	10,515,003	10,438,449
Rusk	1,147,661	1,154,275	1,154,047	1,147,847	1,156,867	1,239,023	1,242,893
St. Croix	1,829,144	1,839,405	1,839,042	1,829,528	1,842,312	2,243,957	2,243,189
Sauk	2,456,992	2,472,790	2,472,315	2,459,336	2,473,910	2,624,982	2,638,894
Sawyer	1,214,806	1,221,703	1,221,470	1,215,149	1,228,264	1,240,504	1,244,888
Shawano	1,771,273	1,781,700	1,781,354	1,772,324	1,777,119	2,003,115	2,013,061
Sheboygan	5,317,403	5,353,476	5,352,411	5,324,512	5,355,002	6,346,087	6,343,983
Taylor	1,302,998	1,310,550	1,310,285	1,303,310	1,316,783	1,432,011	1,437,462
Trempealeau	1,644,081	1,654,335	1,654,013	1,645,144	1,651,509	1,678,379	1,681,656
Vernon	1,536,395	1,545,244	1,544,943	1,536,717	1,544,854	1,573,186	1,580,029
Vilas	952,622	956,518	956,317	950,789	958,922	1,033,969	1,033,511
Walworth	3,607,569	3,631,684	3,630,980	3,612,005	3,639,732	3,765,889	3,787,807
Washburn	953,989	959,188	958,996	953,971	956,612	1,039,656	1,039,338
Washington	3,678,790	3,701,661	3,700,922	3,681,400	3,705,064	3,850,006	3,848,486
Waukesha	12,105,650	12,190,827	12,188,496	12,125,059	12,231,052	12,586,624	12,657,942
Waupaca	2,140,184	2,150,003	2,149,602	2,138,655	2,160,310	2,165,766	2,175,923
Waushara	1,167,481	1,171,421	1,174,201	1,168,277	1,173,469	1,249,163	1,256,017
Winnebago	7,749,285	7,793,756	7,792,268	7,752,115	7,809,294	8,521,940	8,538,447
Wood	<u>3,916,336</u>	<u>3,942,600</u>	<u>3,941,820</u>	<u>3,921,405</u>	<u>3,975,786</u>	<u>4,176,159</u>	<u>4,173,941</u>
Total	\$257,627,149	\$256,436,809	\$256,356,331	\$254,908,606	\$256,704,675	\$276,235,183	\$276,651,841

APPENDIX IV

Tribal Family Services Program (FSP) Allocations for Federal Fiscal Year 2017

Fund Source	GPR	Promoting Safe and Stable Families	Community Services Block Grant	All Funds
		FED	FED	
Bad River Tribe	\$117,514	\$35,364	\$31,490	\$184,368
Ho-Chunk Tribe	87,028	32,364	31,490	150,882
Lac Courte Oreilles Tribe	106,525	38,465	31,490	176,480
Lac du Flambeau Tribe	171,478	41,055	31,490	244,023
Menominee Tribe	156,110	71,107	31,490	258,707
Oneida Tribe	135,180	41,332	31,490	208,002
Potawatomi Tribe	119,555	20,024	31,490	171,069
Red Cliff Tribe	96,831	40,166	31,490	168,487
Saint Croix Tribe	96,031	22,566	31,490	150,087
Sokaogon Tribe	93,853	32,819	31,490	158,162
Stockbridge-Munsee Tribe	<u>91,774</u>	<u>33,439</u>	<u>31,490</u>	<u>156,703</u>
Total	\$1,271,879	\$408,701	\$346,390	\$2,026,970

APPENDIX V

County Matching Requirements Calendar Year 2017

County	Community Aids Match	Children and Family Aids Match	Total Match
Adams	\$54,466	\$18,799	\$73,265
Ashland	76,018	25,142	101,160
Barron	141,407	47,329	188,736
Bayfield	55,271	18,521	73,792
Brown	642,337	222,641	864,978
Buffalo	53,844	23,262	77,106
Burnett	57,114	18,880	75,994
Calumet	84,286	28,121	112,407
Chippewa	189,656	62,271	251,927
Clark	134,872	42,238	177,110
Columbia	131,031	44,172	175,203
Crawford	98,837	32,026	130,863
Dane	1,206,414	405,303	1,611,717
Dodge	211,597	72,929	284,526
Door	77,475	24,870	102,345
Douglas	215,477	56,078	271,555
Dunn	122,674	41,049	163,723
Eau Claire	353,474	119,079	472,553
Florence	25,359	15,071	40,430
Fond du Lac	226,717	111,628	338,345
Forest	48,780	17,996	66,776
Grant	169,163	52,944	222,107
Green	86,223	31,035	117,258
Green Lake	55,847	19,046	74,893
Iowa	65,561	21,337	86,898
Iron	29,907	9,856	39,763
Jackson	95,885	34,301	130,186
Jefferson	193,433	66,297	259,730
Juneau	74,301	24,145	98,446
Kenosha	540,751	186,069	726,820
Kewaunee	60,356	20,938	81,294
La Crosse	273,536	133,823	407,359
Lafayette	60,207	20,423	80,630
Langlade	84,614	26,466	111,080
Lincoln	52,449	30,899	83,348
Manitowoc	269,554	90,171	359,725
Marathon	395,009	116,821	511,830
Marinette	124,043	41,165	165,208
Marquette	44,933	15,001	59,934
Menominee	76,283	25,159	101,442

APPENDIX V (continued)

**County Matching Requirements
Calendar Year 2017**

County	Community Aids Match	Children and Family Aids Match	Total Match
Milwaukee	\$3,566,087	\$511,093	\$4,077,180
Monroe	128,490	43,166	171,656
Oconto	92,950	32,148	125,098
Oneida	104,461	36,734	141,195
Outagamie	433,880	146,281	580,161
Ozaukee	178,744	60,418	239,162
Pepin	42,664	13,712	56,376
Pierce	95,338	33,766	129,104
Polk	129,117	43,538	172,655
Portage	112,720	57,381	170,101
Price	58,649	19,507	78,156
Racine	726,575	243,161	969,736
Richland	55,763	26,765	82,528
Rock	628,030	210,688	838,718
Rusk	75,251	24,476	99,727
St. Croix	116,158	38,661	154,819
Sauk	158,525	52,629	211,154
Sawyer	77,069	25,725	102,794
Shawano	111,119	37,652	148,771
Sheboygan	342,466	115,892	458,358
Taylor	85,164	28,530	113,694
Trempealeau	107,573	34,532	142,105
Vernon	100,278	33,042	133,320
Vilas	6,557	17,550	24,107
Walworth	232,605	78,707	311,312
Washburn	61,708	20,760	82,468
Washington	237,468	77,658	315,126
Waukesha	775,744	260,670	1,036,414
Waupaca	134,649	46,466	181,115
Waushara	73,222	25,350	98,572
Winnebago	495,022	170,962	665,984
Wood	<u>250,943</u>	<u>87,156</u>	<u>338,099</u>
Total	\$16,754,150	\$5,068,077	\$21,822,227