



Date: March 31, 2017

DMS Information Memo 2017-01

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

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Draft 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).

Purpose

The [CCOP Procedures Guide](#) is being released in draft form with an invitation for feedback from administering agencies. The CCOP Procedures Guide stakeholder workgroup will also be reconvened and asked for input. Comments, questions, and feedback on the draft can be emailed with the subject line "Draft CCOP Procedures Guide" to DHSCCOP@dhs.wisconsin.gov through June 30, 2017. A final Guide will be released in the third quarter of 2017.

The purpose of this memo is to highlight key policy points and substantive differences from past programs that are included in the CCOP Procedures Guide.

When to Use the CCOP Procedures Guide

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

- Who is not eligible for Medicaid and will not receive services through the Children's Long-Term Support (CLTS) Waiver Program, but is eligible for CCOP and the assessed need(s) can be met with CCOP funding
- Who is eligible for Medicaid, will not receive services through the CLTS Waiver Program, but is eligible for CCOP and the assessed need(s) can be fully met with one-time or intermittent services (i.e., three or fewer times per year)
- Who is on the wait list and has a one-time or intermittent need (i.e., three or fewer times per year)

- 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 CLTS 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 long-term 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 by October 1 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 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 meet one-time or intermittent needs, 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 to have a source of Medicaid or a disability determination to be eligible for CCOP, but they must meet the functional level of care, 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 with one-time or intermittent needs 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 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 [CLTS 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 one-time or intermittent needs), 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 payment/guardianship
- Prevocational/vocational services that are the responsibility of schools and/or the Department of Workforce Development or 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. Incidents of physical, verbal, and sexual abuse; maltreatment; neglect; death; and financial exploitation of children receiving services through CCOP 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.

Next Steps

Administering agencies are invited to provide feedback on the draft through the end of business on June 30, 2017. Comments can be emailed to DHSCCOP@dhs.wisconsin.gov with the subject line “Draft CCOP Procedures Guide.” A final Guide will be released in the third quarter of 2017.