

**2012  
HSRS LONG-TERM SUPPORT  
MODULE DESKCARD  
MODULE TYPE A**

**HISPANIC / LATINO (Field 7a)**

Y = Yes

N = No

**RACE (Field 7b)**

Code up to five.

A = Asian

B = Black or African American

I = American Indian or Alaska Native

P = Native Hawaiian or Pacific Islander

W = White

**CLIENT CHARACTERISTICS (Field 8)**

NOTE: For COP, COP-W, and Locally Matched CIP IB the first Client Characteristic is used for monitoring significant proportions.

- 34 Developmental disability - brain injury - occurred at age 21 or earlier
- 35 Developmental disability - brain injury - occurred after age 21\*
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability – autism spectrum
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 86 Severe emotional disturbance
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 07 Blind / visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability / mobility impaired
- 36 Other handicap
- 55 Frail elderly
- 57 Abused/neglected adults/elder
- 18 Alzheimer's disease / related dementia\*\*
- 77 Challenging behavior - not for use as first client characteristic.
- 37 Fragile / frail medical condition - not for use as first client characteristic.
- 87 Prader Willi
- 88 Asperger Syndrome
- 89 Pervasive developmental disorder
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 93 Chapter 54/55 adults/elderly
- \* For COP purposes Code 35 clients are counted as physically disabled.
- \*\* For COP purposes Code 18 clients under 65 are counted as physical disability; clients 65 and over are counted as elderly.

**LEVEL OF CARE (Field 9)**

- 1 Highest function screen eligibility is Level I
  - 2 Highest function screen eligibility is Level IIA
  - 3 Highest function screen eligibility is Level IIB
  - 4 Meets functional screen special eligibility Level III only. Has physician's diagnosis of Alzheimer's disease or a related disorder.
  - 5 Meets functional screen special eligibility Level III only - special SPMI level or referred from an IMD and does not meet functional screen Levels I or II.
  - 6 Meets functional screen special eligibility Level III only. Is referred under Interdivisional Agreement 1.67 or has lost level of care eligibility under the waivers.
  - 7 Functional screen Level IV - does not meet any of the above level of care or is grandfathered in with ICF 3, 4, or ICF-MR4-level of care determination prior to 11-01-83.
  - 8 Has been ongoing COP recipient since prior to 1-1-86 and is therefore COP eligible without a level of care determination.
  - 9 Has not had a level of care assigned as yet; level of care will be determined **PRIOR** to service provision.
- B Brain injury**  
Codes 4, 5, 6, 8, and 9 are not waiver eligible  
**For use with LTS Codes (Field 26) 1, 4, 8, and R**
- M DD1A
  - N DD1B
  - O DD2
  - P DD3
- For use with children's waivers only**
- R DD – children all levels
  - S Psychiatric hospital – children - MH
  - T Nursing home – children - PD
  - U Hospital – children - PD
- MARITAL STATUS (Field 10)**
- 1 Married
  - 2 Divorced
  - 3 Separated
  - 4 Widow / widower
  - 5 Never married
  - 6 Legally separated
  - 9 Unknown / other
- LIVING ARRANGEMENT (Field 11)**
- PRIOR AND CURRENT**
- 06 State mental health institute - not a current living arrangement - may be used for COP assessment, plan, applicant register
  - 07 ICF / MR: not state center - not a current living arrangement - may be used for COP assessment, plan, applicant register
  - 21 Adoptive home
  - 22 Foster home - nonrelative
  - 23 Foster home - relative
  - 24 Treatment foster home
  - 27 Shelter care facility
  - 30 Person's home or apartment

- 32 State center for developmental disabilities - not a current living arrangement - may be used for COP assessment, plan, applicant register.
- 33 Nursing home - not a current living arrangement - may be used for COP assessment, plan, applicant register.
- 37 Adult family home 1-2 beds
- 38 Adult family home 3-4 beds
- 43 Child group home
- 44 Residential care center (children)
- 50 Brain injury rehab unit - hospital
- 51 Brain injury rehab unit - nursing home
- 60 Supervised community living - not valid for CIP 1, BIW, CLTS-W.
- 61 CBRF 5 - 8 beds
- 63 CBRF independent apartment - not a current living arrangement for CIP 1, BIW, and CLTS-W.
- 64 CBRF 9 - 16 beds - not a current living arrangement for CIP I, BIW, and CLTS-W.
- 65 CBRF 17 - 20 beds - not a current living arrangement for CIP I, BIW, and CLTS-W.
- 66 CBRF 21 - 50 beds - not a current living arrangement for CIP I, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 67 CBRF 51 - 100 beds - not a current living arrangement for CIP I, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 68 CBRF over 100 beds - not a current living arrangement for CIP I, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 70 Residential care apartment complex- only for COP-W and CIP II participants - may be used for COP assessment, plan, applicant register.
- 98 Other living arrangement - only for COP assessment, plan, applicant register.

**PEOPLE**

- 05 Living alone
- 09 Living alone with attendant care
- 10 Living with immediate family
- 11 Living with immediate family with live-in attendant care
- 15 Living with extended family
- 16 Living with extended family with live-in attendant care
- 18 Living with others
- 19 Living with others with live-in attendant care
- 90 Transient housing situation

**NATURAL SUPPORT SOURCE (Field 12)**

- 1 Parent
- 2 Spouse
- 3 Child
- 4 Other relative
- 5 Nonrelative
- 6 None

**TYPE OF MOVEMENT / PRIOR LOCATION (Field 13)**

- (Optional for COP assessment, plan, applicant register)
- N = Relocated from general nursing home
  - F = Relocated from ICF / MR facility
  - D = Diverted from entering any type of institution
  - B = Relocated from brain injury rehab unit

**SPECIAL PROJECT STATUS (Field 14)**

- I ICF-MR initiative
- L Recipient of a CIP II loan slot

**COUNTY OF FISCAL RESPONSIBILITY (Field 15)**

01 Adams	26 Iron	51 Racine
02 Ashland	27 Jackson	52 Richland
03 Barron	28 Jefferson	53 Rock
04 Bayfield	29 Juneau	54 Rusk
05 Brown	30 Kenosha	55 St. Croix
06 Buffalo	31 Kewaunee	56 Sauk
07 Burnett	32 La Crosse	57 Sawyer
08 Calumet	33 Lafayette	58 Shawano
09 Chippewa	34 Langlade	59 Sheboygan
10 Clark	35 Lincoln	60 Taylor
11 Columbia	36 Manitowoc	61 Trempealeau
12 Crawford	37 Marathon	62 Vernon
13 Dane	38 Marinette	63 Vilas
14 Dodge	39 Marquette	64 Walworth
15 Door	40 Milwaukee	65 Washburn
16 Douglas	41 Monroe	66 Washington
17 Dunn	42 Oconto	67 Waukesha
18 Eau Claire	43 Oneida	68 Waupaca
19 Florence	44 Outagamie	69 Waushara
20 Fond du Lac	45 Ozaukee	70 Winnebago
21 Forest	46 Pepin	71 Wood
22 Grant	47 Pierce	72 Menominee
23 Green	48 Polk	84 Menominee Tribe
24 Green Lake	49 Portage	92 Oneida Tribe
25 Iowa	50 Price	

**COURT ORDERED PLACEMENT (Field 16)**

Y = Yes

N = No

**MA WAIVER FINANCIAL ELIGIBILITY TYPE (Field 17)**

- A = Categorically eligible
- B = Categorically financially eligible - special income limit
- C = Medically needy
- D = COP eligible
- N = Non nursing home level of care – not eligible for COP/MA waiver funds – for ADRC use only – LOC 7 or 9

**INDICATOR FOR WAIVER MANDATE (Field 18)**

(Optional for COP assessment, plan, applicant register)

- A = MA waiver eligible
- B = Not MA waiver eligible
- C = MA waiver eligible but exempt

**CLOSING REASON (Field 20)**

- 05 Moved out of state
- 06 Died
- 09 Service not available
- 11 Not or no longer income / asset eligible
- 14 Not or no longer level of care eligible
- 21 Services arranged without agency involvement
- 24 Insufficient funds in COP to provide services
- 32 Rejected individual service plan (ISP)
- 35 Private pay / other public funding sources used to pay for service
- 38 Voluntarily declined or terminated services
- 39 Transferred to or preferred nursing home care
- 41 Transfer to joint lead agency
- 43 Ineligible living arrangement

44 Moved out of county / closed on LTS  
 45 Moved out of county / still open on LTS  
 46 Refused to supply needed financial documentation  
 47 Transfer to Pace Program  
 48 Transfer to Partnership Program  
 50 Not eligible - residency requirement (COP only)  
 51 Declined further services due to estate recovery  
 52 Moved to and now resides in DD center  
 53 Moved to and now resides in ICF-MR  
 54 Moved to and now resides in IMD  
 55 Cannot support safe care plan / behavioral challenges  
 56 Cannot support safe care plan / medical issues  
 57 No formal / informal supports available in community  
 58 County has exceeded CBRF cap  
 60 Transferred to IRIS or Managed Care/Family Care

203 Children's foster/treatment home  
 204 Group home  
 205 Shelter care  
 301 Court intake and studies  
 401 Congregate meals  
 402 Home delivered meals  
 403 01 Recreation activities  
 403 02 Alternative activities  
 403 03 Alternative / other  
 406 Protective payments/guardianship  
 503 Inpatient stay  
 506 61 CBRF 5 - 8 licensed beds  
 506 63 CBRF independent apartment  
 506 64 CBRF 9 - 16 beds  
 506 65 CBRF 17 - 20 beds  
 506 66 CBRF 21 - 50 beds - need department approval  
 506 67 CBRF 51 - 100 beds - need department approval  
 506 68 CBRF over 100 beds - need department approval  
 507 03 Counseling and therapeutic Resources - hours  
 507 04 Counseling and therapeutic Resources - items/services  
 509 Community support  
 510 Comprehensive community services  
 511 Community recovery services  
 603 01 COP assessment  
 603 02 COP plan  
 604 Case management  
 605 Advocacy and defense resources  
 606 Health screening and accessibility  
 610 Housing counseling  
 615 Supported employment  
 619 Financial management services  
 704 Day treatment - medical  
 705 Detoxification - social setting  
 706 Day services treatment  
 710 Skilled nursing services

**COP SPC / SUBPROGRAM (Field 24)**

CODE	SPC	UNITS
095 01	Participant cost share	None
095 02	Refunds, voluntary contributions	None
101	Child day care	Days
102	Adult day care	Hours
103 22	Residential respite	Hours
103 24	Institutional respite	Hours
103 26	Home based respite	Hours
103 99	Respite care - other	Hours
104 10	Supportive home care / days	Days
104 11	SHC - personal care / days	Days
104 12	SHC - supervision services / days	Days
104 13	SHC - routine home care services / days	Days
104 14	SHC - chore services / days	Days
104 20	Supportive home care / hours	Hours
104 21	SHC - personal care / hours	Hours
104 22	SHC - supervision services / hours	Hours
104 23	SHC - routine home care services / hours	Hours
104 24	SHC - chore services / hours	Hours
106 01	Energy assistance	None
106 02	Housing assistance	None
106 03	Housing start-up	None
107 30	Specialized transportation & escort	1 way trips
107 40	Specialized transportation & escort	Miles
107 50	Transportation specialized	Items
108	Prevocational services	Hours
110	Daily living skills training	Hours
112 46	Personal emergency response systems	None
112 47	Communication aids	Items
112 55	Specialized medical supplies	Items
112 56	Home modifications	Projects
112 57	Adaptive aids - vehicles	Items
112 99	Adaptive aids - other	Items
113	Consumer education and training	Hours
114	Vocational futures planning	Hours
202 01	Adult family home 1 - 2 beds	Days
202 02	Adult family home 3 - 4 beds	Days

202 01 Adult family home 1 - 2 beds  
 202 02 Adult family home 3 - 4 beds  
 203 Children's foster/treatment home  
 402 Home delivered meals  
 503 Inpatient ICF / MR stay  
 506 61 CBRF 5 - 8 licensed beds  
 507 03 Counseling and therapeutic Resources - hours  
 507 04 Counseling and therapeutic Resources - items/services  
 604 01 Support and service coordination/ case management  
 604 02 Support and service coordination/ case management - collateral contact (optional)  
 604 03 Support and service coordination/ case management - face-to-face home contact (optional)  
 604 04 Support and service coordination/ case management - other contact (optional)  
 609 10 Consumer directed supports  
 610 Housing counseling  
 615 Supported employment  
 619 Financial management services  
 706 Day services - adult  
 706 20 Day services - children  
 710 Nursing services

**CIP IA, IB, IB-ICFMR and BIW SPC / SUBPROGRAM**

CODE	SPC	UNITS
095 01	Participant cost share	None
102	Adult day care	Hours
103 22	Respite care residential	Hours
103 24	Respite care institutional	Hours
103 26	Respite care home based	Hours
103 99	Respite care other	Hours
104 10	Supportive home care / days	Days
104 11	SHC - personal care / days (opt)	Days
104 12	SHC - supervision services / days (opt)	Days
104 20	Supportive home care / hours	Hours
104 21	SHC - personal care / hours (opt)	Hours
104 22	SHC - supervision services / hours (opt)	Hours
104 88	Supportive home care - worker room and board	None

106 03 Housing start-up  
 107 30 Specialized transportation & escort  
 107 40 Specialized transportation & escort  
 107 50 Transportation specialized  
 108 Prevocational services  
 110 Daily living skills training  
 112 46 Personal emergency response systems  
 112 47 Communication aids  
 112 55 Special medical and therapeutic supplies  
 112 56 Home modifications  
 112 57 Adaptive aids - vehicles  
 112 99 Adaptive aids - other  
 113 Consumer education and training  
 202 01 Adult family home 1 - 2 beds  
 202 02 Adult family home 3 - 4 beds  
 203 Children's foster/treatment home  
 402 Home delivered meals  
 503 Inpatient ICF / MR stay  
 506 61 CBRF 5 - 8 licensed beds  
 507 03 Counseling and therapeutic services  
 507 04 Counseling and therapeutic services  
 604 Support and service coordination/ case management  
 604 01 Support and service coordination/ case management - face-to-face contact (optional)  
 604 02 Support and service coordination/ case management - collateral contact (optional)  
 604 03 Support and service coordination/ case management - face-to-face home contact (optional)  
 604 04 Support and service coordination/ case management - other contact (optional)  
 609 10 Consumer directed supports  
 610 Housing counseling  
 615 Supported employment  
 619 Financial management services  
 706 10 Day services - adult  
 706 20 Day services - children  
 710 Nursing services

**CIP II, COP-W, and COMMUNITY RELOCATION INITIATIVE SPC / SUBPROGRAM**

CODE	SPC	UNITS
095 01	Participant cost share / spend down	None
095 02	Refunds, voluntary contributions	None
102	Adult day care	Hours
103 22	Residential respite	Hours
103 24	Institutional respite	Hours
103 26	Respite care - home based	Hours
103 99	Respite care - other	Hours
104 10	Supportive home care / days	Days
104 11	SHC - personal care / days (opt)	Days
104 12	SHC - supervision services / days (opt)	Days

104 13 SHC - routine home care services / days (optional)  
 104 14 SHC - chore services / days (opt)  
 104 20 Supportive home care / hours  
 104 21 SHC - personal care / hours (opt)  
 104 22 SHC - supervision services / hours (opt)  
 104 23 SHC - routine home care services / hours (optional)  
 104 24 SHC - chore services / hours (opt)  
 106 01 Energy assistance - when relocating from nursing home  
 106 03 Housing start-up - when relocating from nursing home  
 107 30 Specialized transportation and escort - trips  
 107 40 Specialized transportation and escort - miles  
 107 50 Specialized transportation  
 110 Daily living skills training  
 112 46 Personal emergency response systems  
 112 47 Communication aids  
 112 55 Specialized medical supplies  
 112 56 Home modifications  
 112 57 Adaptive aids - vehicles  
 112 99 Adaptive aids - other  
 114 Vocational futures planning  
 202 01 Adult family home 1 - 2 beds  
 202 02 Adult family home 3 - 4 beds  
 402 Home delivered meals  
 503 Inpatient stay  
 506 61 CBRF 5 - 8 licensed beds  
 506 63 CBRF independent apartment  
 506 64 CBRF 9 - 16 beds  
 506 65 CBRF 17 - 20 beds  
 506 66 CBRF 21 - 50 beds - need department approval  
 506 67 CBRF 51 - 100 beds - need department approval  
 506 68 CBRF over 100 beds - need department approval  
 507 03 Counseling and therapeutic resources - hours  
 507 04 Counseling and therapeutic resources - items / services  
 604 Case management  
 604 04 Case management - other contact (optional)  
 619 Financial management services  
 706 Day services treatment  
 710 Skilled nursing services  
 711 Residential care apartment complex

\*Only used with Memorandum of Understanding (MOU).  
 \*\*HSRS days are calculated by counting the SPC Start Date but not the End Date.

**CHILDREN'S LONG-TERM SUPPORT WAIVER  
SPC / SUBPROGRAM**

CODE	SPC	UNITS
095	01 Participant cost share	None
103	22 Residential respite	Hours
103	24 Institutional respite	Hours
103	26 Home based respite	Hours
103	99 Respite care - other	Hours
104	10 Supportive home care / days	Days
104	11 SHC - personal care / days (opt)	Days
104	12 SHC - supervision services / days (opt)	Days
104	20 Supportive home care / hours	Hours
104	21 SHC - personal care / hours (opt)	Hours
104	22 SHC - supervision services / hours (opt)	Hours
104	88 Supportive home care - worker room and board	None
106	03 Housing start up	None
107	30 Specialized transportation and escort - trips	1 way trips
107	40 Specialized transportation and escort - miles	Miles
107	50 Transportation specialized	Items
110	Daily living skills training	Hours
112	46 Personal emergency response systems	None
112	47 Communication aids	Items
112	55 Special medical and therapeutic supplies	Items
112	56 Home modifications	Projects
112	57 Adaptive aids - vehicles	Items
112	99 Adaptive aids - other	Items
113	Consumer education and training	Hours
202	01 Adult family home, 1-2 beds	Days
202	02 Adult family home, 3-4 beds	Days
203	Children's foster/treatment home	Days
503	Inpatient stay	None**
507	03 Counseling and therapeutic services	Hours
507	04 Counseling and therapeutic resources	Items/services
512	Intensive in-home autism services***	Hours
604	Support and service coordination***	Hours
604	01 Support and service coordination - face-to-face contact (optional)	Hours
604	02 Support and service coordination - collateral contact (optional)	Hours
604	03 Support and service coordination - face-to-face home contact (optional)	Hours
604	04 Support and service coordination - other contact (optional)	Hours
609	20 Consumer and family directed Supports***	Days
610	Housing counseling	Hours
615	Supported employment	Hours
619	Financial management services***	Hours
706	20 Day services - children	Hours
710	Nursing services	Hours

\*\*\*Intensive Autism SPCs paid in full to approved plan, others only fed paid.

**COMMUNITY OPPORTUNITIES & RECOVERY (COR) WAIVER  
SPC / SUBPROGRAM**

CODE	SPC	UNITS
095	01 Participant cost share	None
095	02 Refunds, voluntary contributions	None
103	22 Residential respite	Hours
103	24 Institutional respite	Hours
103	26 Respite care home based	Hours
103	99 Respite - other	Hours
104	10 Supportive home care - days	Days
104	11 SHC - personal care days (optional)	Days
104	12 SHC - supervision services/days (optional)	Days
104	13 SHC - routine home care services/ days (optional)	Days
104	14 SHC - chore services/days (optional)	Days
104	20 Supportive home care - hours	Hours
104	21 SHC - personal care/hours (optional)	Hours
104	22 SHC - supervision services/hours (optional)	Hours
104	23 SHC - routine home care services/ hours (optional)	Hours
104	24 SHC - chore services/hours (optional)	Hours
104	30 Short term supervision & observation	Days
106	01 Energy assistance - when relocating from nursing home	None
106	03 Housing start-up - when relocating from nursing home	None
107	30 Specialized transportation and escort - trips	1 way trips
107	40 Specialized transportation and escort - miles	Miles
107	50 Specialized transportation	Items
110	Daily living skills training	Hours
112	46 Personal emergency response systems	None
112	55 Specialized medical supplies	Items
112	56 Home modifications	Projects
112	57 Adaptive aids - vehicles	Items
112	99 Adaptive aids - other	Items
113	Natural supports training	Hours
114	Vocational recovery	Hours
202	01 Adult family home 1-2 beds	Days
202	02 Adult family home 3-4 beds	Days
402	Home delivered meals	Meals
403	04 Peer/advocates supports	Hours
503	Inpatient stay	None **
506	61 CBRF 5-8 licensed beds	Days
507	03 Counseling & therapeutic resources - hours	Hours
507	04 Counseling & therapeutic resources	Items/service
604	Case management	Hours
605	01 Benefit counseling	Hours
609	20 Consumer & family directed supports	Days
609	30 Consumer & family directed support	Hours
610	Housing counseling	Hours
619	Financial management services	Hours
706	Day services treatment	Hours
710	Skilled nursing services	Hours
711	Residential care apartment complex	Days

**ICF-MR RESTRUCTURING INITIATIVE**

896	ICF-MR/NH resident`	None
<b>REGISTER OF ELIGIBLE APPLICANTS</b>		
897	Institutional resident	None
898	No publicly funded ongoing service to meet long-term care needs	None
899	Some publicly funded ongoing services but no COP or Waiver service	None
SPC End Date required when COP or waiver service begins, or removed from list.		
<b>TARGET GROUP (Field 25)</b>		
01	Developmental disability	
31	Mental health	
18	Alcohol and other drug abuse	
57	Physical or sensory disability	
58	Adults and elderly (age 65 and over)	
<b>LONG-TERM SUPPORT CODE (Field 26)</b>		
1	CIP 1A	
2	CIP II	
3	COP - waiver	
4	CIP 1B	
6	BIW	
7	COP	
8	CIP 1B - locally matched slot	
B	BIW - locally matched slot	
F	Children's autism - DD	
G	Children's autism - MH	
P	Children's autism - PD	
H	Children's long-term support - DD state match	
I	Children's long-term support - DD local match	
J	Children's long-term support - MH state match	
K	Children's long-term support - MH local match	
L	Children's long-term support - PD state match	
M	Children's long-term support - PD local match	
N	Community relocation initiative	
R	CIP1B - ICFMR	
S	Transfer - sending county cost	
T	COR Community Opportunities and Recovery waiver	
<b>FUNDING SOURCE (Field 27)</b>		
Required for LTS codes 8, B, I, K, M		
CP	COP match funding	
CA	Community aids match funding	
FS	Family support match funding	
RO	Conditional release	
FC	ACT-405	
AZ	Alzheimer's funding (only allowed with SPC 899)	
LO	County tax levy or sales tax	
FT	Family care transfer (only for LTS codes 2, 4)	
ND	Nursing home diversion (only for LTS code 2)	
MF	Money follows the person (only for LTS codes 1, H, J, N, R, T)	
TM	Tribal member (LTS codes 2, 4)	
OA	Other approved - Dept approval only	

**SOS DESK** (608) 266-9198  
8:00 - 11:30 A.M. and 12:30 - 4:00 P.M.  
or leave a voice mail message.  
E-mail Address: dhssoshelp@wisconsin.gov  
FAX (608) 267-2437  
HSRS Handbook and Terminal Operator's Guide:  
<http://www.dhs.wisconsin.gov/HSRS/index.htm>

**WI Department of Health Services**  
Division of Enterprise Services  
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