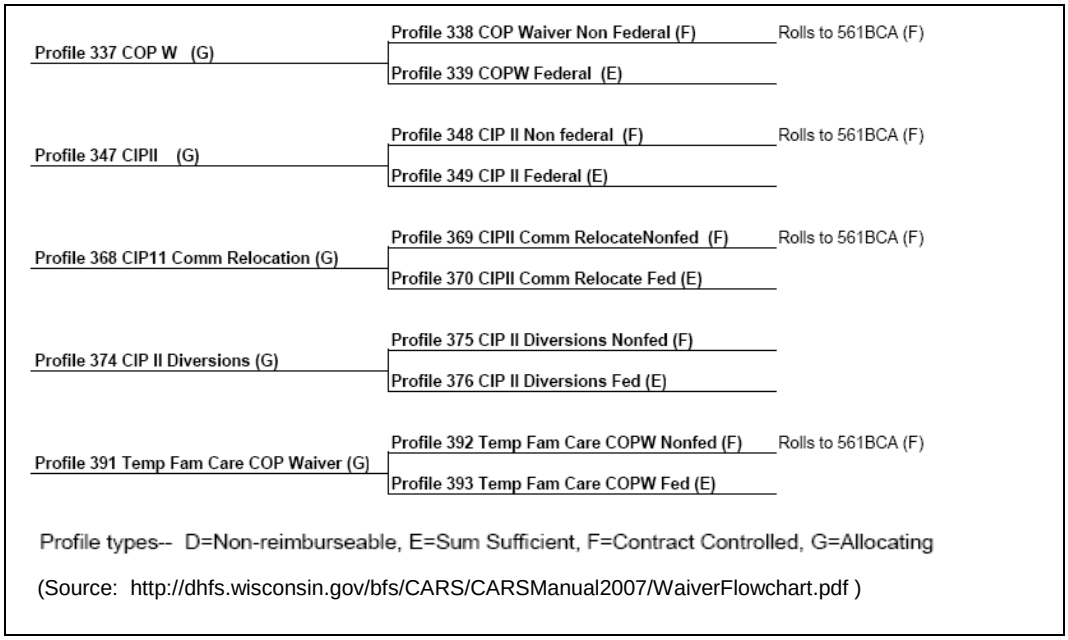
Section 3.5 Community Integration Program II/ Community Options Program Waiver (CIP II/COP-W) – a program cluster – 2014 *(No changes)*

This section is applicable to audits of counties and 51 boards.

Funding: Medical Assistance, CFDA number 93.778. The federal government has identified Medical Assistance as a program of higher risk. Auditors will need to ensure that they meet the federal requirements for testing a major federal program within the context of also ensuring they meet the requirements from the Department of Health Services.

Counties report expenditures for the Community Integration Program II/Community Options Program Waiver program cluster on both HSRS and CARS. At the end of the period, the department reconciles CARS to match HSRS (see *DHS Audit Guide*, Section 2.6 "Reporting" for additional explanation of the requirements for reporting). These programs use the following Community Aids Reporting System (CARS) profiles:



The Community Integration Program II (CIP II) and Community Options Program Waiver (COP-W) program cluster provide Medicaid (MA) funds to counties to pay for home and community-based services to MA eligible persons who have been relocated or diverted from a nursing home. Programming and services are available to eligible elderly and disabled adults ages 18 to 64. The Division of Long Term Care contracts with a county via an appendix to the "State and County Contract Covering Social and Mental Hygiene Services" (state/county contract) to

operate the program. Each county agency implements and operates the program in accordance with a set of prescribed guidelines developed by the department. These guidelines are contained in the following publications:

1. Wisconsin Medicaid Handbook
2. Medicaid Home and Community-Based Services Waivers Manual
3. DLTC (DDES) (DSL) Numbered Memo Series (waiver related)

Risk assessment

The Department of Health Services has designated the Community Integration Program II/Community Options Program Waiver to be a Type A program when expenditures reported for reimbursement are $100,000 or more (see *DHS Audit Guide*, Section 1.2.2 "Additional requirements for single audits"). Risk factors include:

Risk factors:

- The program has not been audited in at least one of the last two audits.
- The auditor identified significant findings for the program in the most recent audit.
- The auditee has had significant changes in personnel or systems affecting the program.
- The program is new for this auditee or the program requirements have recently changed substantially.
- The program has complex administrative requirements.
- The auditor identified significant problems in performing the general compliance testing for requirements that are relevant to this program (Section 2 of the *DHS Audit Guide*).

Compliance requirements and suggested audit procedures

CIP II/COP-W A. Types of services allowed and disallowed/billing

Compliance requirement(s)

Only approved waiver services can be provided. A list of allowed services and detailed descriptions of those services are in Chapter IV of the Waiver Manual. The following restrictions apply to reimbursement for these services:

1. Room and board costs are not covered except for institutional and residential respite (AFH, CBRF, RCAC) services.
2. No reimbursements can be made for services any day the program participant was an inpatient in a Medicaid facility such as a hospital, SNF, ICF, or ICF-MR, with two exceptions: Institutional discharge-related care management services up to 30 days prior to discharge may be covered. (Does not include discharge planning services prior to the initial period of eligibility except for services described in # 3 below). The second exception is Personal Emergency Response Services (PERS), which may continue during an institutional stay. If the stay lasts longer than thirty days any costs incurred for PERS should be aggregated into a revised rate and billed for the first month of the new HSRS episode after discharge.
3. The services of care management and home modifications may be billed prior to relocation from a nursing home. In addition, Housing Start-up and Energy

Assistance services are also allowable ONLY when an individual is relocating from a nursing home. Costs for these serviced incurred prior to the individual's relocation date, must be billed to CIP II/COP-W after the start date.

Reimbursement can be made for allowable services only. The allowable payment provision is included in the state/county contract appendix and may be used in the auditing process. A written variance may be granted which allows a county to exceed contract allowable payments. County agencies must report expenditures on the Human Services Reporting System (HSRS) on-line using the Long Term Support Module for each recipient monthly. Expenditures must also be reported monthly on the Report of Expenditures, Form 600.

Administrative costs up to seven percent of the total allowable service charges must be reported separately at the end of the year. There must be written evidence of administrative costs incurred to substantiate billing for them. The department may approve a variance to exceed the seven percent limit.

Suggested audit procedure(s)
Review the *DHS Audit Guide*, Section 2.6 "Reporting," and apply the audit procedures in that section. In addition, determine whether:

1. Payments billed on HSRS were only for allowable services (see attachment of allowable services).
2. Billings are specific to each eligible recipient and correspond to the date the service was delivered (not the date of the agency billing).
3. Reimbursement amounts for contracted service are in accordance with provider agreements or contracts.
4. Documentation exists as to county administrative costs.
5. No payment may be made to a recipient's spouse or parent of a minor child.

Presentation of findings

See Section 4.11 of the *Main Document to the State Single Audit Guidelines* for guidance on development of an audit finding. When presenting findings, identify the program and the specific compliance requirement, for example "CIP II/COP-W A. Types of services allowed and disallowed/billing."

Questions

Please send questions by email to DHSAuditors@Wisconsin.gov and include the identifier for the audit procedure, for example "CIP II/COP-W A. Types of services allowed and disallowed/billing," and the name of the auditee in the message.