Division of Medicaid Services F-01997 (02/2021)

CHILDREN'S COMMUNITY OPTIONS (CCOP) RECONCILIATION PACKET

Appendix A - Contact Info

Children's Community Options Program (CCOP) Reconciliation Fiscal Staff Contact Information

Please fill out the contact information requested below for the **primary and secondary county waiver agency fiscal contacts** for the **Children's Community Options**Program (CCOP) reconciliation process.

The **primary CCOP** fiscal contact person should be the individual who is best able to address any questions or concerns related to these forms. All Department communications will begin with this person.

The **secondary CCOP** fiscal contact person should be the individual who is best able to address any questions or concerns related to these forms if the primary contact is unavailable. This person will only be contacted in the event that the primary contact is unavailable. The secondary contact will be copied on the final reconciliation communication.

Reponses on this form are used to generate the **Children's Community Options Program (CCOP)** fiscal contact list for the current calendar year, which is used for sharing county-specific information and contract update letters. **If the fiscal contact person is someone other than the two contacts listed, please inform the CLTS Fiscal Team when you submit these forms.**

Primary CCOP Fiscal Contact		
County Waiver Agency:	Pleasant County	
Last Name:	Fiscallead	
First Name:	Sue	
Phone Number:	555-123-4567	
Email Address:	Sfiscallead@pleasantville.gov	
Fax Number:	555-123-4569	
Street Address:	1234 Main St	
City:	Pleasantville	
Zip Code:	00009-9999	

Statement of Approval and Accuracy

The signing County Waiver Agency (CWA) representative certifies that the total service expenditure and administrative costs reported in this form are accurate and correct and were incurred solely in connection with **Children's Community Options Program (CCOP) Reconciliation** activities. All allocations used to derive these costs follow federally mandated cost accounting principles and adhere to all applicable State and Federal regulations specified in the State and County Contract for Social Services, Community Programs, and Income Maintenance. Additionally, the signing CWA CCOP representative certifies that none of the costs claimed for reimbursement on this form have also been claimed, or allocated, through any other source of reimbursement.

Secondary CCOP Fiscal Contact		
Last Name:	Fiscalperson	
First Name:	Joe	
Phone Number:	555-123-4568	
Email Address:	Jfiscalperson@pleasantville.gov	
Fax Number:	555-123-4569	
Street Address	1234 Main St	
City:	Pleasantville	
Zip Code:	00009-9999	

NAME - Agency Representative	Title / Position	Date Approved
Ann Divisionlead	Pleasantville DHHS Director	4/2/2020

DISTRIBUTION: Please email the completed form to: DHSCLTSFiscal@dhs.wisconsin.gov

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Appendix B - Reconciliation

Children's Community Option Program (CCOP) Final Expenditure Determination
Please fill out the information requested in the table below for Children's Community Option Program (CCOP). Additional information and instructions to complete Appendix B - Reconciliation of the CCOP Reconciliation Packet are provided in Appendix C - Instructions tab.

Please note that cells requesting a yes/no response have a drop down list for answer choice. A few cells contain formulas that have been locked and cannot be edited.

Appendix B - Reconciliation

County/Agency:	Pleasant County
Reconciled Year:	2020

	CCOP Funding Source		
Section I - CCOP A	Assessments and Care Plans		
I-A	Assessment Expenses (SPC 603.01, SPC 603.03)	\$	450.00
I-B	Care Plan Expenses (SPC 603.02, SPC 603.04)	\$	325.00
I-C	Total Assessment and Plan Expenses	\$	775.00
	Entries must agree with the HSRS Long-Term Support Module's final C-016 CCOP and L-300 CCOP reports for the reconciled year.		
Section II - CCOP	Services		
	CCOP Service Expenses		
II-A	(These Expenses exclude Assessments (SPC 603.01, SPC 603.03), Plans (SPC 603.02, SPC 603.04), and CCOP used as Local Match for Children's Long Term Support (CLTS) Waiver Third Party Administrator (TPA) paid service Expenses. See instructions for more information.)	\$	12,000.00
	Entries must agree with the HSRS Long-Term Support Module's final C-016 CCOP and L-300 CCOP reports for the reconciled year.		
Section III - CCOP	Base Administration Expenses		
III-A	CCOP administration expenses (report actual CCOP administration expenses, including expenses above 7% of CCOP Sub B Base Service	\$	2,000.00
III-A	Allocation and administrative expense paid for with risk reserve funding)	Ψ	2,000.00
III-B	Is the County requesting a variance for administration expenses over 7% of CCOP Sub B Base Service Allocation?		Yes
	(Yes or No; defaults to Yes)		
III-C	If requesting a variance, complete Appendix D - Approvals		
III-D	Standard CCOP admin request (III-A less appendix D)	\$	910.00
III-E	CCOP administrative variance request (retrieved from appendix D)	\$	100.00
III-F	Total reconciled year CCOP administrative request	\$	1,010.00
	Administration expenses are not reported on HSRS. Reimbursable administration expenses are limited to 7% of the CCOP Sub B Base		
	Service Allocation plus the approved variance.		
Section IV - Target	ed Case Management (TCM) Revenue		
IV-A	CCOP related MA targeted case management (TCM) revenue received	\$	100.00
IV-B	CCOP related MA TCM administration expenses applied (limited to 7% of TCM revenue)	\$	7.00
	Administration percentage check (IV-B/IV-A)	\$	0.07
Section V - Risk Re	eserve (RR) Funds		

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F- Appendix B - Reconciliation

County/Agency:	Pleasant County	
V-A	During CY 2020, did the County deposit prior year (CY 2019) carry forward funds that were approved for creating or adding to a CCOP RR fund? (Yes or No; defaults to No)	No
V-A1	If Yes, enter the amount of prior year (CY 2019) carry forward funds that were deposited into a CCOP RR account.	
V-B	Does the County plan to use reconciled year (CY 2020) allocation to create or maintain an existing CCOP RR account? (Yes or No; defaults to No)	No
	Under Wis. Stat. 46.272, a county may, with prior approval, deposit the lesser of 10% of the current year (CY 2020) total CCOP base allocation or \$750,000 to create or maintain an existing CCOP RR account. (The RR balance may not exceed 15% of the reconciled year (CY 2020) total CCOP Base allocation).	
V-B1	If V-B is answered Yes, enter the amount of current year CCOP funding the County plans to deposit in a CCOP RR account. Funds a county places in a RR account reduces the total amount available to be carried forward.	
V-C	Enter the total amount of existing RR funds that the County plans to apply to cover reconciled year (CY 2020) CCOP assessment, plan and/or service expenses.	\$ 500.00
V-C1*	If using CCOP risk reserve funds for an approved administrative request, complete Appendix D - Approvals	
	RR funds applied towards reconciled year (CY 2020) CCOP administration expenses. (retrieved from appendix D)	\$ 990.00
V-D	If a RR account has been closed, enter the closing date of the CCOP RR account.	
V-E	Choose Yes or No to indicate if the County's request to use existing CCOP RR funds for CY 2020 expenses is accounted for in the submitted RR account bank statement balance. (Yes or No)	Yes
V-F*	Attach the CCOP RR account bank statement that shows all account activity for the reconciled year (CY 2020).	
Section VI - Utilize CC	COP Funds For CLTS Waiver Program Overmatch	
	A county is considered to have a CLTS Waiver Program overmatch when the reconciled General Purpose Revenue (GPR) CLTS Waiver service expenses exceed the CLTS Waiver GPR service contract allocation. The CLTS Waiver Program overmatch, or a portion of the overmatch, may be paid using unspent CCOP allocations. DHS requires authorization from the County to apply CCOP funds towards the CLTS Waiver Program overmatch.	
VI-A1	Does the County choose to apply all unspent CY 2020 CCOP allocation funding to a CY 2020 CLTS overmatch need? (Yes or No; defaults to Yes)	Yes
	Does the County choose to maximize funding eligible for CCOP carry forward before applying unspent CY 2020 CCOP allocation to the CLTS overmatch need? (Yes or No; defaults to No)	No
Section VII - Required	I Documentation*	
	The following documentation is required to be returned with the County's CCOP reconciliation packet for DHS review (if applicable).	
VII-A	Appendix D - Approvals: Administration expense variance request (III-D)	Complete Appendix D - Approvals
VII-B		Complete Appendix D - Approvals
	CCOP Risk Reserve Account Bank Statement (V-F)	Attach CCOP RR Account Bank Statement

Include any Notes and/or Explanations below:

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Appendix B - Reconciliation

County/Agency:	Pleasant County	

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Appendix C - Instructions

County Age	ncy Name:
<u> </u>	County Waiver Agency Name is reported in Appendix A
Section I - 0	CCOP Assessments and Care Plans
I-A	Assessment Expenses (SPC 603.01, SPC 603.03)
	Enter the total Assessment Expenses reported to HSRS for SPC 603.01, SPC 603.03. (One assessment per participant per year is reimbursed)
I-B	Care Plan Expenses (SPC 603.02, SPC 603.04)
	Enter the Total Plan Expenses as reported in HSRS for SPC 603.02, SPC 603.04
I-C	This field is locked with the formula to calculate the Total Assessment and Plan Expenses = I-A + I-B
	Reconciled year data, reported to HSRS as of March 31 of the subsequent year, is used in the final year end CCOP reconciliation.
	Prior to submitting the CCOP reconcililation packet, counties should verify that year end HSRS CCOP reports reflect the final, allowable, CCOP assessments,
	care plans and service expenses.
Section II -	CCOP Services
II-A	CCOP Service Expenses (excludes assessments (SPC 603.01, SPC 603.03) and plans (SPC 603.02, SPC 603.04)).
	Enter the total Service Expenses. CCOP services are identified by SPC in the CCOP HSRS Long-Term Support Module Deskcard.
	CCOP Expenses are identified separately for Assessments, Plans and Services to ensure Sub A and Sub B funds are applied per Statute requirements to pay
	the cost of providing long-term community support services (CCOP Services) for eligible participants. Services must be provided in accordance with the case
	plan and service contracts created for each participant receiving long-term community support services.
	The CLTS Waiver mandate applies which means that CCOP is the funding of last resort. CCOP funds may not be used for long-term supports and services
	that can be funded under the CLTS Waiver Program. Waiver funds must be used when: 1) The participant is eligible and can be enrolled in the waiver, 2) the
	agency has Medicaid waiver resources available and 3) the services to be provided are covered by the waiver.
	Reconciled year data, reported to HSRS as of March 31 of the subsequent year, is used in the final year end CCOP reconciliation.
	Prior to submitting the CCOP reconcililation packet, counties should verify that year end HSRS CCOP reports reflect the final, allowable, CCOP assessments,
	care plans and service expenses.
	The amount of CCOP used as local match for CLTS waiver program service expenses is determined by the year end CLTS reconciliation packet and is not
	reported in the CCOP reconciliation packet.
Section III -	CCOP Base Administration Expenses (Administration expenses are NOT reported on HSRS)
III-A	
111-73	Enter the total CCOP administrative expenses (report all administration expenses, including expenses above 7% of CCOP Sub B Base Service Allocation.)
	The County's CCOP allocation is composed of an assessment and plan Sub A allocation and a service Sub B allocation which is defined in the WI Statutes
	46.272. Up to 7% of the Sub B base service allocation may be used to pay for staff salaries and other administrative expenses directly associated with the
	operation of the program when those expenses are not billed elsewhere.

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	The reimbursement of administration expenses is limited to 7% of the Sub B base service allocation unless a variance is approved which allows additional administration expenses to be reimbursed (total allowable administration expenses are limited to 10% of the Sub B base service allocation).
III-B	Choose Yes or No to indicate whether the County requests a variance to cover administration expenses over 7% of CCOP Sub B base service allocation.
	If administrative expenses, not otherwise appropriated or claimed to another program, exceed 7% of the county's Sub B base service allocation, the administering agency may request a variance with the appropriate documentation. For example, funding for administration expenses may be used for the salary and fringe benefits of the CCOP Coordinator and/or for Support and Service Coordinators, staff travel, travel of the CLTS Children's Advisory Committee members, administrative assistance, printing, etc., if the expenses are not also included in the approved support and service coordination rate and/or billable to another fund source.
	DHS approval is required to reimburse Counties for administration expenses that exceed 7% of the county's Sub B base service allocation. Complete Appendix D - Approvals to document the County's request for an administration variance.
III-C*	If requesting a variance, complete the "Appendix D - Approvals" tab to document the reason for the variance request
III-D	III-D is automatically filled out based on the information submitted in III-A and Appendix D
III-E	III-E is automatically filled out based on the information submitted in III-A and Appendix D
III-F	III-F is automatically filled out based on the information submitted in III-A and Appendix D
	Compare the total administrative expenses claimed and reported on row III-A to the CCOP administration maximum (the CCOP administration maximum = 7% of the CCOP Sub B base service allocation) reported on the CY 2019 Financial Summary Sheet. A variance request is required for administrative expenses > 7% of the CCOP Sub B base service allocation to be considered for reimbursement. If no variance is requested please enter a zero. Administration expenses are not reported in HSRS. Administration expenses are limited to 7% of the CCOP Sub B base service allocation plus the approved variance.
Section IV -	Targeted Case Management (TCM) Revenue
IV-A	CCOP related Medicaid (MA) targeted case management (TCM) revenue received
	CCOP related MA targeted case management (TCM) revenue received includes claims paid for procedure code T1017 with the U5 modifier for COP and with the relevant U1-U4 modifiers.
	Report the reimbursement the county received for MA TCM for CCOP participants. (Review the MA TCM amounts reported in the DMS supplemental MA TCM CY 2019 report for accuracy. Report the actual MA TCM revenue the County received for CCOP participants if there is a discrepancy between the amount in the supplemental report and the amount the county received.)
	Counties are responsible for preparing and submitting claims adjustment forms as necessary. If the actual MA TCM revenue amount received differs from the supplemental report of MA TCM claims, document for the counties reference: 1) the difference between the actual MA TCM revenue amount and the supplemental report of MA TCM revenue and 2) the measures taken by the county to correct the MA TCM claims.
	MA TCM revenues received for Children who are also receiving CCOP are deducted from the CCOP expenses prior to charging the expenses to the CCOP allocations. CCOP assessment and care plan expenses may be charged against the CCOP allocation at the approved support and service coordination rate. Additional information about Target Case Management (TCM) and reconciliation is available in the CCOP Procedures Guide
	production information about rarget case management (rom) and reconciliation is available in the cooperations data

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IV-B	CCOP related MA TCM Administration applied
	Report the administration expenses related to the CCOP MA TCM services. (Counties may retain up to 7% of the MA TCM revenue received to offset the
	administration expenses associated with the filing and tracking of the MA TCM claims)
	An administration percentage check (IV-B/IV-A) calculation is included to help evaluate and ensure the MA TCM administration applied does not exceed the
	allowable MA TCM administration expense amount of 7% of MA TCM revenue received.
Section V - R	isk Reserve (RR) Funds
V-A	
	Choose Yes or No to indicate if the County deposited prior year (CY 2018) carry forward funds to create a CCOP RR account for the current year.
V-A1	Enter prior year carry forward funds that were placed in a CCOP RR for the current year if V-A is Yes.
	Counties must notify the department of their decision to place money in a RR account. The RR funds must be maintained in an interest-bearing escrow
	account with a financial institution. All interest from the principal shall be reinvested in the escrow account. The annual amount of a county's expenditure that
	may be deposited into a RR fund may not exceed 10% of the county's most recent total CCOP allocation or \$750,000, whichever is less. The total RR account
	balance, including interest, may not exceed 15% of the county's most recent CCOP allocation.
	Counties requesting to establish a CCOP RR Account must complete and submit Form 02068 - Request to Establish a Children's COP Risk Reserve
V-B	Choose Yes or No to indicate whether the County plans to use reconciled year unspent allocation eligible for carry forward to create or maintain an existing
	CCOP RR account.
V-B1	Enter the amount of current year funds that are to be deposited into a RR account.
	The amount of funds a county wishes to place in a RR account reduces the total amount available to be carried forward .
V-C	
_	Enter the total amount of existing RR funds that the County plans to apply to cover reconciled year CCOP assessment, plan or service expenses.
V-C1	Enter the total amount of existing RR funds that the County plans to apply to cover reconciled year CCOP administration expenses. Risk reserve funds used
	towards administrative expenses require prior DHS approval.
V-C2*	Attach the completed "Appendix D - Approvals" tab with the counties request to use RR funds for administration expenses for DHS approval
V-D	If the RR account was closed during the year, enter the closing date.
V-E	Choose Yes or No to indicate if the Submitted RR account bank statement balance includes a withdrawal for the CCOP RR funds to be applied to receonciled
	year expenses.
V-F*	Attach the CCOP RR account bank statement that shows the status of the RR account, including dates of revenue deposits and dates of disbursements.
Section VI - U	Itilize CCOP Funds For CLTS Waiver Program Overmatch
	A county is considered to have a CLTS Waiver Program overmatch when the reconciled General Purpose Revenue (GPR) CLTS Waiver service expenses
	exceed the CLTS Waiver GPR service contract allocation. The CLTS Waiver Program overmatch, or a portion of the overmatch, may be paid using available
	CCOP allocations. DHS requires authorization from the County to apply CCOP funds towards the CLTS Waiver Program overmatch.
VI-A1	Choose Yes or No to indicate whether the County chooses to apply all unspent reconciled year CCOP allocation funding to a reconciled year CLTS overmatch need?

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<u> </u>	7.7.6
F-01997 (02/20 VI-A2	Choose Yes or No to indicate whether the County chooses to maximize funding eligible for CCOP carry forward before applying unspent reconciled year CCOF
VI-AZ	allocation to the CLTS overmatch need.
Section VII -	Required Documentation* (Starred items above indicate one of the following documents must be submitted with the packet.)
VII-A	Appendix D - Approvals: administration expense variance request (III-D)
	Complete Appendix D - Approvals to request and document the County's CCOP administration expense variance to pay administration expenses that exceed 7% of the CCOP Sub B base service allocation and to document DHS approval
VII-B	Appendix D - Approvals: request to apply RR funds to administration expenses (V-C2)
	Complete the Appendix D - Approvals to request and document DHS approval for the County to apply RR funds to administration expenses. When RR funds are applied to administration expenses the amounts applied should be reported as withdrawals on the RR account bank statement.
VII-C	CCOP RR account bank statement (V-F)
	Under 46.272(13)(f)4.4 Counties must annually submit to the DHS a copy of the CCOP RR account bank statement that documents the status of the CCOP RR account, including revenues and disbursements. If the County is applying current RR funds to offset expenses, documentation must be included on the RR account bank statement to indicate if the balance already includes the funding applied or if the balance will adjust depending upon the amount of RR funds applied.
Section VIII -	Final CCOP Reconciliation Notification
VIII	Following reconciliation, DHS sends a notification to each county with the final CCOP funds utilized for the CLTS overmatch and/or carried forward. Counties are requested to review and submit the notification back to DHS with corrections or a signature indicating agreement with the final numbers. Counties should keep copies of the final signed notifications for their records.

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Appendix D - Approvals

Children's Community Options Program (CCOP) Variance or Approval Request Form:

Fill out the form below and submit back with the County's CCOP reconciliation worksheet to request a variance and/or to request DHS approval for reimbursement as required by WI Statutes 46_272 for the Children's Community Options Program.

DHS Approvals for Variances or Expenses are required:

- 1) To pay for administration expenses that exceed 7% of the CCOP Sub B base service allocation.
- 2) To request use of Risk Reserve funds for administration purposes.

County staff should be prepared to support variance requests with documentation and written evidence.

Counties may enter multiple approval requests on the same Appendix D - Approvals. Counties may add rows as needed, but must ensure additional rows are included in the total requested amount.

County Waiver Agency Name:			Pleasant County	
Section VIII - Appendix D - Approvals				
	Indicate if the administrative expense is to be paid with CCOP risk reserve funds or if the expense is part of a variance request.		Requested Amount	State the reason the County is requesting an administration expense variance or approval for specific expense reimbursement.
Office supplies	Variance Request	\$	100.00	CCOP office supplies above 7% limit
Training	Risk Reserve	\$	990.00	CCOP training time for new staff (not reimbursed elsewhere)
	Total:	\$	1,090.00	