

**COUNTY AGENCY CHILDREN’S COMMUNITY OPTION PROGRAM (CCOP)  
 ANNUAL PLAN UPDATE**

The *County Agency Children’s Community Options Program (CCOP) Annual Plan Update* form must be submitted to the Department of Health Services, Division of Medicaid Services, Bureau of Children’s Services, for review and approval by the deadline date established by DHS. DHS will review and approve or disapprove each county’s CCOP Plan.

Please complete the step-by-step CCOP Annual Plan Update for \_\_\_\_ calendar year (CY), according to the instructions detailed below:

**A. County Agency Contact Information**

Please provide your County Agency CCOP Coordinator’s contact information, as indicated below:

County Agency		Name of CCOP Coordinator	
CCOP Coordinator Phone Number		CCOP Coordinator Fax Number	
CCOP Coordinator Email			
CCOP Coordinator Street Address	Mailing Address	State WI	ZIP Code
Date the Annual Plan Update was Approved by the County CCOP Advisory Committee*			(MM/DD/YYYY)

**B. County CCOP Administration**

For each numbered item below, please check the box to indicate if a change or update to the CCOP Five-Year Plan has occurred, and provide brief summary of the change.

**1. County CCOP Operations**

- Describe any changes to your county’s operations from your CCOP Five-Year Plan, including the following activities:
- Access
  - Intake
  - Assessments

Brief summary:

**2. Updated estimated number of families that will be assessed and served**

- Provide an updated estimate of the number of families that will be assessed and served utilizing CCOP funds during calendar year \_\_\_\_\_.

Brief summary:

**3. Outreach procedures changes for children with disabilities**

- Describe any changes to your county’s outreach procedures to ensure families are aware of the CCOP funds, and their availability to children with physical, emotional and developmental disabilities.

Brief summary:

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**4. Other County CCOP Plan Changes**

- Describe any other changes to your county's CCOP Five-Year Plan, including updates to the county's program operations, outreach efforts, assessment to determine family needs, or monitoring protocols.

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Brief summary:

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**5. County CCOP Advisory Committee**

State law requires that the county CCOP Advisory Committee consist of following defined members; Wis. Stat. § 46.272(4)(a):

- Parents of children with disabilities, including, if possible, parents from families participating in CCOP. To the maximum extent possible, parents must be representative of the various disability, racial, and ethnic groups in the service area.
- Representatives from the following list (at least one person from this list must represent community, human, social services departments delivering services to CCOP participants):
  - County departments or divisions of human services, community programs, or developmental disabilities services
  - County departments of social services
  - School districts
  - Local health departments
- Individuals in the service area who provide other social or educational services to children who have disabilities.

Please provide a brief summary of any changes to your county's CCOP Advisory Committee since the last plan approval, including a description of the following details:

- Role of the county's CCOP Advisory Committee and its members
- Frequency of the CCOP Advisory Committee meetings
- Information about the activities of the Advisory Committee

If you have attached separate documentation or materials that provides this information, please indicate "Attached" in the box below.

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Brief summary:

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- Complete the county's CCOP Advisory Committee Membership Roster, listed on page 3, item 7.

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**6. CCOP Annual Plan Update Submission**

The County CCOP Coordinator must submit the completed *CCOP Annual Plan Update* form to the Department of Health Services (DHS) by the established date.

Please submit this completed CCOP Annual Plan Update and any supporting documentation via email to the Bureau of Children's Services at: [dhscop@dhs.wisconsin.gov](mailto:dhscop@dhs.wisconsin.gov). Please include the following information in the subject line of your email message: "CCOP Annual Plan Update for <INSERT YOUR COUNTY'S NAME>"

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**7. County Children’s Community Options Program Advisory Committee Membership Roster**

Complete the County CCOP Advisory Committee Roster below. Identify the CCOP Advisory Committee Chairperson and include each member’s name and affiliation. You may attach your local County CCOP Advisory Committee roster, if it contains all the information listed below.

Name	Affiliation
	Chairperson