

# Wisconsin In-Home Safety Services (IHSS) Fiscal Manual

## Finance and Reporting Components for Counties & Tribes

### Contracting and Payment

The Department of Children and Families (the Department) will provide funding for each enrolled child at a rate of \$36.13 per day (\$1,100 per month) for four months, with a limited amount of additional one month extension opportunities granted by the IHSS Coordinator. Funding will be submitted on the System for Payment and Reporting of Contracts (SPARC) Contract Code Number 3612 for children and families enrolled in the IHSS Program during calendar year 2017.

#### *Counties*

Payment timing follows the standard SPARC schedule, which is shown in Appendix D. Payment days for children enrolled by the end of a given month will be processed the following month. For example, if a child enrolls on January 5<sup>th</sup>, the enrollment days from the 5<sup>th</sup>-31<sup>st</sup> will be processed in February and go out with the rest of the county payments on March 5<sup>th</sup>. This one month delay reduces payment errors due to early disenrollment, OHC entries, or county transfer, which in turn lowers the chances of a reconciliation process.

#### *Tribes*

Payment timing will occur on a quarterly schedule, which is shown in Appendix D (Cont.). Payment days for children enrolled by the end of a quarter will be processed the following month once the Department has received that quarter's enrollment data. For example, if a child enrolls on January 5<sup>th</sup>, the enrollment days from the 5<sup>th</sup> to March 31<sup>st</sup> will be processed in May and go out with the rest of the tribal payments on June 5<sup>th</sup>.

### Allowable Expenditures

Program expenditures must be reasonable, necessary, and provide a direct benefit to the children and families enrolled in the program (the list of allowable services can be found in Appendix A). Unallowable costs include those not directly related to program needs, as well as certain costs that are explicitly unallowable per Chapter IV of the Department's Allowable Cost Manual (<https://dcf.wisconsin.gov/files/finance/costpolicymanual/allowablecosts.pdf>).

Please note that many of the explicitly unallowable costs refer to *agency* costs, and do not necessarily apply to *client* costs. Cost categories such as "goods and services for personal use" and "personal housing and living expenses" are allowable if they can be justified as helping the family manage child(ren) safety. Individual purchases that are not allowed in the cost manual and/or are in excess of \$2,000.00 require the Department's approval. Please send requests regarding these kinds of purchases to:  
[DCFIHSSProgram@wisconsin.gov](mailto:DCFIHSSProgram@wisconsin.gov).

County/Tribe considerations for approving expenditures:

- Is this expenditure meaningfully related to maintaining safety of the child and/or children in the home?
- Is there a plan to make the service or assistance sustainable for the family beyond the unsafe and at-risk of removal from home period?
- Do the supervisor and financial manager approve the use of state funding in this way?

Although individual children are enrolled in the IHSS Program, costs are reported by the assigned Case ID in eWiSACWIS for counties, and the unique identifying case IDs created by tribes. It is possible that there could be multiple children enrolled in a family/household and services are benefiting more than just one child. Providing or purchasing services for parents, siblings, or other members of the household who are part of the family unit are allowable if they assist in maintaining safety of the enrolled children. Those expenses should be reported on the enrolled child’s case ID.

In addition, the \$1,100 per child per month figure is the Department’s estimate of the *average* costs of serving an IHSS child, and counties/tribes are encouraged to spend program funds flexibly across all enrolled children and families. For example, if one IHSS enrolled child only used \$3,000 dollars over the 4 month service period, another IHSS enrolled child with more costly needs could use the remaining \$1,400 in addition to the allocated amount provided for the second child (even if the child is from a different case).

Families participating in the IHSS Program may also be participating in other federally-funded programs, such as Children’s Long-Term Support (CLTS). This is allowable so long as expenditures reported on the quarterly Cost Reporting form reflect **child welfare** case management and paid service costs that directly support meeting the needs and achieving the goals of the family as articulated in the case plan. In addition, Cost Reporting must reflect the **net cost** incurred by the county/tribe for the provision of these services.

## Cost Reporting

Counties and tribes are required to submit quarterly reports of net costs incurred during the enrollment period to support each family enrolled in the IHSS program. Costs must be reported on the IHSS Quarterly Cost Report form.

### County Procedure:

1. Generate the IHSS Enrollment and Outcomes eWiSACWIS Report (SM06X125) for the most recently completed quarter (*contact your security delegate for access to this report*);
2. Open a new blank IHSS Quarterly Cost Report form;
3. On the "County & Tribal Face Sheet" worksheet enter your Fiscal Contact and Current Quarter Reporting Period Begin Date:

<b>Wisconsin's In-Home Safety Services (IHSS) Program, Quarterly Expenditure Reporting</b>	
<b>County/Tribe Name (drop down)</b>	Adams
<b>Fiscal Contact Name</b>	John Smith
<b>Fiscal Contact Email</b>	John.Smith@hds.co.ashland.wi.us
<b>Current Quarter Reporting Period Begin Date (drop down)</b>	1/1/2017

<b>Current Quarter Reporting Period End Date</b>	3/31/2017
--	-----------

4. On the “Current Quarter” worksheet columns B-D, record the Case ID, Enrollment Date, and Disenrollment Date (leave blank if current) for all children enrolled in IHSS during any part of the quarter. Completing steps 3 & 4 will automatically generate correct Service Begin and End dates:

County/Tribe	Case ID	Enrollment Date	Disenrollment Date	Service Begin Date	Service End Date
Adams	1234	1/10/2017	1/20/2017	1/10/2017	1/20/2017
Adams	5678	2/3/2017		2/3/2017	3/31/2017
Adams	91011	2/13/2017		2/13/2017	3/31/2017

5. By Case ID and SPC Code, report service expenditures with service dates that are within and inclusive of service begin and end dates (automatically generated):

- Service begin date: the **later** of the quarter begin date or the enrollment date
- Service end date: the **earlier** of the quarter end date or the disenrollment date

Subtotal	101	103	104	106	107
\$ 124.00	\$ 40.00			\$ 69.00	\$ 15.00
\$ 570.00		\$ 70.00			\$ 500.00
\$ 240.00			\$ 200.00	\$ 40.00	

6. If necessary, repeat steps 4-5 for “Prior Quarter Adjustments” (only costs incurred in the previous quarter should be reported);
7. Save file with title of [PS Exp\_Q#YY\_Cty#\_county name];  
e.g., “PS Exp\_Q117\_053\_Rock”
8. E-mail file to the IHSS Program Coordinator:  
[DCFIHSSProgram@wisconsin.gov](mailto:DCFIHSSProgram@wisconsin.gov)
9. Report costs through SPARC.

**Tribes Procedure**

1. Use your Outcome Tracking Excel Spreadsheet to complete the Cost Reporting Form:

Child ID	Case ID	Child Birthdate	Child has Documented Disability (if Applicable)	IHSS Program Begin Date	IHSS Program End date
111	1234	XX/XX/XXX		1/10/2017	1/20/2017
222	5678	XX/XX/XXX		2/3/2017	
333	91011	XX/XX/XXX		2/13/2017	

2. On the “County & Tribal Face Sheet” worksheet enter your Fiscal Contact and Current Quarter Reporting Begin Date:

<b>Wisconsin's In-Home Safety Services (IHSS) Program, Quarterly Expenditure Reporting</b>	
<b>County/Tribe Name (drop down)</b>	Bad River
<b>Fiscal Contact Name</b>	Steve Smith
<b>Fiscal Contact Email</b>	Steve.Smith@badriver-nsn.gov
<b>Current Quarter Reporting Period Begin Date (drop down)</b>	1/1/2017
<b>Current Quarter Reporting Period End Date</b>	3/31/2017

- On the “Current Quarter” worksheet columns B-D, record the Case ID (a unique identifier created by the Tribe to Track cases), Enrollment Date, and Disenrollment Date (leave blank if current) for all children enrolled in IHSS during any part of the quarter. Completing steps 2 and 3 will automatically generate correct Service Begin and End dates:

County/Tribe	Case ID	Enrollment Date	Disenrollment Date	Service Begin Date	Service End Date
Bad River	1234	1/10/2017	1/20/2017	1/10/2017	1/20/2017
Bad River	5678	2/3/2017		2/3/2017	3/31/2017
Bad River	91011	2/13/2017		2/13/2017	3/31/2017

- By Case ID and SPC code, report service expenditures with service dates that are within and inclusive of service begin and end dates (automatically generated):
  - Service begin date: the **later** of the quarter begin date or the enrollment date
  - Service end date: the **earlier** of the quarter end date or the enrollment date

Subtotal	101	103	104	106	107
\$ 124.00	\$ 40.00			\$ 69.00	\$ 15.00
\$ 570.00		\$ 70.00			\$ 500.00
\$ 240.00			\$ 200.00	\$ 40.00	

- If necessary, repeat steps 3-4 for “Prior Quarter Adjustments” (only costs incurred in the previous quarter should be reported);
- Save file with title of [IHSS Exp\_Q#YY\_tribe name]; e.g., “IHSS Exp\_Q117\_BadRiver”
- E-mail file to the IHSS Program Coordinator:  
[DCFIHSSProgram@wisconsin.gov](mailto:DCFIHSSProgram@wisconsin.gov)
- Report costs through SPARC.

To ensure program integrity, all expenditures incurred as part of providing in-home safety services must be reported. **This includes case management and other direct staffing costs**, even though most or all of these costs are supported by existing county/tribal sources. Please be assured that case management expenditure reporting will not impact the level of services available through IHSS or other funding mechanisms. The Department expects that certain time and cost-intensive cases may have costs that exceed the \$1,100 per child per month rate, and the quarterly cost reporting should reflect those situations – in other words, that the integrity of the program evaluation depends on county/tribal cost reporting that reflects the **whole cost incurred by the child welfare program to serve that family**, including caseworker and other staff time converted to cost actuals or estimates.

### Staffing Costs

To better understand how your county calculates caseworker and other direct staffing costs, the Department requires each county/tribe to annually complete the “IHSS Case Management Staffing Cost Plan” (Appendix C). Please submit the completed plan with your first Quarterly Cost Report, as well as an annual update with each Quarter 1 cost report (see schedule in Appendix D).

## Reconciliation

Department staff will calculate each county and tribe's reconciliation balance as the total amount of funds received for enrolled children during a calendar year minus expenditures reported on the quarterly cost forms. Counties and tribes can retain up to a 10% reserve of total program funds received, and the Department will withhold from future payments funds that are in excess of this reserve threshold. Withholdings will be determined during an annual expenditure reconciliation, which will occur during the 30 day period following the reporting deadline for calendar Q4 (March 1<sup>st</sup>). Department staff will then provide the county/tribe a summary of these calculations and (if applicable) the balance amount that exceeds the reserve threshold.

For example, if Sample County/Tribe receives \$35,000 in state funding, its reserve threshold would be \$3,500. If the county/tribe reports \$30,000 in actual expenses, the county/tribe retains \$3,500 while the Department withholds \$1,500 from the following year's payments.

Total Funding	Total Reported Costs	10 Percent Threshold	Amount Reconciled
\$35,000	\$30,000	\$3,500	(\$1,500)

## Appendix A: 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.

### Safety Plan Categories and Definitions

#### *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.

## Appendix B: Case Plan Service Category to SPC Crosswalk

To provide a comprehensive evaluation of the program, the Department requires two key categories of information that characterize the full breadth of support that each program family receives during the in-home safety services period. In addition to the cost reporting—which categorizes expenditures by SPC codes—the Department will also analyze the units of service received by the family, which use service categories as defined by the Integrated Case Plan (ICP) as the basis for reporting. As shown in the table below, these categories have different names and scopes of service than SPC codes.

When reviewing the two sets of reporting, the Department anticipates *general* alignment between verified units of service and reported expenditures via the crosswalk code. For example, if county/tribal caseworkers verified that an IHSS Program family received services in the Housing Assistance, Transportation, and/or Economic Assistance, the Department would also expect to see costs reported in SPC codes 106, 107, 109, and/or 110 for that family.

Service Categories	DCF Crosswalk Code	SPC Code and Description
Case Management	1-Case Management	604: Case Management Services
		AMSO: Agency Management Support and Overhead
Basic Home Management	2- Parenting Skills and Family Functioning	104: Supportive home care
Unique Child Condition Service		110: Daily living skills training
Parenting Education		111: Family support
Supervision and Observation		113: Consumer education and training
Basic Parenting Assistance		404: Family Planning
Daycare	3- Childcare Services	101: Child day care- crisis/respice
Respice		103: Respice
Crisis Services	4 – Psychosocial / Psychiatric Interventions	501: Crisis intervention
		503: Inpatient AODA treatment
		507: Counseling/therapeutic resources
Mental Health/AODA Services		510: Comprehensive community services
		511: Community recovery services
		603: Intake assessment
		703: Detoxification: hospital setting
		705: Detoxification: social setting

Transportation	5 – Financial Support/Direct Assistance	106: Housing/energy assistance
Housing Assistance		107: Transportation and escort
Household Support		609: Consumer directed supports
Food/Clothing		610: Housing Counseling
		205: Shelter care
		402: Home delivered meals
In-Home Health Care	6 – Physical/ Developmental Health Services	606: Health screening and accessibility
		710: Skilled nursing services
Recreational Activities	9 – Advocacy and Personal Supports	112: Interpreter services and adaptive equipment
		403: Recreational/alternative activities
Social Supports		509: Community support
		513: Mentoring services
		601: Outreach
	602: Information and referral	

*\*Crosswalk categories 7 and 8 had no applicable services for IHSS*

## Appendix C: IHSS Case Management Staffing Cost Plan

County/Tribe: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

The Department recognizes that each county and tribe will have its own methodology for calculating an hourly rate for child welfare case management staff, and integrating the extra effort required to support IHSS cases into its staffing plan. For auditing purposes, the Department requires participating IHSS counties and tribes to annually describe that methodology by responding to the following questions. Please retain documentation to support these calculations and make available as needed.

1. Please provide the hourly rate (or range of rates) for child welfare staff that will be used as the basis for reporting case management staffing costs on line 604 (Case Management Services)

\$\_\_\_\_/hour; (or)

Between \$\_\_\_\_ and \$\_\_\_\_/hour.

2. Briefly describe the methodology used to develop this case management rate. Is it based on the CLTS methodology using child welfare staff as the basis for rate calculation, or some other case management rate methodology?

3. Are Agency Management, Support, and Overhead (AMSO) costs included in the case management hourly rate? \_\_\_\_\_

- If so, what percentage of the hourly rate is AMSO? \_\_\_\_\_
- If not, will you be reporting AMSO on the separate AMSO line? \_\_\_\_\_

If you are allocating AMSO based on FTE, what is the estimated AMSO cost per FTE? \_\_\_\_\_

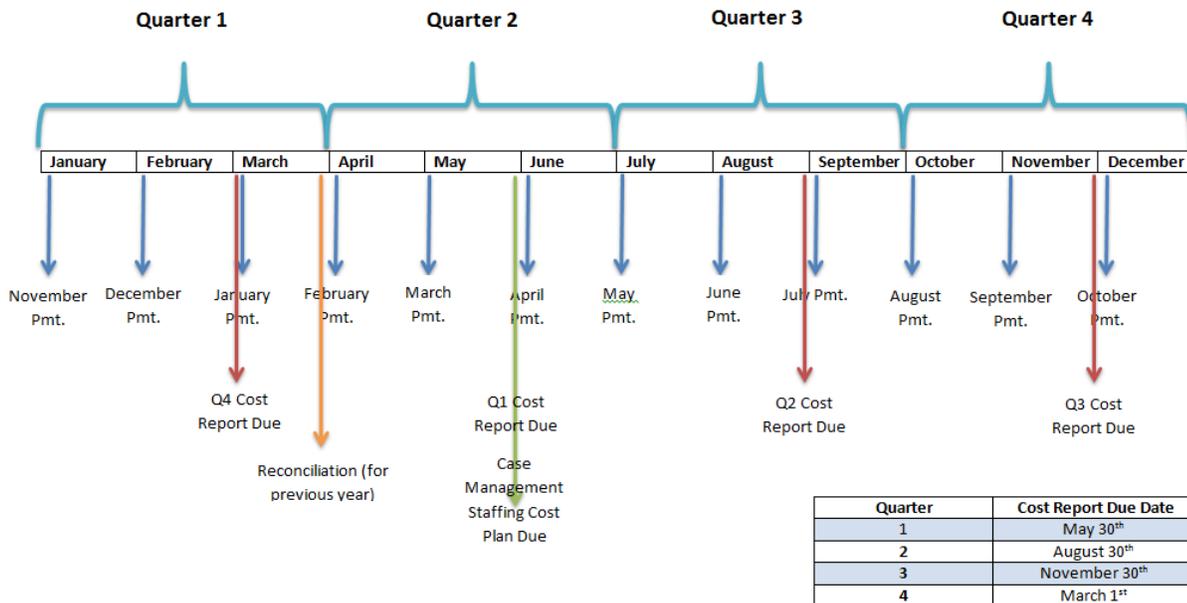
How frequently are AMSO costs determined/re-calculated? \_\_\_\_\_

4. Will your county or tribe be reporting retroactive adjustments to the rate(s) listed in question #1 or the AMSO costs in question 3? If so, when and on what basis?

## Appendix D: IHSS Payment and Reporting Schedule

Counties

Enrollments	Payment	Cost Reporting	Other Notification
<b>Quarter 1:</b> January February March	March 5 April 5 May 5	Due: May 30	Reconciliation (End of March)  Case Management Staffing Cost Plan (send with Q1 Cost Report)
<b>Quarter 2:</b> April May June	June 5 July 5 August 5	Due: August 30	
<b>Quarter 3:</b> July August September	September 5 October 5 November 5	Due: November 30	
<b>Quarter 4:</b> October November December	December 5 January 5 February 5	Due: March 1	



## Appendix D (Cont.): IHSS Payment and Reporting Schedule

Tribes

Enrollments	Payment	Cost & Enrollment Reporting	Other Notification
<b>Quarter 1:</b> January February March	June 5	Due: May 30	Reconciliation (End of March)  Case Management Staffing Cost Plan (send with Q1 Cost Report)
<b>Quarter 2:</b> April May June	September 5	Due: August 30	
<b>Quarter 3:</b> July August September	December 5	Due: November 30	
<b>Quarter 4:</b> October November December	March 5th	Due: March 1	

