**COUNTY AGENCY CHILDREN’S COMMUNITY OPTIONS PROGRAM (CCOP) FIVE-YEAR PLAN**

The County Agency Community Options Program (CCOP) Five-Year Plan must be submitted to the Department of Health Services, Division of Medicaid Services, Bureau of Children’s Services for review and approvalby **October 1, 2021**. Please complete the step-by-step CCOP Plan instructions detailed below:

1. **County Agency Contact Information**

Please provide your County Agency CCOP Coordinator’s contact information, as indicated below:

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| County Agency | Name of CCOP Coordinator | | |
| CCOP Coordinator Phone Number | CCOP Coordinator Fax Number | | |
| CCOP Coordinator Email | | | |
| County Agency’s Street Address | Mailing Address | State  WI | Zip Code |
| Date the Full Plan was Reviewed and Approved by the County CCOP Advisory Committee\* | (MM/DD/YYYY) | | |

*\*If the county’s CCOP advisory committee has not met, please submit the plan without the approval of the committee, and indicate the date of the scheduled CCOP advisory committee meeting.*

1. **County CCOP Administration**

For each numbered item below, please check the box to indicate a brief summary has been completed and any required documentation has been included with the plan submission.

1. **County CCOP Operations**

Describe your county agency’s proposed CCOP operational policies including guidelines that address cost-effectiveness, the CLTS Waiver Program mandate, quality services, and maximum flexibilities in addressing local needs regarding the following activities:

* Access
* Intake
* Assessments

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| Brief summary: |

1. **Estimated number of families that will be assessed and served**

Provide an estimated number of families that will be assessed and served utilizing CCOP funds during 2022.

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| Brief summary: |

1. **Priority for Available Funding**

Provide a list of the specific groups, if any, that your county agency will give priority for available funding, including any local cost-effectiveness guidelines, the CLTS Waiver Program mandate, quality services, and maximum flexibilities in addressing local needs.

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| Brief summary: |

1. **Outreach Procedures for Children with Disabilities**

Provide a description of your county agency’s local outreach procedures that will be used to ensure families are informed and aware of the CCOP funding availability. Describe the county agency’s operational guidelines to ensure funds are used cost effective manner and are available to children with physical, emotional and developmental disabilities.

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| Brief summary: |

1. **Determining Family Needs**

Describe your county agency’s local operations and cost effective procedures that will be used to assess and determine the family’s needs.

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| Brief summary: |

1. **Methods for Developing/Monitoring Service Plans and Coordinating Services**

Provide a description of the cost-effective methods your county agency will use to develop, coordinate and monitor the provision of quality services and goods to children and families.

Include your county’s local CCOP written policies and procedures and/or other materials to document the coordination with other county or locally administered programs to ensure the CCOP funds are used as the payer of last resort (e.g., the Birth to 3 Program, Children’s Long-Term Support [CLTS] Waiver Program, Comprehensive Community Services [CCS], Economic Support programs, Juvenile Justice, child welfare services, Department of Public Instruction school-based services, or other locally funded services).

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| Brief summary: |

1. **Methods used to Promote Informal Support and Advocacy Systems**

Provide a description of your county agency’s methods used to promote cost effective informal support and advocacy systems for families. Include documentation and/or materials that describe your county’s methods of enhancing informal supports and advocacy for families with children with disabilities.

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| Brief summary: |

1. **County’s CCOP Monitoring Methods**

Describe the methods that your county agency will use to monitor the cost effectiveness and quality of the CCOP operations. Include documentation and/or materials that describe your county agency’s CCOP monitoring protocols.

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| Brief summary: |

1. **County CCOP Advisory Committee**

The County CCOP Advisory Committee shall include, but is not limited to, the following members:

1. **Parents/guardians of children with disabilities** including, if possible, parents/guardians from families that participate in the CCOP. To the maximum extent possible, the parents/guardians will represent various disabilities, racial, and ethnic groups in the service area. Parents/guardians of children with disabilities shall represent a majority of the committee membership.
2. **County agency representatives** under Wis. Stats. §§ 46.23, 51.42, 51.437, 46.215, or 46.22, school districts, and local health departments, as defined in Wis. Stat. § 250.01(4). At least one of the committee members selected under this section shall be a person providing community social services to children with disabilities who are eligible for the program.
3. **Providers** of social or educational services to children who have disabilities, other than the providers specified in section B

In the box below, please provide a brief summary of your county’s CCOP Advisory Committee, including a description of the following details:

* Role of the county’s CCOP Advisory Committee and its members
* Frequency of the CCOP Advisory Committee meetings
* Any other information about the activities of the Advisory Committee

If you have attached separate documentation or materials that provides this information, please indicate “Attached” in the box below.

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| Brief summary: |

List all members of the county’s CCOP Advisory Committee and all relevant details on the membership roster detailed on Item 10, Page 5.

1. **County Children’s Community Options Program Advisory Committee Membership Roster**

Complete the County CCOP Advisory Committee Roster below. Identify the CCOP Advisory Committee Chairperson and include each member’s name, affiliation, address, phone number and email address. You may attach your local County CCOP Advisory Committee roster, if it contains all the information listed below.

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| **Name** | **Affiliation** | **Complete Address, Phone, Email** |
|  | Chairperson |  |
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1. **CCOP Five-Year Plan Preliminary Approval and Submission to DHS**

Your county’s CCOP plan must be reviewed and receive preliminary approved by your local CCOP Advisory Committee prior to submitting the CCOP Plan to the Department of Health Services (DHS).

Please submit this completed CCOP Plan and all supporting documentation via email to the Bureau of Children’s Services, at: [DHSCLTS@dhs.wisconsin.gov](mailto:DHSCLTS@dhs.wisconsin.gov) by **October 1, 2021**. Please include the following information in the subject line of your email message: “2022 CCOP Five-Year Plan for INSERT YOUR COUNTY’S NAME