Wisconsin’s In-Home Safety Services (IHSS) Program

Balance of State Program Manual for Counties: Calendar Year 2018

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**Program Background:**
The Wisconsin Department of Children and Families (DCF), along with the 2010 Federal Children and Family Services Review (CFSR) in Wisconsin, recognized the variability among counties regarding the types of cases eligible for in-home services and the differences in case practice across the state pertaining to in-home safety service delivery. In response to the CFSR as well as findings of other reviews of case practice, Wisconsin's Program Improvement Plan included an action step to develop a competitive award process to select demonstration sites to target improvements in information collection, safety decision-making, and in-home safety service delivery.

As a result, In Home Safety Services (IHSS) began as a competitive award process in 2011. Since 2011 the program has undergone refinements as workers and the state continued to learn about safety and relevant evidence-based practices. The information below provides the program framework for Wisconsin’s balance of state IHSS Program in 2018.

| The IHSS Program framework reflects the updated Wisconsin Child Welfare Model for Practice. As stated in the Model for Practice, the purpose of the Wisconsin Child Welfare System is to keep children safe and to support families to provide safe, permanent, and nurturing homes for their children. The system does this by safely keeping children and youth in their own home, family, tribe, and community whenever possible. The system strives to engage with children, youth, and families to expand healthy connections to supports in their community and tribes and bolster resiliency in families to help them thrive. |

**Program Purpose and Goals:**

**Purpose:**
Wisconsin’s IHSS Program reduces trauma to children by keeping children safe with their families, providing support and resources to build on family strengths, and preventing future maltreatment.

**Primary Goal:**
The primary goal of the IHSS Program is to keep families intact by:

- Increasing parental protective capacities
- Decreasing out-of-home placements
- Helping families develop formal and informal supports
- Reducing maltreatment to children

**Program Description:**
The IHSS Program serves families when children are assessed unsafe and at-risk of removal from their home. Intensive and short-term services are provided to the family to keep children safe while keeping the family intact.
The IHSS Program is appropriate when CPS determines that a child is unsafe but Danger Threats can be controlled for in the home with a Protective Plan or a Safety Plan. The IHSS Program funding is provided for up to four months with a possible one month extension.

The IHSS Program is guided and administered in accordance with:
• Wisconsin Children’s Code (Chapter 48)
• Wisconsin’s Child Protective Services Safety Intervention Standards
• Wisconsin’s Child Protective Services Access and Initial Assessment Standards
• Ongoing Services Standards, Wisconsin Department of Children and Families

Eligibility Requirements:
Program eligibility is related to child characteristics, case characteristics, and timely data entry in eWiSACWIS. A child can be enrolled in the IHSS Program if the requirements outlined below are met and correctly documented in eWiSACWIS. If one child in the family qualifies based on the criteria below, siblings residing in the home may be enrolled in the IHSS Program.

To qualify for the IHSS Program the following is required:
• The case is a Child Protective Services case.
• There is a Protective Plan or Safety Plan in place (Present or Impending Danger Threats are identified) and it is documented in eWiSACWIS.
• The case is within the first 60 days of the screened-in report resulting in the current Initial Assessment.
• The child is eight-years-old or younger OR the child has a documented disability.
• The child had no out-of-home care episode or an out-of-home care episode that lasted no more than 72 hours. The child may have had a prior out-of-home care placement that lasted over 72 hours as long as it ended prior to the current screened-in report.
• If one child in the family qualifies based on the criteria above, siblings residing in the home can also enroll in the IHSS Program.

Program Requirements:
In addition to the program requirements below, CPS must follow all requirements in Wisconsin’s Child Protective Service’s Access and Initial Assessment Standards, Ongoing Service Standards, and Safety Intervention Standards.

• Safety service providers or county staff must be available 24 hours per day, 7 days a week, to meet the critical needs of the family.
• Safety service providers or county staff must meet face-to-face with the family within 24 hours of program assignment.
• Family Teaming is required at the start of the IHSS Program and is recommended during case planning and safety planning. See Appendix A for more information.
• A Safety Management Meeting between the CPS caseworker, CPS supervisor, and any safety service providers is required at the start of IHSS and when any new staff begins working with the family. See Appendix B for more information.
• A reassessment of safety and if needed a new Protective and Safety Plan must be completed immediately if there is a change in family or household condition.
• Data and information must be entered timely into eWiSACWIS to support eligibility requirements, demonstrate fidelity to practice requirements, and support IHSS Program payment to the lead CPS agency.
• Cost reporting must be submitted quarterly. See cost reporting section on page 6 for more information.

Contracting Requirements:
IHSS Program services can be provided by CPS agency staff or by contracted providers. In the case of contracted providers, there is no delegation of responsibility of safety assessment, documentation, planning, or case closure activities. If contracting is part of your IHSS Program delivery, the following requirements apply:

• The CPS caseworker must have at least weekly contact with the IHSS contracted provider(s).
• IHSS contracted providers must attend all Safety Management Meetings. See Appendix B for more information.
• Counties must create procedures to ensure for adequate and accurate documentation of all contacts made by each provider and ensure all documentation, family information, and family involvement in the program remains confidential and documented in eWiSACWIS per standards.
• CPS must confirm that professional, para-professional, and volunteer staff has specific position descriptions that include the qualifications, roles and functions, training, and supervision specific to the provision of the IHSS Program.
• Cost reporting must align with identified service cost categories. See Appendix C.

Funding Structure:
The Department of Children and Families will provide funding of $36.13/day or $1,100/month for up to four months for children enrolled in the IHSS Program. An additional month of funding may be granted by the Program Coordinator. To request a one month extension a county needs to email the Program Coordinator at least one week prior to the four month end date and explain the extenuating circumstances which led to the request.

Funding will be provided to counties up to the approved amount for the contract year. This funding will be provided on a monthly basis, based on the number of enrolled children and can be spent on allowable program services. Counties may retain up to a 10% reserve of total IHSS Program funds received. The Department of Children and Families will withhold funds not expended during the contract period for allowable services to eligible children and families in excess of this amount from future payments.
The IHSS Program Coordinator periodically reviews slot allocation and usage to confirm that agencies are on track to use their entire award. A re-obligation and de-obligation process occurs multiple times per year in order assess agency use. Agencies will be notified when the IHSS Program Coordinator does this process and if it impacts their award amount.

**Referral Process:**
1. County identifies children who would benefit from the IHSS Program.
2. County runs the IHSS Referral Report to confirm that the child is eligible.
3. County enters program assignment for eligible child. If a county has a question on eligibility it should reach out to the IHSS Program Coordinator prior to enrolling the child.
4. IHSS Program Coordinator runs IHSS report in eWiSACWIS on a regular basis and confirms that children are enrolled accurately and payment is authorized for eligible children.

**Program Closure:**
Program funding will automatically end for children after four months of program participation. The IHSS Program Coordinator will close program assignments at four months for enrolled children unless a county requests a one month extension. Requests for a one month extension need to be emailed to the IHSS Program Coordinator with the extenuating circumstances at least seven days prior to the planned four month program end date.

If a child should no longer be enrolled in the IHSS Program and they have not yet been enrolled for four months the county should email the IHSS Program Coordinator who will close the program assignment. Examples of reasons to end the IHSS program early include:

- Parental Protective Capacities were adequately enhanced and the child is safe.
- A change of venue occurred and the child moved to a non-IHSS county.
- Child entered out-of-home care.
- The parent/caregiver is no longer cooperative with the IHSS Program.

**Cost Reporting:**
- Counties/consortia will submit costs quarterly using a templated form (see Appendix C). Costs should be submitted associated with a case ID and an SPC code on the form.
- An IHSS Program specific cross-walk shows what types of services match with which SPC funding code. The cross-walk can be seen in Appendix C.
- Only services from the allowable service categories will be paid for with IHSS Program funding. See below for a list of allowable services.
- Cost reporting will be very similar to the P.S. Program’s cost reporting process although counties will also need to track costs associated with case management and case worker time. DCF is currently working on developing the IHSS Program cost reporting manual.
- Contracted providers are required to provide to the county or consortium cost reporting information that aligns with service cost centers detailed in Appendix C.
**Local Agency Match:**

In accordance with Wis. Stat. § 49.175(1)(t), beginning in calendar year 2018, the IHSS Program requires a 9.89% match from local agencies for the receipt of IHSS Program funding. Agencies will report IHSS match costs in SPARC on the IHSS match line. The definition for this match is as follows: costs reported on the match line may include services, contracts, staff time, concrete resources and other expenses to support children to remain safely in their homes, excluding those costs claimed and reimbursed through the IHSS contract. The county/tribe will have to maintain an audit trail to support the match costs reported.

Match costs could include eligible contracts (excluding costs reimbursed by the IHSS contract); case management time on in-home cases not enrolled in the IHSS Program; payments for appropriate services for any in-home case that is not enrolled in the IHSS Program, and payments spent on IHSS enrolled families beyond the total award amount (including case management), and any other expenses that meet the description of match.

Reported match should exclude costs reimbursed by IHSS Program funding, costs reported on the 9612 series, and costs reported on CFA lines 3561, 3681, and 9681.

**Allowable Services:**

The following services can be funded by IHSS dollars when included on a Protective Plan or Safety Plan. Services can be provided by either formal or informal supports. Both formal and informal supports can be paid for using IHSS Program funding.

*Separation:*

**Recreational Activities:** Any activities a child or parent participates in during times of separation to control for safety. This could include having a mentor take a child or parent out of the home for periods of time.

**Daycare:** The paid care of a child by a person other than the child's legal guardians or custodians to create separation between the children and their caregivers and control for safety. This includes both payment to established centers and informal supports.

**Respite:** Respite services include services such as temporary care for children to relieve a primary caregiver who may be experiencing severe distress or who may be in a state of crisis. This may be used in circumstances where the accumulation of caregiving responsibilities results in threats to safety.

*Concrete Resources*

**Food/Clothing Services:** Services to connect a family with food and/or clothing that are necessary to control for safety.
**Housing Assistance:** Emergency assistance to help families access safe housing when it is necessary to control for safety. This includes providing rent or a stay in a hotel.

**Transportation:** This may include bus passes, gas vouchers, taxis, professional drivers, and providing rides to family members to access services identified on a protective plan or safety plan.

**Household Support:** Assistance from the agency in obtaining services or household items needed to maintain safety. This includes but is not limited to utility assistance and household items including car seats, safety gates, door alarms, and safety monitors, etc. as well as repairs to the home so that it is safe.

**Social Connection and Emotional Support**

**Social Supports:** Supportive resources by family, friends, neighbors, coworkers, or others used to control for safety threats. Social connection and emotional support is an appropriate safety response for a parent whose isolation and unmet emotional needs result in threats to child safety. This is only an appropriate safety response if the planned connection and support has an immediate impact on the parent’s behavior toward the child.

**Supervision and Monitoring**

**Supervision/Observation:** Supervision and observation may involve informal or formal providers whose primary focus is to oversee interactions between parents/caregivers and children and intervene if safety threats arise. Informal providers, such as friends, neighbors or relatives, may be especially effective for providing supervision during critical times of day when safety threats may become active and result in harm to the child. For example, this could include observing/supervising a parent at bed time if this has been identified as a critical time for the family. Formal providers may include, but are not limited to: in-home safety teams, agency paraprofessionals, other contracted workers, and CPS workers. Payment for supervision and observation can be made to both formal and informal supports.

**Parenting and Home Management**

**Basic Home Management:** Controlling for safety by assisting with budgeting, household schedules, and daily tasks or any other activities needed to maintain a household.

**Unique Child Condition Service:** Services used to address safety issues specific to one child in the family that may be related to a special need or circumstance.

**Basic Parenting Assistance:** Basic parenting involves compensating for the parent’s inability to perform basic parenting and other life skills that affect child safety. It could include functions such as like feeding, bathing, and supervision. The provider is responsible for seeing that these functions are performed.
Medical Services

In-Home Health Care: Providers that assist the family in the health care of family members to control for safety issues. This includes both providing health care, modeling for the family how to provide care for the child, and provision of medical equipment and supplies. If services are eligible for Medicaid funding, Medicaid should be billed first.

Crisis Management

Crisis Services: Crisis stabilization or inpatient diversion services specifically focused on safety intervention. This could be related to AODA, emergency medical care, emergency mental health care or other family stressors. If services are eligible for Medicaid funding, Medicaid should be billed first.

The following services can be funded by IHSS dollars when offered in relation to safety management or the provision of safety related services. The below categories will not be on a Protective or Safety Plan, but will be reflected in quarterly cost reporting.

Case Management

Case Management Services: Working with families, youth, children, providers and others for provision of tasks and activities to support, develop, implement, monitor, and manage Protective and Safety Plans.

Change Services

Control is the primary function in all contacts with the family that are contained in the Protective or Safety Plan. Assuring child safety is always the priority for these services. Change services may be included only if they do not detract from this primary goal. If it is determined that control and child safety can be fully maintained during a visit the following change services may also be provided. Change services are time limited and focused on transition to safety and independence or a case plan in Ongoing Services.

Parenting Education: Parenting education is provided to teach parents appropriate parenting techniques and is used to enhance parental protective capacities. This service may only be provided if safety can be fully maintained and may never compromise child safety. If safety is a concern during parenting education the provider must be willing to provide the needed service to the child. For example, the provider must step in and provide food to the child if the parent is unable or unwilling to do so.

Mental Health and AODA Services: Counseling or other therapeutic services that focus on increasing protective parental capacities to eliminate the identified safety threats in the home. This service may only be provided if safety can be fully maintained and may never compromise child safety. IHSS should be used to fund these services if using IHSS funds would allow for the service to begin sooner or would not otherwise be funded through MA or insurance.
Appendices:
A. Family Teaming
B. Safety Management Meeting
C. Cost Reporting Form and IHSS Crosswalk
D. IHSS Program FAQ
E. Safety Assessment at IHSS Program Closure
F. eWiSACWIS reports and Outcome Tracking
G. Contact Information
Appendix A: Family Teaming

Family Teaming is required at the start of the IHSS Program. It can also be used during Protective and Safety Planning, case planning, and at IHSS Program closure.

Family Teaming is an evidence-based practice technique used to facilitate family engagement in the case planning process and throughout CPS involvement. It is a method that brings together family members, informal and formal supports, and CPS professionals, with the shared goal of strengthening and preserving the family. Family Teaming enhances core casework functions of engagement, assessment, service planning, monitoring, and coordination and uses a solution-focused strength and needs based approach to help families resolve issues that brought them into the IHSS Program.

Frequent and continuous communication is important for successful case progression and timely safe case closure. Family team meetings must occur at the beginning of the IHSS Program and can be offered as needed throughout the life of the case. In addition to the initial Family Team Meeting, the following opportunities may be considered for Family Team Meetings:

- Modification of the Protective Plan or Safety Plan
- Family or team members request meeting
- Safe IHSS Program case closure
Appendix B: Safety Management Meeting

A Safety Management Meeting is held between the CPS caseworker, CPS supervisor, and any safety service providers. It is required at the beginning of the IHSS Program and when new staff begins interacting with the family. This could include (but is not limited to):

- The start of the IHSS Program
- Case transitions
- Staff transitions
- When new services are accessed

The purpose of the Safety Management Meeting is to ensure the CPS caseworker, supervisor, and any safety service providers share a thorough understanding of threats to child safety. The meeting focuses on the Protective or Safety Plan controls for identified danger threats, as well as expected roles and responsibilities related to safety management. This includes a conversation regarding the identified danger threats and safety actions to ensure all controls are sufficient, feasible, and sustainable to maintain child(ren) safely in the home. It is critical that the meeting focuses on a transparent and honest conversation about the conditions and behaviors within a family causing threats to child safety, as well as discussion about parental protective capacities present in the home that allows for in-home safety management. If considered appropriate by CPS, families may participate in the Safety Management Meeting.

If decisions are made in the Safety Management Meeting that result in revisions to the Protective or Safety plan, a face-to-face discussion must occur between the CPS and contracted IHSS workers (if applicable), caregivers, family members and providers in the Safety/Protective Plan. This interaction must be immediate to ensure the Protective or Safety Plan controls for all identified safety threats and the child(ren) remain safe and protected.

The Safety Management Meeting must be documented in eWiSACWIS as a case note recorded by the assigned CPS caseworker and must include the content, date, attendees, and time of the Safety Management Meeting.

The Safety Management Meeting includes the disclosure of:

- Identified present or impending danger and the family conditions and/or behaviors which support the identified safety threat(s).
- The appropriateness of a Protective or Safety Plan and that the plan is the least intrusive, sufficient, feasible, and sustainable.
- The identified safety services/actions and whether they continue to be available at the needed frequency to control each Present or Impending Danger Threat.
- The continued suitability, role, and commitment of safety service providers.
- Existing parent/caregiver protective capacities and general family strengths.
- The status of parent/caregiver involvement in the Protective or Safety Plan.
Appendix C: Cost Reporting Form and IHSS Crosswalk

The IHSS Fiscal Manual and cost reporting form are available online at: [https://dcf.wisconsin.gov/cwportal/safety/ihss](https://dcf.wisconsin.gov/cwportal/safety/ihss). Below is a crosswalk between IHSS Service Categories and SPC Codes.

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>DCF Crosswalk Code</th>
<th>SPC Code and Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>1-Case Management</td>
<td>604: Case Management Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AMSO: Agency Management Support and Overhead</td>
</tr>
<tr>
<td>Basic Home Management</td>
<td></td>
<td>104: Supportive home care</td>
</tr>
<tr>
<td>Unique Child Condition Service</td>
<td>2- Parenting Skills and Family Functioning</td>
<td>110: Daily living skills training</td>
</tr>
<tr>
<td>Parenting Education</td>
<td></td>
<td>111: Family support</td>
</tr>
<tr>
<td>Supervision and Observation</td>
<td></td>
<td>113: Consumer education and training</td>
</tr>
<tr>
<td>Basic Parenting Assistance</td>
<td></td>
<td>404: Family Planning</td>
</tr>
<tr>
<td>Daycare</td>
<td>3- Childcare Services</td>
<td>101: Child day care- crisis/respite</td>
</tr>
<tr>
<td>Respite</td>
<td></td>
<td>103: Respite</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>4- Psychosocial/ Psychiatric Interventions</td>
<td>501: Crisis intervention</td>
</tr>
<tr>
<td>Mental Health/AODA Services</td>
<td></td>
<td>503: Inpatient AODA treatment</td>
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<tr>
<td></td>
<td></td>
<td>507: Counseling/therapeutic resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>510: Comprehensive community services</td>
</tr>
<tr>
<td>Section</td>
<td>Code</td>
<td>Description</td>
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<td>-------------------------------</td>
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<tr>
<td>Transportation</td>
<td>106</td>
<td>Housing/energy assistance</td>
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<td>Housing Assistance</td>
<td>107</td>
<td>Transportation and escort</td>
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<td>Household Support</td>
<td>609</td>
<td>Consumer directed supports</td>
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<td>Food/Clothing Services</td>
<td>610</td>
<td>Housing Counseling</td>
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<td>In-Home Health Care</td>
<td>606</td>
<td>Health screening and accessibility</td>
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<tr>
<td>Recreational Activities</td>
<td>112</td>
<td>Interpreter services and adaptive equipment</td>
</tr>
</tbody>
</table>

| 5 - Financial Support/ Direct Assistance | 511    | Community recovery services                               |
| 6 - Physical/ Developmental Health Services | 603    | Intake assessment                                          |
|                                           | 703    | Detoxification: hospital setting                          |
|                                           | 705    | Detoxification: social setting                            |
|                                           | 106    | Housing/energy assistance                                  |
|                                           | 107    | Transportation and escort                                  |
|                                           | 609    | Consumer directed supports                                |
|                                           | 610    | Housing Counseling                                         |
|                                           | 205    | Shelter care                                              |
|                                           | 402    | Home delivered meals                                       |
|                                           | 606    | Health screening and accessibility                         |
|                                           | 710    | Skilled nursing services                                  |

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<table>
<thead>
<tr>
<th>Social Supports</th>
<th>403: Recreational/ alternative activities</th>
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<tr>
<td></td>
<td>509: Community support</td>
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<td>513: Mentoring services</td>
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<td></td>
<td>601: Outreach</td>
</tr>
<tr>
<td></td>
<td>602: Information and referral</td>
</tr>
</tbody>
</table>

*Crosswalk categories 7 and 8 had no applicable services for IHSS*
Appendix D: IHSS Program FAQ

Q1: Can I apply to the IHSS Program as a consortium (group of counties/tribes) or as an individual county?

A. Yes, you can apply and submit your budget as either a consortium or individual county. If you choose to apply as an individual county, you can still have meetings with other counties or tribes for practice and case discussion.

Q2. Can the IHSS Program be used for cases on the Alternative Response Pathway?

A. Yes, the IHSS Program is appropriate as long as a child meets the initial referral qualifications (see IHSS Eligibility Requirements). The case must also have confirmed Impending Danger Threats and the children must be assessed as unsafe.

Q3: Can children be enrolled in the IHSS Program if they were in out-of-home care prior to IHSS?

A. Yes, the child can have been in out-of-home care for up to 72 hours prior to enrolling in IHSS. Additionally, if child was in out-of-home care and that placement closed prior to the new access report then the child could also qualify for IHSS.

Q4: Are counties/consortia required to provide a funding match?

A. Yes, please see Local Agency Match.
Appendix E: Safety Assessment at IHSS Program Closure

All cases involved in the IHSS Program must have a final safety assessment at program closure that addresses and confirms the absence of Present and/or Impending Danger Threats or the decision of the agency to address the safety threats in an alternate manner.

Reasons for IHSS Program Closure:

1. Parental Protective Capacities were adequately enhanced and the child is safe.
2. Allowable IHSS Program duration has been exceeded.
3. The child was placed into out-of-home care.
4. The parent/caregiver is no longer cooperative with the IHSS Program.

It is possible for the IHSS Program to end and the child to remain unsafe. When that occurs the case must receive continued case management by the agency until the child is assessed to be safe.

Steps Required Prior to IHSS Program Closure

1. Complete a final safety assessment that addresses and confirms the absence of Present and/or Impending Danger Threats OR explains the agency’s plans to address safety threats in an alternate manner.
2. Assemble a final family team meeting to discuss case closure.
3. Ensure all service linkages are addressed and in place for the family including any transitions to Ongoing services.

Documentation Required at Case Closure:

1. Safety Assessment
2. Justification for the decision to close the case, including the reasons why previously identified danger threats are no longer active, how the danger threats are managed successfully by the family, or how CPS will manage safety in an alternate manner.
3. Description of future service needs and linkages to those services
Appendix F: eWiSACWIS Reports and Outcome Tracking and How to Guides

The following eWiSACWIS reports will be helpful to you for the IHSS Program:

IHSS Pre Enrollment by Case, Child (SM06A127): This report allows counties to see if an individual child meets eligibility criteria to enroll in the IHSS Program. It also shows minor household members on the same case as a qualifying child.

IHSS Pre Enrollment by County (SM06A126): This report shows all children in the county who qualify for the IHSS Program but are not currently enrolled.

IHSS Enrollment and Outcomes Report (SM06A125): This report has information on cases with an IHSS Program designation in eWiSACWIS during the report run. This report allows counties and the state to track outcomes for children enrolled in the IHSS Program. See the screenshots below for information on how to access the report in eWiSACWIS. You may need to reach out to your eWiSACWIS security delegate to request access to the report.
How to Check if a Child is Eligible for IHSS:

This aid shows how to run and use the eWiSACWIS report “SM06A127 IHSS Pre Enrollment by Case, Child.” Ask your eWiSACWIS delegate for access to the report.

1. Go to eWiSACWIS and click on “Reports-Scheduled & On-Demand”

2. Click on “Request”
3. Click on the report: "SM06A127 IHSS Pre Enrollment By Case, Child"

*If the report does not show up in your list, contact your eWiSACWIS security delegate for access.

4. Enter Case ID
5. Enter Child ID
6. Click Submit
7. A new screen will open, click “close”

8. Click on the “refresh” button until the report status column shows “completed”

9. Click on the report name “SM06A127 IHSS Pre Enrollment by Case, Child” once it appears in the report output column and click “Open” when you see a pop-up
10. The report will open in Excel. You’ll need to click “enable editing” if you see this box.

11. You can navigate the report using the three tabs on the bottom of the screen. For example, the tab “IHSS Queried Child” will show you if the child you ran the report on is eligible to be in IHSS Program.

11. Once you are in the “IHSS Queried Child” tab, look at column “L” to see if the child qualifies for the program. Columns 0, P, Q, R, S, and T show information which helps you to see why a child may or may not qualify for the program.
11. If the child you queried is eligible for the IHSS Program, the third tab of the report “All Minor Household Members” will show other minors in the same case as the queried child. You can use column I in this tab to determine if these minors are eligible for the IHSS Program.
How to Get a List of All Children Eligible for the IHSS Program in Your County:

This aid shows how to run and use the eWiSACWIS report “SM06A126 IHSS Pre Enrollment by County.” Ask your eWiSACWIS delegate for access to the report.

1. Go to eWiSACWIS and click on “Reports-Scheduled & On-Demand”

2. Click on “Request”
3. Click on the report: "SM06A126 IHSS Pre Enrollment By County"

*If the report does not show up in your list, contact your eWiSACWIS security delegate for access.

3. Click on “Submit”
5. A new screen will open, click on “close”

6. Click on the “refresh” button until the report status column shows “completed”

7. Click on the report name “SM06A126 IHSS Pre Enrollment by County” once it appears in the report output column and click “Open” when you see a pop-up
8. The report will open in Excel. You’ll need to click “enable editing” if you see this box.

11. You can navigate the report using the three tabs on the bottom of the screen.

The tab “IHSS Qualifying Children” will show a list of all the children in your county who meet the IHSS Program criteria and are not enrolled in the program as of the report run.

The tab “IHSS Non Qualifying Children” shows a list of all the children in your county on a case with a Screened In CPS report received in the last 60 days. Some of the children listed on this tab may be on the case of an individual who does qualify for the program. If this is the case the non-qualifying child may be eligible for enrollment.
How to use IHSS Enrollment and Outcomes Report (SM06A125):

This aid shows how to run and use the eWiSACWIS report “SM06A127 IHSS Pre Enrollment by Case, Child.” Ask your eWiSACWIS delegate for access to the report.

1. Go to eWiSACWIS and click on “Reports- Scheduled & On-Demand”
2. Click on “Request”

3. Click on the report “IHSS Enrollment and Outcomes Report (SM06A125)”
4. Enter date you want the report run to begin and an end date.

5. You will see your county name here.

6. Click Submit
7. A new screen will open, click “close”

8. Click on the report name “SM06A125 IHSS Enrollment and Outcomes” and click “Open” when you see a pop-up
9. The report will open in Excel. You'll need to click “enable editing” if you see this box.

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10. You can navigate the report using the four tabs on the bottom of the screen. For example, “IHSS Case Detail” will show you a list of all the cases with an active IHSS Program designation in eWiSACWIS during the report run dates you filled out in step 4.
Appendix G: Contact Information

For questions related to the IHSS Program please contact the IHSS Program Coordinator:

Katy Petershack  
DCFIHSSProgram@wisconsin.gov  
608-422-6974

For questions related to cost reporting for the IHSS Program please contact:

Dave Berndt  
David.Berndt@wisconsin.gov  
608-422-6198