

Informational Paper 49

Community Aids/ Children and Family Aids

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The Department of Health Services (DHS) and the Department of Children and Families (DCF) distribute community aids and children and family aids to counties and tribes. These state and federal funds support a range of human and child welfare services provided on the local level.

Community aids were historically distributed solely by the Department of Health and Family Services (DHFS, now DHS), and funded both child welfare and other human services. However, 2007 Act 20 created DCF, which assumed responsibility for several programs previously administered by DHFS and the Department of Workforce Development, effective July 1, 2008. Act 20 also split the community aids program into two separate state payments to tribes and counties—community aids from DHS, and children and family aids from DCF. In 2008-09 and subsequent fiscal years, the sum of the two payments equals the total amount of funding the state would have allocated under the original community aids program.

The allocations are provided on a calendar year basis. Due to changes in the timing of payments under 2009 Act 28 (the biennial budget act), the Departments allocate approximately 25% of the payments in January of a given year, with the remaining 75% provided in July of that year. Prior to this change, approximately 50% of the payments were made in each half of the calendar year.

This paper provides information on community aids and children and family aids, including: (a) an overview of county responsibilities for the delivery of social services and child welfare services; (b) information on the 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 background information, including current and historical allocations by county.

State and County Service Delivery

Wisconsin statutes define the responsibilities of DHS and counties in delivering social services (Chapter 46), and alcohol, drug abuse, developmental disabilities, and mental health services (Chapter 51). Chapter 48 of the statutes defines the DCF and county roles in delivering child welfare services.

Social Services. Chapter 46 of the statutes specifies many of the social services counties are required to provide to their residents, including direct program services to individuals and families. However, counties have considerable flexibility in determining the funding allocated for each type of service. 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, but state law does not specify the types or amount of services counties must provide to these individuals. 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. Under s. 51.42 of the statutes, counties have 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 are only responsible for the programs, services, and resources that the county can reasonably provide within the limits of state, federal, and county matching funds.

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

For more information on these services, see the Legislative Fiscal Bureau Informational Papers en titled "Services for Persons with Developmental Disabilities," and "Services for Persons with Mental Illness."

Child Welfare. Child welfare services encompass a broad range of services and activities that assist in assuring the health, safety, and well-being of children and their families. These include prevention services provided to families during times of crisis, services to children or juveniles in need of protection and services, family support services, and child protective services. Specific activities include services such as home visiting for new parents, out-of-home care placements for children in need of protection, parenting assistance for at-risk families, and assisting in the adoption of children after the termination of parental rights.

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 Wisconsin, and 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, 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.

Appendix I lists the services that counties may support with community aids and children and family aids funding. Appendix II lists services for which counties may charge a participant fee.

Community Aids

Under s. 46.40 of the statutes, DHS distributes community aids to support the following activities:

- community social services;
- mental health services;
- developmental disabilities services;
- alcohol and other drug abuse services;
- the Alzheimer's family and caregiver support program; and
- the family support program.

DHS must distribute community aids within the limits of available federal funds and the amount of state funding budgeted to support services provided by county social services departments, human services departments, departments of community programs, and departments of developmental disabilities services.

Statutes require DHS to make several allocations under the community aids program, including the basic county allocation (BCA) which counties may use to support any eligible service (see Appendix I), and four categorical allocations for specific purposes. The categorical allocations are the federal substance abuse prevention and treatment block grant, the federal community mental health block grant, the state general purpose revenue (GPR) supported family support program, and the GPR-supported Alzheimer's family and caregiver support program. Appendix IV provides the calendar year 2011 allocation, by county and allocation category.

Basic County Allocation. Counties may use funding provided under the community aids BCA to support the social and human services programs listed above. In state fiscal year 2010-11, DHS is budgeted \$174,410,800 to fund the BCA, comprised of the following funding sources: (a) \$141,305,200 in GPR, before any Wisconsin Medicaid cost reporting adjustments as described below; (b) \$21,879,400 FED from the social services block grant (SSBG); and (c) \$11,226,200 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) 2009-10 equaled \$31,290,000. States may use SSBG funds to provide services directed toward at least one of five goals: (a) to prevent, reduce, or eliminate economic dependency; (b) to achieve or maintain self-sufficiency; (c) to prevent or remedy neglect, abuse, or exploitation of children and adults; (d) to prevent or reduce inappropriate institutional care; and (e) to 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 are not required to provide a match for SSBG funds, states must prepare a plan that ensures that these funds will be expended for appropriate social services.

Temporary Assistance for Needy Families Block Grant. The TANF block grant was created by the 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) as a replacement to the AFDC program. Wisconsin received \$314,499,400 in FFY 2009-10. A state may use up to 10% of its block grant allocation for purposes that are 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.

Substance Abuse Block Grant. In FFY 2009-10, Wisconsin received a total of \$28,190,700 under the federal substance abuse prevention and treatment block grant (SAPTBG). The state allocated \$9,735,700 in SAPTBG funding through the community aids program in calendar year 2011. The SAPTBG supports the development and implementation of substance abuse prevention, treatment, and rehabilitation activities. States must spend at least 20% of the SAPTBG 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 SAPTBGfunded 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 interim services are provided within 48 hours. States must also directly provide or contract for tuberculosis services such as counseling, testing, treatment, and early intervention services for substance abusers at risk for human immunodeficiency virus (HIV). Counties decide what services to provide with SAPTBG funds, but must comply with these federal guidelines

Mental Health Block Grant. Wisconsin received a total of \$7,463,800 under the federal community mental health block grant (MHBG) in FFY 2009-10. DHS is required to allocate \$2,153,400 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 the following: (a) respite care; (b) adult family home care; (c) community prevention services; (d) crisis intervention; and (e) 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.

Family Support Program Allocation. Statutes specify that DHS may distribute up to \$5,089,800 GPR annually for counties to provide services under the family support program. In calendar year 2011, DHS distributed \$4,909,300 GPR for this purpose. This program funds services that enable children with severe disabilities to remain at home with their parents. The program serves families with children with physical, mental, or emotional impairments and substantial limitations in at least three of seven functions of daily living, including self-care, receptive and expressive language, learning, and mobility.

The program provides 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. Counties may use up to 10% of their allocations to pay for staff and other administrative costs.

Alzheimer's Family and Caregiver Support Program. Statutes specify that DHS may allocate up to \$2,342,800 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 2011, DHS will distribute \$1,554,551 through this program. Of that total, \$1,091,145 will be allocated to 46 counties through the community aids program, with the remainder provided to area agencies on aging in the other 26 counties. These amounts reflect reduced funding levels for the program under 2009 Act 28.

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.

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

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 have become available in additional counties. 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 is offered 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 is phased 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) through a reduction in the county BCA contract; (b) through direct payment to DHS; or (c) by directing the state to subtract the payment from the county's regular monthly reimbursement payments. These county contributions are credited to a DHS program revenue appropriation that partially funds Family Care service costs.

Wisconsin Medicaid Cost Reporting Program (WIMCR). 2003 Wisconsin Act 318 created the Wisconsin Medicaid cost reporting (WIMCR) program. The 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.

Under WIMCR, counties report to DHS their full costs for providing certain MA services to individuals. The state MA program then makes a payment adjustment (the WIMCR payment) to those counties to reimburse them for the difference between their reported costs and standard MA reimbursement rates. This WIMCR payment is funded by a combination of GPR and FED. DHS then reduces the GPR-funded portion of the counties' BCA by the total amount of the WIMCR payment. The WIMCR transactions result in GPR savings because the state must only fund the GPR share of the Medicaid WIMCR payment, but benefits from a corresponding 100% GPR reduction in BCA payments. 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. That \$19.25 million is distributed to counties in two steps. First, counties that participated in the Community Services Deficit Reduction Benefit (CSDRB), a voluntary program that WIMCR replaced, receive an amount equal to their 2002 CSDRB claim or the FED share of their current WIMCR claim, whichever is less. The remainder of the \$19.25 million is distributed to all 72 counties based on the relative size of their current WIMCR claim. DHS made WIMCR payments of \$71.1 million all funds in 2009-10, and projects WIMCR payments of \$55.8 million all funds in 2010-11

The GPR funding for WIMCR payment adjustments is budgeted in the same appropriation as the GPR funding for community aids. Consequently, the BCA reduction depends on actual county costs that can be reimbursed under the WIMCR. If counties' actual costs of providing these MA services are less than the amount initially estimated, the BCA allocation will increase and the WIMCR payment adjustments will decrease by a corresponding amount. Conversely, if counties' actual costs of providing these services are greater than the cost estimates assumed, the BCA will decrease and their WIMCR payment adjustments will increase by a corresponding amount.

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.

Each county is provided a basic county allocation. DCF refers to the children and family aids basic county allocation as the children and families allocation (CFA). CFA funds may be used for the child abuse and neglect, juvenile justice, and other children and families target populations. Based on information from counties, approximately 51% of the CFA is used for child abuse and neglect, 27% for other child welfare services to families, and 22% for community-based juvenile justice services. CFA funds cannot be used for juvenile corrections placements.

In addition, several tribes are provided a separate, categorical allocation for the tribal child care program. Finally, it should be noted that Milwaukee County contributes to the Department's costs of providing child welfare services in Milwaukee County. Children and family aids funding totaled \$64,687,600 in 2010-11.

Children and Families Allocation. Similar to the community aids basic county allocation payments made by DHS, DCF provides each county with a children and families allocation. In 2010-11, DCF is budgeted \$64,091,900 to fund the CFA, including: (a) \$29,995,300 GPR; (b) \$23,210,600 FED from funds the state claims under Title IV-E of the Social Security Act; (c) \$2,880,800 FED from funds the state receives under Title IV-B of the Social Security Act; (d) \$4,394,100 FED from the SSBG; and (e) \$3,611,100 FED from TANF block grant. Of the amount under Title IV-E, \$4,950,000 FED is due to the enhanced MA reimbursement rate under the federal American Recovery and Reinvestment Act (ARRA), discussed further below. The SSBG and TANF block grants are described in the DHSadministered 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, child care, school supplies, general 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 71% [due to the enhanced rate under the federal ARRA, which will step down to 68% in January, 2011, and again to 66% in April, 2011, until the enhanced rate is phased out in July, 2011]. Due to the federal ARRA, the state received more Title IV-E funding than usual during the 2009-11 biennium.

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 the percentage of administrative costs determined IV-E eligible, the reimbursement rate is 50%.

Title IV-B. Child welfare funds are provided to states under Title IV-B of the Social Security Act to support permanency planning for children. Unlike Title IV-E (foster care) funding, states may not use Title IV-B funds 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. A portion of this funding is also allocated to Native American tribes. Funds are distributed to states on

the basis of their under-21 population and per capita income.

Tribal Child Care and Child Welfare. DCF is directed to allocate not more than \$412,800 GPR annually for federally recognized American Indian tribes or bands to provide child care for children that meet the definition of an eligible child for the federal child care and development block grant. Under federal law, an eligible child is a child: (a) who is less than 13 years of age; (b) whose family income does not exceed 85% of the state median income for a family of the same size (\$63,844 for a four-person family based on 2010 income); and (c) who resides with a parent or parents who are working or attending a job training or educational program or is receiving, or needs to receive, protective services. Funding is distributed to the tribes through the consolidated family services program, a distribution mechanism for tribal human services allocations.

2009 Wisconsin Act 28 reduced funding in the children and family aids payments appropriation by 1%. As a result, funding for tribal child care was reduced by 1% to \$408,700. Table 1 identifies the amount each tribe or band will receive in calendar year 2011. DCF also distributes \$187,000 in Title IV-B funds for tribal child welfare activities.

Table 1: Tribal Child Care Allocations --Calendar Year 2011

Tribe	Amount
Bad River Band	\$51,400
Ho Chunk Nation	25,700
Lac Courte Oreilles Band	40,400
Lac du Flambeau Band	30,200
Menominee Tribe	33,500
Oneida Tribe	59,200
Potawatomi Tribe	54,000
Red Cliff Band	30,800
Sokaogon Chippewa Community	27,800
St. Croix Chippewa	30,000
Stockbridge-Munsee Community	25,700
Total	\$408,700

Milwaukee County. Milwaukee County is statutorily required to provide \$58,893,500 annually to DCF for the costs of providing child welfare services in Milwaukee County by DCF. This contribution is accomplished by budgeting the following directly in DCF's Bureau of Milwaukee Child Welfare (BMCW): (a) \$37,209,200 from community aids and children and family aids; (b) \$1,583,000 from the SAPT block grant; and (c) \$20,101,300 from a deduction in shared revenue payments. This contribution is an estimate of the amount of funding Milwaukee County was spending on child welfare services at the time the former DHFS assumed responsibility of these services (January 1, 1998).

The Milwaukee County Human Services Department continues to receive \$6.9 million in CFA funds. These funds are used for juvenile justice services and other services to families.

County Funding Requirements

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, the SAPTBG, 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:

• All funds carried forward must be used for the purpose for which the funds were originally allocated;

• Counties may not use carry-forward funds for staff or administrative costs; and

• The county match requirement applies to any funds carried forward that were originally required to be matched.

DHS and DCF may 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 \$332,999 in 2009-10 and DCF carried forward \$7,730. 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 year 2010.

County Matching Requirements. Counties provide matching funds of 9.89% of the basic county allocation, the children and families allocation, and the Alzheimer's family and caregiver support allocation. Counties are not required to provide matching funds for the family support program, or the SAPTBG and MHBG allocations.

Under current practice, DHS has not applied the match requirement for the Alzheimer's family and caregiver support allocation uniformly to all counties. Counties may receive their Alzheimer's allocation through their department of social services, human services, area aging agency, or department of health. DHS has required only those counties that receive the allocation through a department of human services or social services to provide the match. Those counties that receive their allocation through an area aging agency or the department of health are not required to provide the match. In 2011, 26 counties received the Alzheimer's family and caregiver support allocation through an area aging agency.

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. All counties met the 2010 match requirement.

Maintenance-of-Effort. Counties must also meet certain maintenance-of-effort requirements.

First, federal regulations of the SAPTBG 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.

Eligibility Criteria and Fees

All persons who are eligible for supplemental security income or medical assistance are eligible for services funded through county social services agencies. In addition, persons who have income at or below levels determined by DHS are eligible for these services. For calendar year 2010, this level is 75% of the state's median income, or \$4,134 per month for a family of three. Counties may choose to provide services to persons with higher incomes.

Counties are required to charge fees based on the ability to pay for certain services. Counties cannot charge fees, or may choose to charge fees, for certain other services. Appendix II provides greater detail on services for which fees are mandatory, prohibited, or optional.

By rule, DHS establishes a uniform schedule 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 2011, a family of three with gross monthly income of up to \$2,450 would not pay any fee for services received, with fees increasing on a sliding scale as income increases. A full summary of the uniform fee system is available on the DHS website (www.dhs.wisconsin.gov/bfs/uniformfee/index.h tm).

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. The monitoring and evaluation tools used by the Departments are discussed below.

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. Once the county agency develops the budget, it is submitted 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 allocation amounts to each county 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 an extension is granted. 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, in-

cluding 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.

County Reporting of Services and Expenditures. Counties report certain types of information to DHS through 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.

Human Services Reporting System (HSRS). HSRS collects data on five major client populations: developmental disabilities, mental health, alcohol and other drug abuse, 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. County expenditures for social services and child welfare services from all sources (including county tax levy, community aids, children and family aids, the community options program, youth aids, and services reimbursed by other funding sources such as MA), totaled over \$1.6 billion in calendar 2009. 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, which is now reported separately in the human services revenue report.

Appendix III provides more detailed information on clients served and expenditures, by target group and program category cluster. In calendar year 2009, counties reported serving 279,349 clients through the programs reported to HSRS.

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. The community aids reporting system (CARS) is used to authorize the payment of funds to counties. The categories included in the contract are those for which funding is distributed, and do not correspond to the categories for HSRS or HSRR.

In addition, 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 are based on budget contract categories, and HSRS and HSRR are based on 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 www.dcf.wisconsin.gov/contractsgrants/social_human_services_contracts

Human Services Reporting System (HSRS) Home www.dhs.wisconsin.gov/hsrs

LIST OF APPENDICES

This paper includes the following appendices:

- Appendix I Services that counties may support with community aids/children and family aids funding.
- Appendix II Allowable and prohibited fees for services funded by community aids or children and family aids.
- Appendix III The number of clients served and county expenditures on human services funded by revenues sources reported to the human services reporting system (HSRS), calendar year 2009.
- Appendix IV Community aids and children and family aids allocations, by county and allocation category, calendar year 2011.
- Appendix V Total community aids and children and family aids allocations by county, calendar years 2005 through 2011.

APPENDIX I

Eligible Community Aids and Children and Family Aids Services

Child care

Community living/support services

Adult day care Respite care Housing/energy assistance Daily living skills training Interpreter services and adaptive equipment Family support Congregate meals Home-delivered meals Family planning Protective payment/guardianship Case management

Community prevention, access, and outreach

Recreation/alternative activities Community prevention, organization, and awareness Outreach Information and referral Advocacy and defense resources Health screening and accessibility

Community residential services

Adoptions Adult family home care Foster home care Group home care Shelter care Detoxification - social setting Community-based residential facility care

Community Support Programs

Community treatment services

Juvenile probation and supervision Juvenile reintegration and aftercare Restitution Crisis intervention Counseling/therapeutic resources Medical day treatment

Inpatient and institutional care

Juvenile correctional institution services Detoxification - hospital setting Inpatient Child caring institution services DD center/nursing home

Institution for mental disease (IMD) services Work-related and day care services

Work-related services Nonmedical day care services

Investigations and assessments

Court intake and studies Intake assessment

Specialized transportation and escort services

Supported employment services

Supportive home care services

APPENDIX II

Services for Which Fees are Mandatory, Exempt, or Optional

Services for Which a Fee is Mandatory

 Child care (if income is above Department-established limit) Respite care provided or purchased by Chapter 51 boards Family support Adoptions under s. 48.837(7) of the statutes Adult family home care Foster and group home care Shelter care except in domestic abuse emergencies Court intake and studies: divorce settlements and custody and visitation studies not funded by the social services block grant Juvenile correctional institution services Congregate and home-delivered meals funded under the community options program Detoxification 	 Inpatient & Institutions for Mental Disease State Centers for the Developmentally Disabled/nursing home Child caring institutional care Community-based treatment facility care Medical day center services Counseling and therapy not funded by the social services block grant Community support: assessment and diagnosis, education and training, counseling and psychotherapy, medical support, transportation Intake assessments for intoxicated use of motor vehicle, boat, all terrain vehicle, or snow mobile Intake assessment for use of controlled substances
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Services Exempt From Fees

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Sheltered employment	Community prevention, organization, and awareness
• Interpreter services and adaptive equipment needed for	 Crisis intervention: information and referral
access to services	 Nonmedical day center services
 Adoption services other than by private agencies to 	Community support: eligibility determination,
non-relatives	advocacy, person locating
Court intake and studies under Chapters 48, 51 and 55	Outreach, information, and referral
ordered by the court and required by Statutes	• Intake assessment: community options program, child
Adult restitution	abuse and neglect
Family planning	 Advocacy and defense resources
Congregate and home-delivered meals (funded by the	 Health screening and accessibility
Older Americans Act)	 Staff training and development
	 Agency/systems management

Services for Which Counties May Charge a Fee

Respite care purchased or provided by county social	 Court intake and studies for divorce assessments,
services departments	custody and visitation studies funded by the federal
Supportive home care	social services block grant
Housing/energy assistance	 Juvenile probation and supervision
 Specialized transportation and escort services 	 Juvenile reintegration and aftercare
 Work-related services and supported employment 	Juvenile restitution
(other than sheltered employment)	Congregate and home-delivered meals (not funded by
Daily living skills training (except for nonmedical day	Older Americans Act)
services)	Recreation activities
 Interpreter services and adaptive equipment (not 	Crisis intervention: counseling, supervision to minors,
needed for access to services)	transportation
Shelter care in domestic abuse emergencies	 Counseling and therapy funded by the social services
Court intake and studies under Chapters 48, 51 and 55	block grant
requested by an individual	Case management
Adult day care	Protective payment/guardianship
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APPENDIX III

County Expenditures and Clients Served* As Reported through the Human Services Reporting System (HSRS) Calendar Year 2009

	Expenditures		Clients		
	Amount	% of		% of	
Target Group	(in millions)	Total	Number	Total	
Abused and Neglected Children	\$197.7	11.8%	7,637	2.7%	
Adults and the Elderly	144.2	8.6	29,837	10.7	
Children and Families	71.3	4.3	24,095	8.6	
Delinquent and Status Offenders	187.1	11.2	9,705	3.5	
Developmentally Disability	480.5	28.7	31,914	11.4	
Mental Health	428.6	25.6	100,238	35.9	
Physically and Sensory Disabled	81.2	4.9	7,938	2.8	
Substance Abuse	81.4	4.9	67,985	24.3	
Total	\$1,672.0	100.0%	279,349	100.0%	

	Expendit	Clients **	
	Amount	% of	
Standard Program Category Cluster	(in Millions)	Total	Number
Access, Prevention, and Outreach	\$51.9	3.1%	1,026
Child Day Care/Crisis Respite Care	3.6	0.2	126,746
Community Living and Support Services	368.7	22.1	16,033
Community Residential Services	352.0	21.1	22,079
Community Support Programs	67.8	4.1	7,876
Community Treatment Services	279.7	16.7	145,289
Inpatient and Institutional Care	171.4	10.3	40,071
Investigation and Assessments	119.6	7.2	161,606
Juvenile Correctional Institutes	21.6	1.3	341
Specialized Transportation or Escort	31.0	1.9	11,893
Supported Employment	8.3	0.5	3,263
Supportive Home Care	110.4	6.6	16,515
Work Related and Day Services	85.8	5.1	29,861
Total	\$1,671.8	100.0%	

* Includes services funded from sources other than community aids and children and family aids, such as MA waiver programs, community options program, county tax levy. Target group and standard program cluster do not equal each other due to rounding -- total reported spending equaled \$1,672,057,272.

** Some clients receive services from more than one category cluster. No total is provided, as it would not reflect an unduplicated total.

APPENDIX IV

Community Aids/Children and Family Aids Allocations Calendar Year 2011

Country	Basic County Allocation			Substance Abuse	Alzheimer's Family and Caregiver	Family Support	Total	County
County	(DHS)	cation (DCF)	Block Grant	Block Grant	Support *	Program	Allocation	Match
Statewide Total	\$174,431,734	\$64,945,829	\$2,513,400	\$9,735,700	\$1,091,145	\$4,909,339	\$257,627,147	\$21,511,990
Adams	\$556,478	\$239,641	\$8,555	\$34,248	\$0	\$16,828	\$855,750	\$70,955
Ashland	776,687	321,665	9,580	28,276	6,602	28,202	1,171,012	98,280
Barron	1,444,763	609,965	20,066	79,713	0	50,087	2,204,594	183,499
Bayfield	564,712	233,905	7,354	35,262	5,121	31,684	878,038	71,539
Brown	6,562,807	2,846,950	98,340	365,279	0	197,378	10,070,754	837,269
Buffalo	550,128	299,910	7,803	23,204	5,205	16,634	902,884	79,917
Burnett	583,538	242,340	7,248	28,760	5,151	15,689	882,726	73,916
Calumet	861,158	363,775	12,388	46,328	7,348	37,481	1,328,478	109,400
Chippewa	1,937,731	803,110	27,037	96,341	17,152	55,842	2,937,213	245,294
Clark	1,339,345	539,428	16,032	55,026	0	40,172	1,990,003	168,535
Columbia	1,338,754	569,376	16,818	77,128	12,257	45,478	2,059,811	170,261
Crawford	1,009,829	413,003	7,939	32,086	5,621	18,811	1,487,289	127,482
Dane	12,326,029	5,171,175	160,098	650,692	139,786	293,949	18,741,729	1,563,410
Dodge	2,161,904	925,552	31,007	111,966	20,472	78,028	3,328,929	275,177
Door	791,570	322,018	7,665	46,219	0	45,433	1,212,905	99,844
Douglas	2,201,545	720,569	25,572	110,750	16,827	48,175	3,123,438	250,618
Dunn	1,253,371	524,658	18,754	69,453	0	32,108	1,898,344	158,969
Eau Claire	3,611,469	1,506,789	51,569	189,338	29,536	88,244	5,476,945	457,662
Florence	259,095	194,022	3,434	8,512	0	13,660	478,723	45,244
Fond du Lac	2,316,379	1,422,609	37,307	153,543	0	98,901	4,028,739	326,056
Forest	498,396	234,329	5,386	29,605	6,922	15,930	790,567	65,149
Grant	1,728,343	680,411	21,745	77,899	21,934	59,436	2,589,768	216,213
Green	880,950	396,642	11,554	45,365	8,275	27,976	1,370,762	113,136
Green Lake	570,592	242,529	6,805	32,340	5,277	20,632	878,175	72,578
Iowa	669,845	273,417	8,335	29,860	1,692	22,783	1,005,933	84,558
Iron	305,562	125,078	3,621	7,985	3,946	9,048	455,240	38,599
Jackson	979,664	436,941	8,922	39,385	6,345	33,994	1,505,251	125,543
Jefferson	1,976,324	846,307	26,128	109,299	18,112	66,343	3,042,513	251,600
Juneau	759,144	313,089	10,820	42,890	0	24,826	1,150,769	96,070
Kenosha	5,524,892	2,346,028	72,813	326,821	0	111,865	8,382,419	702,374
Kewaunee	616,665	264,426	7,486	26,797	7,974	27,444	950,792	78,515
La Crosse	2,794,736	1,712,626	56,779	204,793	30,800	99,173	4,898,907	393,786
Lafayette	615,145	263,024	7,785	22,055	5,401	37,214	950,624	78,265
Langlade	856,095	341,504	12,236	50,577	0	3,759	1,264,171	106,993
Lincoln	918,747	400,573	7,585	31,351	0	39,500	1,397,755	117,654
Manitowoc	2,754,050	1,155,524	35,127	140,547	0	77,626	4,162,874	349,330
Marathon	3,661,367	1,477,071	52,071	215,234	0	146,677	5,552,420	459,871
Marinette	1,267,357	528,990	18,732	75,173	0	49,370	1,939,622	160,687
Marquette	459,079	191,740	6,423	23,939	4,877	16,607	702,665	58,220
Menominee	779,385	320,571	5,752	41,427	6,124	22,872	1,176,131	98,567
Milwaukee	39,135,820	6,708,054	685,914	2,431,021	242,158	852,668	50,055,635	4,254,106
Monroe	1,312,790	553,922	18,307	71,115	11,908	46,054	2,014,096	166,733
Oconto	949,682	413,417	13,353	48,966	0	41,726	1,467,144	121,249
Oneida	1,067,281	470,417	11,796	64,839	0	34,889	1,649,221	136,271
Outagamie	4,432,981	1,876,867	64,126	236,002	45,172	126,854	6,782,002	563,178

APPENDIX IV (continued)

Community Aids/Children and Family Aids Allocations Calendar Year 2011

County	Basic County Allocation (DHS)	Children and Families Allo- cation (DCF)	Mental Health Block Grant	Substance Abuse Block Grant	Alzheimer's Family and Caregiver Support*	Family Support Program	Total Allocation	County Match
Ozaukee	\$1,826,237	\$767,834	\$25,233	\$85,354	\$0	\$56,810	\$2,761,468	\$231,706
Pepin	435,906	177,771	4,795	11,569	4,156	14,196	648,393	55,015
Pierce	974,072	432,576	13,239	51,163	0	27,996	1,499,046	124,791
Polk	1,319,194	555,310	17,164	68,628	11,748	41,518	2,013,562	167,450
Portage	1,151,672	720,955	25,490	111,625	0	57,412	2,067,154	163,253
Price	599,221	246,853	8,029	19,379	5,366	26,183	905,031	75,756
Racine	7,423,472	3,097,925	100,488	500,171	61,656	168,420	11,352,132	941,258
Richland	569,737	343,381	9,465	32,819	3,566	19,306	978,274	79,965
Rock	6,416,628	2,691,847	73,312	343,850	72,180	117,853	9,715,670	813,596
Rusk	768,845	314,307	9,661	30,407	5,751	18,690	1,147,661	97,091
St. Croix	1,186,791	496,317	17,529	70,176	0	58,331	1,829,144	150,533
Sauk	1,619,661	678,035	17,541	82,089	13,031	46,635	2,456,992	205,386
Sawyer	787,425	327,800	8,146	50,066	5,294	36,075	1,214,806	99,820
Shawano	1,135,311	489,569	16,604	73,720	17,002	39,067	1,771,273	144,602
Sheboygan	3,499,002	1,490,191	51,197	178,215	0	98,798	5,317,403	444,928
Taylor	870,131	364,170	9,043	31,092	8,512	20,050	1,302,998	110,290
Trempealeau	1,099,086	447,409	15,769	43,091	10630	28,096	1,644,081	138,545
Vernon	1,024,545	426,702	12,392	44,268	8,851	19,637	1,536,395	129,800
Vilas	658,131	224,207	7,434	40,862	0	21,987	952,622	79,735
Walworth	2,376,539	1,008,240	22,005	118,911	16,918	64,956	3,607,569	302,016
Washburn	630,474	270,159	8,386	27,842	0	17,128	953,989	80,265
Washington	2,426,227	998,194	37,470	131,927	0	84,972	3,678,790	306,477
Waukesha	7,925,831	3,325,182	109,469	421,473	68,404	255,291	12,105,650	1,005,339
Waupaca	1,375,721	591,867	20,786	80,798	18,344	52,668	2,140,184	175,313
Waushara	748,111	328,209	10,433	37,207	6,842	36,679	1,167,481	95,642
Winnebago	5,057,680	2,188,644	68,961	253,027	54,899	126,074	7,749,285	644,831
Wood	2,563,902	1,098,218	39,193	128,562	0	86,461	3,916,336	326,018

* Counties with no listed Alzheimer's Family and Caregiver Support Program allocation receive those moneys through Area Agencies on Aging, rather than as a community aids allocation.

APPENDIX V

Total Community Aids/Children and Family Aids Allocation, By County Calendar Years 2005 through 2011

County	2005	2006	2007	2008	2009	2010	2011
Statewide Total	\$260,163,597	\$260,680,557	\$260,937,704	\$261,515,844	\$261,460,863	\$255,541,334	\$257,627,147
Adams	\$859,645	\$861,663	\$862,782	\$865,542	\$868,302	\$846,648	\$855,750
Ashland	1,179,406	1,182,287	1.183.928	1,187,735	1,191,541	1,119,748	1,171,012
Barron	2,218,542	2,224,897	2,228,925	2,236,068	2,243,211	2,187,385	2,204,594
Bayfield	895,394	896,830	897,352	900,154	902,955	879,549	878,038
Brown	10,067,719	10,092,748	10,107,195	10,139,651	10,172,108	9,918,386	10,070,754
Buffalo	912,741	914,128	914.551	917,503	920,455	895,316	902,884
Burnett	892,047	894.924	896,864	899,741	902,620	878,581	882,726
Calumet	1,341,786	1,344,417	1,345,660	1,349,915	1,354,171	1,320,947	1,328,478
Chippewa	2,975,239	2,982,358	2,986,361	2,995,918	3,005,473	2,917,547	2,937,213
Clark	2,019,399	2,023,783	2,026,021	2,028,307	2,030,593	1,981,093	1,990,003
Columbia	2,081,491	2,085,072	2,086,489	2,093,116	2,099,743	2,038,223	2,059,811
Crawford	1,501,648	1,503,982	1,504,703	1,509,642	1,514,580	1,475,025	1,487,289
Dane	18,898,758	18,940,551	18,962,483	19,023,360	19,084,237	18,609,223	18,741,729
Dodge	3,344,011	3,352,686	3,357,883	3,368,556	3,379,229	3,279,886	3.328.929
Door	1,235,595	1,238,488	1,240,104	1,241,630	1,243,155	1,212,708	1,212,905
DOOL	1,233,333	1,230,400	1,240,104	1,241,050	1,243,133	1,212,700	1,212,303
Douglas	3,139,663	3,169,596	3,170,964	3,181,138	3,191,312	3,105,803	3,123,438
Dunn	1,918,104	1,922,140	1,924,154	1,930,352	1,277,572	1,888,106	1,898,344
Eau Claire	5,539,548	5,554,610	5,563,860	5,581,694	5,599,528	5,437,150	5,476,945
Florence	480,738	481,746	482,243	483,812	485,380	473,350	478,723
Fond du Lac	4,051,519	4,064,305	4,071,716	4,079,119	4,086,522	3,973,976	4,028,739
Forest	790,887	792,358	793,005	794,082	795,159	788,229	790,567
Grant	2,596,966	2,601,449	2,603,613	2,607,317	2,611,021	2,583,139	2,589,768
Green	1,356,521	1,360,400	1,362,862	1,367,210	1,371,558	1,333,260	1,370,762
Green Lake	886,500	888,391	889,361	892,184	895,008	868,769	878,175
Iowa	1,006,738	1,009,092	1,010,533	1,012,027	1,013,519	1,001,989	1,005,933
Iron	459,192	460,027	460,375	461,866	463,356	451,023	455,240
Jackson	1,488,355	1,490,870	1,491,815	1,496,625	1,501,434	1,459,215	1,505,251
Jefferson	3,067,409	3,071,139	3,073,100	3,082,872	3,092,644	3,002,008	3,042,513
Juneau	1,167,926	1,170,394	1,171,637	1,175,393	1,179,148	1,149,773	1,150,769
Kenosha	8,440,510	8,463,031	8,476,633	8,504,000	8,531,368	8,316,946	8,382,419
Kenosna	8,440,510	8,403,031	8,470,033	8,304,000	8,331,308	0,310,940	0,302,419
Kewaunee	949,307	951,291	952,286	955,318	958,351	934,832	950,792
La Crosse	4,938,695	4,956,857	4,968,519	4,988,474	5,008,427	4,870,614	4,898,907
Lafayette	949,080	951,257	952,451	955,465	958,480	933,734	950,624
Langlade	1,265,249	1,246,221	1,248,111	1,249,543	1,250,976	1,243,205	1,264,171
Lincoln	1,407,544	1,395,932	1,396,628	1,398,377	1,400,126	1,379,181	1,397,755
Manitowoc	4,193,741	4,203,520	4,208,866	4,222,457	4,236,049	3,928,367	4,162,874
Marathon	5,478,726	5,528,922	5,537,352	5,543,773	5,550,194	5,512,830	5,552,420
Marinette	1,966,197	1,969,391	1,970,535	1,976,813	1,983,092	1,933,896	1,939,622
Marquette	713,702	713,515	713,987	716,254	718,520	697,001	702,665
Menominee	1,194,233	1,196,087	1,196,684	1,200,534	1,204,384	1,174,336	1,176,131
Milwaukee	51,102,716	51,159,406	51,159,406	51,159,369	51,159,370	50,150,719	50,055,635
Monroe	2,037,601	2,039,913	2,041,604	2,048,092	2,054,579	1,997,584	2,014,096
Oconto	1,475,751	1,479,368	1,481,457	1,473,068	1,477,755	1,441,207	1,467,144
Oneida	1,608,738	1,611,790	1,613,157	1,615,143	1,617,127	1,606,714	1,649,221
Outagamie	6,853,362	6,855,942	6,860,020	6,881,919	6,903,818	6,732,897	6,782,002
- anguine	0,000,000	3,300,010	0,000,000	3,301,010	3,300,010	5,.08,001	5,100,000

APPENDIX V (continued)

Total Community Aids/Children and Family Aids Allocation, By County Calendar Years 2005 through 2011

County	2005	2006	2007	2008	2009	2010	2011
Ozaukee	\$2,782,321	\$2,786,502	\$2,785,145	\$2,794,139	\$2,803,134	\$2,733,228	\$2,761,468
Pepin	654,321	655,389	655,762	657,889	660,015	641,852	648,393
Pierce	1,488,691	1,491,330	1,492,399	1,497,209	1,502,020	1,464,492	1,499,046
Polk	2,032,780	2,037,713	2,040,523	2,047,036	2,053,549	1,999,019	2,013,562
Portage	2,089,880	2,096,916	2,101,243	2,109,557	2,117,870	2,059,782	2,067,154
Price	912,772	914,277	914,824	917,755	920,687	896,888	905,031
Racine	11,555,618	11,586,074	11,604,500	11,641,412	11,678,322	11,339,051	11,352,132
Richland	987,208	990,116	991,707	995,748	999,789	924,995	978,274
Rock	9,807,823	9,819,864	9,834,137	9,859,087	9,884,037	9,637,238	9,715,670
Rusk	1,162,653	1,164,830	1,165,775	1,169,549	1,173,323	1,142,546	1,147,661
St. Croix	1,868,141	1,871,900	1,873,740	1,862,871	1,868,750	1,822,691	1,829,144
Sauk	2,481,396	2,487,854	2,491,708	2,499,700	2,507,691	2,435,158	2,456,992
Sawyer	1,237,004	1,238,422	1,239,765	1,243,673	1,247,582	1,215,658	1,214,806
Shawano	1,784,186	1,786,773	1,787,519	1,789,227	1,790,935	1,747,000	1,771,273
Sheboygan	5,336,872	5,348,001	5,353,496	5,370,762	5,388,029	5,253,465	5,317,403
Taylor	1,304,455	1,307,710	1,309,575	1,313,839	1,318,102	1,285,205	1,302,998
Trempealeau	1,669,774	1,672,184	1,672,830	1,675,153	1,677,476	1,630,883	1,644,081
Vernon	1,557,414	1,554,640	1,555,759	1,560,797	1,565,834	1,519,801	1,536,395
Vilas	947,374	950,126	951,892	952,920	953,950	950,230	952,622
Walworth	3,632,301	3,638,576	3,643,027	3,654,750	3,666,471	3,572,838	3,607,569
Washburn	952,058	954,536	956,003	959,104	962,207	938,143	953,989
Washington	3,747,535	3,746,283	3,748,496	3,752,991	3,753,486	3,660,597	3,678,790
Waukesha	12,250,343	12,273,469	12,283,813	12,322,965	12,362,117	12,002,673	12,105,650
Waupaca	2,149,359	2,155,185	2,158,791	2,165,604	2,172,418	2,119,051	2,140,184
Waushara	1,169,778	1,167,233	1,168,427	1,172,117	1,175,806	1,141,687	1,167,481
Winnebago	7,740,260	7,760,923	7,773,456	7,798,403	7,823,351	7,629,038	7,749,285
Wood	3,912,641	3,925,957	3,935,157	3,940,459	3,945,762	3,848,007	3,916,336