



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

November 12, 2019

The Honorable Alberta Darling
Joint Committee on Finance, Senate Co-Chair
317 East State Capitol
Madison, WI 53707-7882

The Honorable John Nygren
Joint Committee on Finance, Assembly Co-Chair
309 East State Capitol
Madison, WI 53708

Dear Senator Darling and Representative Nygren:

The attached report is submitted to the Legislature pursuant to Wis. Stat. §§ 46.27 (11g) and 46.277 (5m), which require the Department of Health Services (DHS) to submit an annual report for the Community Options Program (COP) and the COP Home and Community-Based Waivers (COP-W/CIP II). The enclosed report describes persons served, program expenditures, and services delivered through the COP, COP-Waiver, and CIP II programs in calendar year 2017.

COP provided services to people who are elderly or who have a physical, developmental, or mental disability. It was closely coordinated with all of Wisconsin's Medicaid Home and Community-Based Waiver Programs. With DHS oversight, county agencies ensured that a comprehensive and individualized care plan was provided for each person, while maintaining program flexibility and integrity and maximizing federal matching funds.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Andrea Palm', with a long horizontal flourish extending to the right.

Andrea Palm
Secretary-designee

Enclosure

1. 2017 Community Options Program Report

Report to the Legislature

Community Options Program

Community Options Program

Calendar Year 2017



Department of Health Services
Division of Medicaid Services
Bureau of Adult Quality and Oversight
P-01288-2017 (10/2019)

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Introduction: Community Options Program Overview

The Department of Health Services (DHS), Division of Medicaid Services, Bureau of Adult Quality and Oversight respectfully submits this report pursuant to Wis. Stat. §§. 46.27(11g) and 46.277(5m), which require summary reporting on state funds appropriated by the Legislature for the Community Options Program. Authorized in 1981, the Community Options Program (COP) provided a home and community-based alternative to nursing home care for frail elders and individuals with disabilities.

COP (also known as COP-Regular or Classic COP) was entirely state funded and historically served frail elders (FE), people with physical disabilities (PD) or developmental disabilities (DD), and people with serious mental illness (SMI) or substance abuse (AODA). In 1986, Wisconsin received a federal Medicaid Home and Community-Based Services (HCBS) Waiver (MA Waiver) to support frail elders and people with physical disabilities, allowing Wisconsin to obtain federal Medicaid funds for COP at approximately 60 percent of every dollar spent. This is referred to as the COP-Waiver (or COP-W). This document reports on both COP-W and its companion program, the Community Integration Program II (CIP II), as well as utilization of COP-Regular.

DHS also administered county-based Medicaid HCBS waiver programs for adults with intellectual and developmental disabilities and with traumatic brain injuries; specifically, CIP 1A and CIP 1B supported long-term care needs of adults with developmental and/or intellectual disabilities, including those requiring brain injury rehabilitation, in the community. The Children's Long-Term Support (CLTS) Waiver Program continues to serve children and young adults under age 22 with developmental and/or intellectual disabilities, physical disabilities, or severe emotional disturbances living at home, in a foster care setting, or other allowable community settings. Participation in these programs is reported in this document's tables, particularly when COP was a funding source.

With the implementation of Family Care and IRIS (Include, Respect, I Self-Direct), the COP program was gradually reduced in counties where these programs became operational. By the end of Calendar Year 2017, 70 of the 72 counties had implemented Family Care and IRIS; in counties with Family Care and IRIS, COP funding was only available for eligible children. Beginning January 1, 2016, a Children's COP (CCOP) funding source was created for children statewide. Children between ages 18 and 22 in counties that had not yet transitioned adult services to Family Care or IRIS were also able to access COP through CY 2017. As of January 1, 2016, adults with needs related to severe mental illness or substance abuse were served with funding from the Division of Care and Treatment Services (DCTS) instead of COP funding. As counties transitioned to Family Care and IRIS, eligible frail elders and adults with physical or intellectual/developmental disabilities in those counties participated in Family Care or IRIS in lieu of COP. Data for DCTS or Family Care and IRIS are not included in this report.

Highlights for Calendar Year 2017 include:

- COP and Home and Community-based waivers served 12,596 individuals.
- Of adult COP participants, 47.5% were diagnosed with a developmental or intellectual disability, 37.3% were elderly, and 14.8% had a physical disability.
- To serve people in COP and the related Medicaid HCBS waiver programs, \$176 million was expended, excluding Family Care and IRIS.
- Five of the remaining seven Wisconsin counties transitioned to Family Care and IRIS, leaving just Adams County and Dane County, which transitioned on July 1, 2018. Consequently, there was a decline in the numbers of COP, COP-W/CIP II, and CIP 1 participants.

Participants Served by Target Group

The table below illustrates adults and children served in 2017 with COP and Medicaid home and community-based waiver funding, by target group. This table does not include data from Family Care or IRIS.

Table 1 - Participants Served in 2017 with COP and HCBS Waivers

Client Characteristic	Elderly	PD	DD	MH	AODA /Other	MA Waiver	Waiver w/ COP	COP Only	Statewide Total
COP Waiver									
COP-W	146	38	0	0	0	184			184
COP-W w/ Supp COP	217	31	0	0	0		248		248
Total COP Waiver	363	69	0	0	0	184	248		432
CIP II									
CIP II*	335	229	13	3	1	581			581
CIP II w/ Supp COP	339	171	1	0	0		511		511
Total CIP II	674	400	14	3	1	581	511		1,092
COP Waiver and CIP II	1,037	469	14	3	1	765	759		1,524
CIP 1A									
CIP 1A	22	0	89	2	0	113			113
CIP 1A w/ Supp COP	0	0	1	0	0		1		1
Total CIP 1A	22	0	90	2	0	113	1		114
CIP 1B									
CIP 1B**	156	14	1,446	5	0	1,621			1,621
CIP 1B w/ Supp COP	6	0	19	0	0		25		25
Total CIP 1B	162	14	1,465	5	0	1,621	25		1,646
CIP 1A and CIP 1B	184	14	1,555	7	0	1,734	26		1,760
Total Adult Waivers	1,221	483	1,569	10	1	2,499	785		3,284
COP Only	12	7	0	0	0	0	0	19	19
COP and Adult Waivers	1,233	490	1,569	10	1	2,499	785	19	3,303
COP and Adult Waivers (% of Total)	37.3%	14.8	47.5	0.3%	0.0%	75.7%	23.8	0.5%	100%
Children's Long Term Support Waiver and Children's COP (CCOP)									
Total CLTS (based on CLTS Claims)						6,227	733		6,960
CCOP Only Participants								2,333	2,333
Total CCOP and CLTS Waivers						6,227	733	2,333	9,293
Total Participants Served in CY 2017									12,596

*CIP II counts include Community Relocation Initiative (CRI), CRI-Money Follows the Person (CRI-MFP), Nursing Home Downsizing (NHD), CIP II Tribal, CIP II FC Transfers

**CIP 1B includes Intermediate Care Facilities for Developmental Disabilities/Intellectual Disabilities (ICF-IDD), ICF-IDD/ MFP, CIP 1 Tribal, and CIP 1 Family Care Transfers.

These data do not include Family Care and IRIS Medicaid Waivers. Source: 2017 HSRS and CLTS Claims.

As indicated in Table 1, the adult COP and Medicaid HCBS waivers, combined, served a total of 3,303 people. Below, Table 2 illustrates adult participants served in 2017 with COP and Medicaid HCBS waiver funding by target group. Similarly, Table 2A describes the number of adult participants receiving COP funding and the percentages of those populations by target group.

Table 2 - Summary of Total Participants Served by Adult Program by Target Group

Target Group	COP Only	COP-W/ CIP II*	CIP I**	Total COP Only + Adult Waiver Clients
Elderly	12	1,037	184	1,233
PD	7	469	14	490
DD		14	1,555	1,569
MH		3	7	10
AODA/Other		1		1
Statewide	19	1,524	1,760	3,303
Total	<1%	46%	53%	100%

*CIP II counts include Community Relocation Initiative (CRI), CRI-Money Follows the Person (CRI-MFP), Nursing Home Diversion (NHD), CIP II Tribal, CIP II FC Transfers.

**CIP I includes Intermediate Care Facilities for Developmental Disabilities/Intellectual Disabilities (ICF-IDD), ICF-IDD/MFP, CIP I Tribal & CIP I Family Care Transfers.

These data do NOT include Children's Waiver, CCOP, Family Care and IRIS Medicaid Waivers. See Table 1 for specific breakdown by waiver and those who also received support from COP. Sources: 2017 HSRS.

Table 3A - Participants Receiving COP Funding by HCBS Waiver and Target Group

Target Group	COP-W/ CIP II Particip. who also received COP	CIP I Particip. who also received COP	Combined Adult Waivers w/COP	COP Only	Total Adults Receiving COP	Percent of Adult Particip. Receiving COP by Target Group
Elderly	493	69	562	12	574	71%
PD	181	21	202	7	209	26%
DD	1	20	21	0	21	3%
MH	0	0	0	0	0	0%
AODA	0	0	0	0	0	0%
Total Participants served in CY 17 who received COP, by Program	675	110	785	19	804	100%
Percent Receiving COP(of total participants: 3,303)	20%	3%	23%	1%	24%	

Total Adults Served by Program (from Table 2)				
COP-W/ CIP II	CIP I	Combined Waivers	COP Only	Total Adult Participants
1,524	1,760	3,284	19	3,303

Source: 2017 HSRS

Total Adult Participants (3,303)

- 24% of the total adult participants used COP funding for match.
- 1% of the total adult participants were served with COP only.

Adults Who Received COP Funding (804)

- 2% of adults who received some COP funding received COP only.

Community Options Program

- 84% of adults who received some COP funding were served in COP-W/CIP II HCBS waivers.
- 14% of adults who received some COP funding were served in the CIP 1 HCBS waivers.

COP-W/CIP II Participants Who Received COP Funding:

44% of the total 1,524 COP-W/CIP II participants received some COP funding.

CIP 1 Participants Who Received COP Funding:

6% of the total 1,760 CIP 1 participants received some COP funding.

Funding Paid for Community Long-Term Care by Target Group / Program in CY 2017

Table 4 - COP and All HCBS Waivers

Target Group	COP (Regular)	COP-W	CIP II (all)	Subtotal COP, COP-W, CIP II	CIP 1	Subtotal COP, COP-W, CIP II, CIP 1	CLTS	TOTAL
Elderly	1,019,791 16.40%	5,693,313 67.71%	7,116,310 26.96%	13,829,414 33.71%		13,829,414		13,829,414 7.86%
PD	882,765 14.20%	2,709,581 32.23%	18,448,911 69.88%	22,041,256 53.72%		22,041,256		22,041,256 12.52%
DD	4,304,056 69.21%	5,014 0.06%	767,237 2.91%	5,076,307 12.37%	68,250,086 100.00%	73,326,393		73,326,393 41.66%
SMI	8,790 0.14%		59,836 0.23%	68,626 0.17%		68,626		68,626 0.04%
AODA/ OTHER	3,170 0.05%		7,936 0.03%	11,106 0.03%		11,106		11,106 0.01%
Total**	6,218,572 3.53%	8,407,908 4.78%	26,400,229 15.00%	41,026,709 23.31%	68,250,086 38.77%	109,276,795 62.08%	66,741,430 37.92%	176,018,225 100.00%

* CLTS Waiver Program serves children with a significant physical disability, developmental disability, or a severe emotional disturbance. Source: 2017 HSRS and Reconciliation reports.

Table 3 includes all the dollars paid in CY 17 for COP Regular, the Community Options Program Waiver, Community Integration Program II waiver (which includes the CIP II Community Relocation Program and MFP, CIP II Nursing Home Diversion Program, CIP II Tribal and CIP II Family Care Transfers), Community Integration Program 1 waivers (consisting of 1A, 1B regular/ICF-IDD/MFP, Family Care Transfers, and CIP 1B Tribal), the CLTS Waiver Program, and the Children’s Community Options Program.

Assessments, Care Plans, and Individuals Served

Table 5 - Use of COP Regular (Adult)

Target Group	COP Only	Supplemental COP (gap filling)	COP used as match for waivers	Admin, Special Projects, Risk Reserve	Assessment/ Plans	Total COP Reported
Elderly	3,818 6.03%	848,031 51.46%	51,829 1.19%	71,695 70.64%	43,416 70.64%	1,018,788 16.40%
PD	55,982 80.39%	726,849 44.11%	51,829 1.19%	29,420 28.99%	17,816 28.99%	881,896 14.2%
DD	2,320 3.66%	62,659 3.78%	4,234,633 97.61%	380 0.37%	230 0.37%	4,299,822 69.21%
MH		8,781 0.53%				8,781 0/14%
AODA/Other	1,215 1.92%	1,952 0.12%				3,167 0.05%
Total	63,336	1,647,872	4,338,290	101,495	61,462	6,212,455
% of total COP by category	1.02%	26.53%	69.83%	1.63%	0.99%	100.0%

*All amounts shown are in dollars. Source: 2017 HSRS and Reconciliation reports.

People expressing or demonstrating a need for long-term care services receive a functional assessment through the Long Term Care Functional Screen (LTCFS). DHS-certified screeners assess each person's unique characteristics, medical conditions, living environment, lifestyle preferences, and goals. The participant (or guardian, if applicable) and care manager, in response to the assessment data, develop a plan of comprehensive services that integrates formal services along with informal and unpaid supports from family, friends, and the community. The care plan also includes individual choices and preferences for the type and arrangement of services. The person's available income and assets are also assessed and the participant may be responsible for contributing toward some or all of the costs for care plan services.

Table 5 illustrates the age distribution within each target group for new adults served in 2017. In 2017, elderly individuals accounted for 177 of the new participants. Wisconsin considers participants "new" if services and costs are incurred in the current year, without receiving long-term support services of any type in the previous year. Individuals aged 65 and over, regardless of diagnosis, are coded as elderly.

Table 6 - New COP and Adult Waiver Participants by Age in 2017

Age Group	Elderly	PD	DD	MH	AODA/Other	Total
18 – 64 yrs.		58	77		1	136
65+ yrs.	177					177
TOTAL	177 56.5%	58 18.5%	77 24.6%		1 0.3%	313 100%

Participant Case Closures

Table 6 illustrates the number of participants in each target group who were closed from CIP or COP programming in 2017. Death accounted for approximately 66% of elderly case closures, excluding the total closures due to transfer from COP and waiver services to Family Care, Family Care Partnership, or the IRIS program. The transfer of individuals from COP and waiver services to Family Care, Partnership,

or IRIS due to transition of five counties (Forest, Oneida, Vilas, Taylor, and Florence) from legacy waiver programs to Family Care, as well as movement of individuals statewide from legacy waiver counties to Family Care counties accounted for approximately 70% of case closures across all target groups.

Table 7 - Reasons for COP and Waiver Participant Case Closures

Reason for Closure	Elderly	PD	DD	MH	AODA	Other	Total	% of Total
Person Died	139	22	15			1	177	18.2%
Transferred to Preferred Nursing Home Care	46	7					53	5.5%
No Longer Income or Level of Care Eligible	4	3	9				16	1.6%
Moved Out of State	4	2	3				9	0.9%
Voluntarily Ended Services	6	4	8				18	1.9%
Ineligible Living Arrangement	9	2	2				13	1.3%
Inadequate Service/Support		1					1	0.1%
Transferred to Family Care (FC), FC Partnership or IRIS Program due to county move	357	102	210	5			674	69.5%
Other	2	2	5				9	0.9%
Total Cases Closed (all reasons)	567	145	252	5		1	970	100%

Source: 2017 HSRS.

COP Funding for Exceptional Needs

The COP program also provided funds above county allocations for exceptional needs. Wisconsin Stat. § 46.27(7)(g) granted DHS the capacity to carry forward any COP and COP-W general purpose revenue (GPR) funds allocated but not spent by December 31 of each year into the next fiscal year. Counties could apply for these exceptional funds to support improvement or expansion of long-term community support services for COP-eligible individuals. Services included:

- Start-up costs for developing needed services for people who are eligible
- Home modifications for COP or HCBS waiver eligible participants, including ramps
- Purchase of medical services, medical equipment or other specially adapted equipment
- Vehicle modifications

In 2017, funding was allocated to one waiver agency for exceptional expenditures in order to provide an adult with physical disabilities with a specialized support system not covered by Medicaid.

Participant Demographic and Service Profiles

Tables 7 through 12 provide participant demographic and service profiles.

Table 8 - COP and Waiver Participants Institutional Relocations and Diversions

Type of Relocation or Diversion	Number	Percent
Diverted from Entering any Institution	2,796	85%
Relocated from General Nursing Home	306	9%
Relocated from ICF/ID	188	6%
Relocated from Brain Injury Rehab Unit	13	<1%
TOTAL	3,303	100%

Note: Some totals may not equal 100% due to rounding. Source: 2017 HSRS.

Table 9 - COP and Waiver Participants by Gender

Gender	Elderly	PD	DD	MH	AODA/Other	Total Participants	
Female	827	247	668	7		1,749	53%
Male	406	243	901	3	1	1,554	47%
TOTAL	1,233	490	1,570	10	1	3,303	100%

Note: Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2017 HSRS.

Table 10 - COP and Waiver Participants by Age

Age	Elderly	PD	DD	MH	AODA/Other	Total Participants	
18 to < 65 years		490	1,569	10	1	2,070	63%
65 to < 75 years	482					482	15%
75 to < 85 years	350					350	11%
85 years and over	401					401	12%
TOTAL	1,233	490	1,569	10	1	3,303	100%

Note: Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2017 HSRS.

Table 11 - COP and Waiver Participants by Source of Natural Supports

Natural Support Source	Elderly	PD	DD	MH	AODA/Other	Total Participants	
Adult Child	565	64				629	19%
Non-Relative	194	104	140	2		440	13%
Other Relative	222	114	180	1		517	16%
Spouse	142	58	6	1	1	208	6%
Parent	43	118	1,155	6		1,322	40%
No Primary Support	67	32	88			187	6%
TOTAL	1,233	490	1,569	10	1	3,303	100%

Note: Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2017 HSRS.

Table 12 - COP and Waiver Participants by Living Arrangement

Living Arrangement	Elderly	PD	DD	MH	AODA / Other	Total Participants	
Living with Immediate Family	233	156	773	4	1	1,167	35%
Living with Immediate Family with Attendant Care	19	20	26			65	2%
Living with Extended Family	5	7	12			24	1%
Living with Extended Family with Attendant Care	2		1			3	<1%
Living with Others	277	75	181	1		534	16%
Living with Others with Attendant Care	372	105	380	2		859	26%
Living Alone	227	67	96	3		393	12%
Living Alone with Attendant Care	96	60	99			255	8%
Transient or Other Housing Situation	2					2	<1%
Unknown			1			1	<1%
TOTAL	1,233	490	1,569	10	1	3,303	100%

Note: Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2017 HSRS.

Table 13 - COP and Waiver Participants by Type of Residence

Type of Residence	Elderly	PD	DD	MH	AODA / Other	Total Participants	
Adoptive Home			5			5	<1%
Adult Family Home	90	54	182	2		328	10%
Brain Injury Rehab Unit		1				1	<1%
Community-Based Residential Facility	458	46	19	2		525	16%
Foster Home			2			2	<1%
Own Home or Apartment	621	379	1,350	6	1	2,357	71%
Residential Care Apartment Complex	61	10				71	2%
Residential Care Center	2		1			3	<1%
Shelter Care Facility			1			1	<1%
Supervised Community Living	1		9			10	<1%
TOTAL	1,233	490	1,569	10	1	3,303	100%

Note: Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% because of rounding. Source: 2017 HSRS.

Community Integration Program II and COP-W Services

Participants of the Community Integration Program II (CIP II) and COP-W utilized services federally authorized in DHS-approved HCBS Medicaid waivers and received services traditionally available to all Medicaid recipients through the Medicaid State Plan (e.g., card services). Whereas the Medicaid State Plan services generally include acute medical care and are provided to all Medicaid recipients eligible for Medicaid card services, waiver services generally focus on community-based supports. Because both types of services are required to support people in community settings, expenditures for medical and community-based supports are combined to determine the total public cost of serving waiver participants.

Federal and Wisconsin statutes require use of Medicaid waiver funds only for expenses not covered by the Medicaid State Plan. In Tables 13, 14, and 15, the Medicaid card services received, Medicaid HCBS waiver services received, total costs for each service, and service utilization rates are outlined. Costs of care, services, and environmental adaptations for waiver participants always include a combination of Medicaid State Plan benefits and Medicaid Home and Community-Based Services waiver benefits. The cross-coordination of benefit use is a key component of the COP and waiver programs.

The following tables reflect expenditures for calendar year 2016, the most recent year for which complete Medicaid data are available:

Table 14 - 2016 Total Medicaid Costs for CIP II and COP-W Recipients

Total CIP II and COP-W Service Costs	\$42,696,071
Total Medicaid Card Service and Nursing Home Costs while in Waiver Status	\$16,539,533
Total 2016 Medicaid Expenditures for CIP II and COP-W Recipients	\$59,235,604

Source: 2016 Federal 372 Report.

Table 15 - 2016 CIP II and COP-W Service Utilization and Costs

CIP II and COP-W Service Categories	Number of Unduplicated Participants	Rate of Participant Utilization (%)	Cost	Percent of Total Waiver Costs
Care Management	1,971	97%	\$5,429,286	13%
Supportive Home Care/Personal Care	1,528	76%	\$11,935,364	28%
Adult Family Home	152	8%	\$3,923,782	9%
Residential Care Apartment Complex	104	5%	\$1,824,067	4%
Community-Based Residential Facility	674	33%	\$13,197,346	31%
Respite Care	75	4%	\$272,477	1%
Adult Day Care	46	2%	\$481,139	1%
Day Services	9	<1%	\$81,300	<1%
Daily Living Skills Training	14	1%	\$16,291	<1%
Counseling and Therapies	102	5%	\$276,830	1%
Skilled Nursing	23	1%	\$8,611	<1%
Transportation	588	29%	\$944,779	2%
Personal Emergency Response System	640	32%	\$205,756	<1%
Adaptive Equipment	290	14%	\$229,716	1%
Communication Aids	12	1%	\$2,868	<1%
Housing Start-up and Counseling	20	1%	\$10,828	<1%
Vocational Futures Planning	2	<1%	\$1,113	<1%
Medical Supplies	733	36%	\$360,453	1%
Home Modifications	81	4%	\$344,318	1%
Home-Delivered Meals	442	22%	\$620,176	1%
Financial Management Services	178	9%	\$93,873	<1%
Consumer Education and Training	3	<1%	\$2,566	<1%
Supported Employment	4	<1%	\$20,465	<1%
Prevocational Services	13	1%	\$77,388	<1%
Self-Directed Supports	38	2%	\$2,296,001	5%
Total Medicaid Waiver Service Costs			\$42,656,793	100%

Note: Totals may not equal 100% due to rounding. Source: 2016 Federal 372 Report.

Total Unduplicated Participants: 2,022

Table 16 - 2016 CIP II and COP-W Medicaid Card Service Utilization

CIP II and COP-W Service Categories	Number of Participants	Rate of Participant Utilization (%)	Cost	Percent of Total Waiver Costs
Inpatient Hospital	163	8%	\$1,812,485	11%
Physician (Physician Services, Clinic Services – including Outpatient Mental Health)	1,381	68%	\$827,585	5%
Outpatient Hospital	710	35%	\$821,353	5%
Lab and X-ray	242	12%	\$66,488	<1%
Prescription Drugs	1,131	56%	\$1,337,142	8%
Transportation (Ambulance and Non-Emergency Specialized Motor Vehicle)	210	10%	\$63,452	<1%
Therapies (Physical Therapy, Speech and Hearing Therapy, Occupational Therapy, Restorative Care Therapy, Rehabilitative Therapy)	79	4%	\$36,097	<1%
Dental Services	167	8%	\$29,286	<1%
Nursing (Nurse Practitioner, Nursing Services, Nursing Facility)	161	8%	\$539,827	3%
Home Health, Supplies & Equipment (Home Health Therapy, Home Health Aide, Home Health Nursing, Enteral Nutrition, Disposable Supplies, Other Durable Medical Equipment, Hearing Aids)	1,146	57%	\$1,760,241	11%
Personal Care (Personal Care, Personal Care Supervisory Services)	417	21%	\$6,141,151	37%
All Other (Other Practitioners Services, Family Planning Services, HealthCheck/EPSTD, Rural Health Clinic Services, Home Health Private Duty Nursing – Vent, Other Care, Hospice, Community Support Program)	850	42%	\$3,104,424	19%
Case Management			-	
Total Medicaid State Plan Benefit Costs			\$16,539,533	100%

Note: Totals may not equal 100% due to rounding. Source: 2016 Federal 372 Report

Total Unduplicated Participants: 2,022

Appendix A: Definitions

Community Options Program (COP)

Administered by the Department of Health Services, COP was managed by local county agencies, and delivered community-based services to Wisconsin citizens in need of long-term assistance. The program began as a demonstration in eight counties in 1982 and was rolled out statewide in 1986 (*Funding: 100 % GPR/State*). The program ended effective July 1, 2018, when Family Care and IRIS expanded statewide for adults in need of long-term care.

Community Options Program-Waiver (COP-Waiver or COP-W)

A Medicaid-funded waiver program that provided community services to elders and adults with physical disabilities with long-term needs and who would otherwise be eligible for Medicaid reimbursement in a nursing home (*Funding: Approximately 40% GPR/State, budgeted separately with COP GPR/state funds; approximately 60% federal funding*). The program ended effective July 1, 2018, when Family Care and IRIS expanded statewide for adults in need of long-term care.

Community Integration Program 1A (CIP 1A)

A Medicaid-funded waiver program that provided community services to adults with developmental and/or intellectual disabilities who were relocated from the State Centers for the Developmentally Disabled (*Funding: Approximately 40% GPR/State, budgeted separately with COP GPR/state funds; approximately 60% federal funding*). The program ended effective July 1, 2018, when Family Care and IRIS expanded statewide for adults in need of long-term care.

Community Integration Program IB Regular (CIP 1B)

A Medicaid-funded waiver program that provided community services to adults with developmental and/or intellectual disabilities who were relocated or diverted from nursing homes and intermediate care facilities—intellectually/developmentally disabled (ICFs-I/DD) other than the State Centers for the Developmentally Disabled (*Funding: Approximately 40% GPR/State, budgeted separately with COP GPR/state funds; approximately 60% federal funding*). The program ended effective July 1, 2018, when Family Care and IRIS expanded statewide for adults in need of long-term care.

Community Integration Program 1B (CIP 1B)/Local Match

A Medicaid-funded waiver program that provided community services to adults with developmental and/or intellectual disabilities who were relocated or diverted from nursing homes and ICFs-I/DD other than the State Centers for the Developmentally Disabled (*Funding: Approximately 40% GPR/State [Community Aids, county match, or COP funds]; approximately 60% federal Medicaid funding*). The program ended effective July 1, 2018, when Family Care and IRIS expanded statewide for adults in need of long-term care.

Community Integration Program II (CIP II)

A Medicaid-funded waiver program that provided community services to elders and adults with physical disabilities after a nursing home bed was closed (*Funding: Approximately 40% GPR/State [state Medicaid funding]; approximately 60% federal Medicaid funding*). The program ended effective July 1, 2018, when Family Care and IRIS expanded statewide for adults in need of long-term care.

Children's Long-Term Support (CLTS) Waiver Program

A home and community-based Medicaid waiver program that serves children and individuals under age 22 diagnosed with a significant developmental disability, physical disability or a severe emotional disturbance. The CLTS Waiver Program provides services and supports to children and families to support inclusion in the community (*Funding: Approximately 40% GPR/State [state Medicaid, Community Aids, county match, or COP funds]; approximately 60% [federal Medicaid funding]*).

Children's Community Options Program (CCOP)

CCOP, administered by the Department of Health Services, is managed by local county agencies and delivers community-based services to Wisconsin children up to age 22 based on their assessed need. The program began on January 1, 2016, and was available statewide. Counties that had not yet transitioned to Family Care or IRIS for adults could use adult COP funds for children's needs until January 1, 2018 (*Funding: 100 % GPR/State*).

Appendix B: Quality Improvement Activities and Outcomes

Wisconsin had an annual process by which the state demonstrated and documented quality assurance and quality improvement efforts to ensure the health, safety, and welfare of community waiver program participants. The quality assurance and improvement program combined a number of activities to assess and monitor program integrity, customer safety, customer satisfaction and program quality. The information obtained was provided as feedback to local and state agencies to promote quality improvement.

Wisconsin's quality assurance plan involved conducting on-site record reviews as well as customer satisfaction surveys for waiver participants from the year *prior to* the year in which the reviews were conducted. This meant that for CY2017 waiver participants, the reviews and surveys would have been conducted in CY2018. Five counties had discontinued their adult community waiver programs on July 1, 2017, meaning that their programs had been disbanded and staff reallocated, making record reviews impossible, and planning for future program quality improvement unnecessary. The two remaining counties began their transition planning for expansion to Family Care in early 2018, and those counties did not have adequate staff or resources to support record reviews. In addition, since very few participants remained in the community waiver programs, DHS did not have sufficient staff time or resources remaining to conduct the usual quality assurance reviews. In lieu of conducting record reviews as a look-back, Wisconsin staff provided regular support and guidance for the remaining community waiver county programs to help ensure the health, safety, and welfare of the community waiver program participants up to and through their transition to Family Care or IRIS.

Appendix C: Community Options Program Guiding Principles

In order to ensure the goals of COP were met, person-centered performance outcomes valued by COP participants were incorporated into the acronym RESPECT:

Relationships between participants, care managers, and providers are based on caring, respect, continuity over time, and a sense of partnership.

Empowerment of individuals to make choices, the foundation of ethical home and community-based long-term support services, is supported.

Services that are easy to access and delivered promptly, tailored to meet unique individual circumstances and needs are provided.

Physical and mental health services are delivered in a manner that helps people achieve their optimal level of health and functioning.

Enhancement and maintenance of each participant's sense of self-worth, and community recognition of his or her value is fostered.

Community and family participation is respected and participants are supported to maintain and develop friendships and share in their families and communities.

Tools for self-determination are provided to help participants achieve maximum self-sufficiency and independence.

We gratefully acknowledge the partnership and coordination of county Community Options Program Lead Agencies since the program began as a small pilot in Wisconsin in 1982. COP was the first step in Wisconsin's long journey of community long-term care and constituted the framework on which today's Family Care Program is based. While this is the final COP Legislative Report for Wisconsin, the state's dedication in striving to continue to meet the long-term care needs of elders and adults with disabilities is demonstrated in the Family Care and IRIS Programs.