

Chapter I: Purpose and Authority

1.01 Purpose

Created in statute in 1981, the Community Options Program (COP) is designed to change the way we understand and deliver long-term support. Above all, the purpose of Community Options is to enable people who are elderly or disabled to live at home or in community integrated settings typical of residential arrangements in which non-disabled persons reside. It is further intended to allow disabled persons ready access to generic community resources such as shopping and transportation so that they may lead lives which are as normal as possible. The program is also intended to encourage more coordinated planning, give increased attention to Community Options participant views, provide greater respect for participant preferences, and value participant choice of providers as well as services.

Community Options represents the belief that disabled persons now living in nursing homes, or at risk of entering nursing homes, should have the option of leading a meaningful life in a safe community environment.

Community Options is based on the principle of normalization, and stresses the similarities of the basic universal human needs of all individuals, regardless of age, intellectual abilities, or physical abilities. Community Options is intended to address the needs of the whole person. This includes choosing a community integrated setting in which to live, defining relationships and continuing the involvement of family and friends, and deciding who is needed to help and the kind of help that is needed in order to have quality life experiences at home and in the community.

1.02 Authority

A. State Statute

The Community Options Program, authorized in §46.27 of the Wisconsin Statutes, began in 1982 with 8 volunteer counties and became mandatory in all Wisconsin counties in 1986.

- B. Guidelines The department is required to develop guidelines and procedures for implementing the program and to review and approve or disapprove the county's Community Options Plan. (§46.27(2)(d))
- C. Consultation The department is required to consult with representatives of counties, hospitals and nursing homes and with recipients of long-term community support services in developing guidelines for implementing Community Options. The mechanism for this consultation is the Community Options/Long-Term Support Statewide Advisory Committee.
- D. Uniform Fees The department is required to periodically monitor the program and to develop a statewide uniform fee schedule. The department has developed the Community Options Eligibility and Cost-Sharing Plan as the statewide uniform fee schedule for Community Options.
- E. High Cost Fund The department may carry over up to \$500,000 of unexpended Community Options service funds annually to be reallocated to counties for the improvement or expansion of long-term community support services for individuals whose cost of care significantly exceeds the average. (§46.27(7)(g))
- F. County Program Each county is required to create an Interagency Long-Term Support Planning Committee, designate a lead agency, develop a Community Options Plan, and implement that plan to the extent that federal and state funds are available.
- G. Role of BOALTC Beginning in 1985 the legislature, under §16.009, required the Board on Aging and Long-Term Care to monitor, evaluate and make recommendations concerning long-term care services received by participants of the long-term support Community Options Program under §46.27.
- H. Community
Options Medicaid
Community Waiver The department is required to request approval from the federal government for a Community Options Medicaid community waiver for home and community-based services (§46.27(11)). Community Options-Waiver program implementation began in 1987.

I. Administrative Rules

In 1987 the legislature required the department to develop administrative rules in a number of areas to establish standards based on recommendations from various evaluations. Those rules have been promulgated as Chapter HSS 73 and are incorporated into these Guidelines (see Appendix H).

J. State Appeals

Statute (§46.27(7m)) authorizes program participants the right to a state appeal through the state fair hearing process under §227.44 in certain limited situations as follows:

1. An individual may appeal a denial of eligibility for an assessment, case plan, or Community Options-funded services;
2. An individual may appeal a reduction or termination of Community Options-funded services.

The DHS Secretary has designated the Office of Administrative Hearings as responsible for processing requests for hearings.

The above actions as well as any other concerns shall be subject to appeal through a local grievance procedure.

1.03 Relationship to Medicaid Community Waivers

The Medicaid community waivers provide additional service funding, but have more restrictive service and eligibility requirements for certain persons who also are eligible for Community Options. For more complete information please refer to the Medicaid (MA) Community Waivers Manual, Bureau of Long Term Support, Developmental Disabilities Office, Division of Community Services.

Effective January 1, 1990, any person first applying for long-term support services who is eligible but refuses available Medicaid community waiver-funded services is not eligible for Community Options-funded services unless the person is exempt or Medicaid community waiver services are not available (see 2 04 L). §46.27(6r)(a).