



Date: November 13, 2017

DMS Numbered Memo 2017-04

To: County Department of Human Services Directors
County Department of Social Services Directors
County Department of Community Programs Directors
Long-Term Support Supervisors and Leads

From: Curtis J. Cunningham, Assistant Administrator
Long Term Benefits and Programs

A handwritten signature in black ink, appearing to read "Curtis J. Cunningham".

Final Release of the Children's Community Options Program Procedures Guide

Background

Effective January 1, 2016, Family Support Program (FSP) funding merged with the portion of Community Options Program (COP) allocated to children to form the Children's Community Options Program (CCOP). The statutory authority and program requirements for CCOP are established in [2015 Wis. Act 55](#), which created [Wis. Stat. § 46.272](#). The intent of merging these two programs was to simplify the oversight of multiple program requirements and eliminate administrative redundancies while increasing the flexibility for administering agencies' use of this General Purpose Revenue (GPR).

A draft of the CCOP Procedures Guide was released in April 2017. Feedback was collected from administering agencies and the CCOP Procedures Guide Stakeholder Workgroup through June 30, 2017. Changes were incorporated into this final release.

Purpose

This memo highlights key policy points and substantive differences from the draft CCOP Procedures Guide and past programs, and the final version of the [CCOP Procedures Guide](#) is in effect as of the release of this memo.

Changes Included in the Final CCOP Procedures Guide

Changes were made to the CCOP Procedures Guide, based on stakeholder feedback, including:

- CCOP is available to provide interim services for children on the wait list. The requirement that supports and/or services for children on the wait list occur three or fewer times per year has been removed.
- To bring CCOP in line with the Children's Long-Term Support (CLTS) Waiver Program, the timeframe for filing an appeal was changed from 90 to 45 days.

Additional changes were made to align CCOP policy with the waiver program:

- Service coordinator activity timelines were added to clarify that agencies must:
 - Contact families within 10 days of an identified referral to CCOP in order to schedule a home visit to conduct a functional screen.
 - Determine program eligibility within 45 days of an identified referral.

- Complete an assessment and agree to a child and family-centered individual service plan (ISP) with the family within 60 days of an identified referral. Agencies have an additional 60 days after agreeing to a plan to collect the necessary signatures on the ISP. Services are not to be delayed while a service coordinator gathers signatures.
- The procedures to follow when a child is found not functionally eligible for the program were also added.

When to Use the CCOP Procedures Guide

The CCOP Procedures Guide is used when goods and services are purchased for a child:

- Who is not eligible for Medicaid and will not receive services through the CLTS Waiver Program, but is eligible for CCOP and services can be provided with CCOP funding.
- Who is eligible for Medicaid but will not receive services through the CLTS Waiver Program because the administering agency has decided their assessed need(s) can be fully met with one-time or intermittent services (i.e., three or fewer instances of receiving supports and/or services per year).
- Who is on the wait list and will receive interim services.
- Who is receiving services through the CLTS Waiver Program, but CCOP can cover supports and services that are not waiver-allowable.

When CCOP is used as local match for CLTS waiver funding, CLTS Waiver Program rules and regulations apply to the provision of waiver funds and services, and the Waiver Manual must be followed.

Maximizing Resources

The purpose of CCOP is to provide a coordinated approach to supporting families who have a child with a disability. In order to maximize available resources, CCOP is the funding of last resort and is intended to be used in concert with other paid and unpaid supports.

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 all three of the following exist:

- The child is enrolled, or can be enrolled, in the waiver program (i.e., is eligible and comes to the top of the wait list or can be enrolled due to circumstances that meet the crisis criteria).
- The agency has Medicaid waiver resources available.
- The services to be provided are covered by the waiver.

Administration and Funding

Administering agencies are to work with their local CCOP advisory committee to develop a five-year CCOP plan and/or annual update outlining key features of the program, which must be submitted each year to the Department of Health Services (DHS). DHS will review local plans for programmatic compliance. The distribution of any CCOP funds is contingent upon DHS approval of a local CCOP plan.

CCOP funds must not replace or supplant county, state, or federal funding under any program providing services to a family whose child is also eligible for CCOP.

Children and families who are eligible for CCOP are served on a first-come, first-served basis within the limits of available CCOP funding in the county in which they reside. Because funding is limited, there

may be a wait list for an assessment, plan, or services. While an eligible child is on the wait list, CCOP funds may be used to provide interim services, provided the child has a current CCOP assessment and plan. Children on the wait list can be served under an abbreviated assessment and individual support plan (ISP).

CCOP can pay for conducting assessments, developing child and family-centered ISPs, and providing support and service coordination. An assessment and ISP (either abbreviated or comprehensive) must be completed in order to bill CCOP for administering agency staff time. Because service coordination is allowable as a service expenditure, it cannot be billed as an administrative cost.

Administering agencies are required to report CCOP expenses on a monthly basis for each child by the last day of the month following the month in which the services are provided. Expenses must be reported as they are incurred based on date of service, not date of payment.

Eligibility

CCOP eligibility requires that:

- The child has a disability.
- The child is under age 22.
- The child meets an eligible level of care based on the [CLTS Functional Screen](#).
- The child lives in an eligible setting, as defined by the [CLTS Waiver Program](#).

Children do not need a source of Medicaid or a disability determination to be eligible for CCOP, but they must meet the functional level of care criteria, as determined by the CLTS Functional Screen. All eligibility criteria must be met at the time services are provided. DHS may disallow reimbursement to administering agencies for services provided to children who do not meet the eligibility requirements.

A child residing in the community who has been determined to be an adjudicated delinquent through the juvenile court system may still be eligible for CCOP. However, as the funding of last resort, CCOP cannot pay for goods or services that are the responsibility of the juvenile justice system.

Support and Service Coordination

Support and service coordination is central to the implementation of CCOP. Administering agency staff must leverage natural and funded supports, community services, and other public programs to create a holistic approach to addressing families' needs, without creating any unnecessary burden on families.

To increase flexibility in service coordination, an additional position, the community connections coordinator (CCC), is available to administering agencies. A CCC requires less training than the qualifications to be a support and service coordinator (SSC). Within program limits, an administering agency may elect to appoint either a CCC or SSC level staff to provide coordination or navigation of supports for a family.

A CCC's responsibilities include providing families with information about local resources, conducting community outreach, and raising awareness of the strengths, contributions, and needs of children with long-term disabilities. A CCC can also conduct an abbreviated assessment and develop an abbreviated ISP for children who are on the wait list. The qualifications of an SSC are still required to complete a comprehensive assessment and plan for children receiving ongoing or intermittent CCOP services.

Benefit Package

The majority of the goods and services covered by CCOP are the same as those in the CLTS Waiver Program's benefit package. Definitions for CCOP-only services (i.e., those that are not waiver-allowable) are listed in the CCOP Procedures Guide, Chapter 5. The full CCOP benefit package includes services that are waiver-allowable, as defined in the [Waiver Manual](#). Waiver funding must be used to pay for all waiver-allowable services for children who are enrolled, or who can be enrolled, in the CLTS Waiver Program. The full benefit package is available to eligible children who are on the wait list for interim services; whose needs can be fully met through one-time or intermittent services; and/or who are not eligible for Medicaid.

The following services are not included in CCOP:

- Services for children living in congregate residential settings (i.e., an ineligible setting)
- Mental health services that are available through Comprehensive Community Services
- Juvenile court and corrections-related services that are the responsibility of the courts/county
- "Legal services" that are the responsibility of the courts/county, such as advocacy and defense resources and protective placement/guardianship
- Educational or prevocational/vocational services that are the responsibility of schools and/or the Department of Workforce Development, Division of Vocational Rehabilitation

Incident Reporting and Restrictive Measures

To bring CCOP into alignment with CLTS programs, incident reporting and restrictive measures policies have been added to the CCOP Procedures Guide. For all children receiving ongoing or intermittent supports/services through CCOP (including service coordination), incidents of physical, verbal, and sexual abuse; maltreatment; neglect; death; and financial exploitation are subject to the same incident reporting requirements as found under the CLTS Waiver Program. The process, definitions, and timeframes for using restrictive measures are also the same for CCOP and CLTS Waiver Program participants.

Action Required

The [CCOP Procedures Guide](#) is in effect as of the release of this memo. Administering agencies are responsible for implementing the policies and procedures in the Guide and for bringing CCOP practice into alignment with these guidelines.

Additional Information

Administering agencies are encouraged to direct any questions to dhscop@dhs.wisconsin.gov or to the [children's services specialist \(CSS\)](#) assigned to their county.