

**CHILDREN'S COMMUNITY OPTIONS PROGRAM  
 HRSR LONG-TERM SUPPORT MODULE DESKCARD  
 MODULE TYPE A**

HISPANIC / LATINO (Field 7a)	
Y	Yes
N	No

RACE (Field 7b) Code up to five	
A	Asian
B	Black or African American
I	American Indian or Alaska Native
P	Native Hawaiian or Pacific Islander
W	White

CLIENT CHARACTERISTICS (Field 8)	
Code	Reason
34	Developmental disability – brain injury – occurred at age 21 or earlier
23	Developmental disability – cerebral palsy
25	Developmental disability – autism spectrum disorder
26	Developmental disability – intellectual disability
27	Developmental disability – epilepsy
28	Developmental disability – other or unknown
86	Severe emotional disturbance
02	Mental illness (excluding SPMI)
07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physical disability/mobility impaired
77	Challenging behavior – not for use as first client characteristic.
37	Fragile/frail medical condition – not for use as first client characteristic.

LEVEL OF CARE (Field 9)	
Code	Reason
R	ICF/IID- Children all levels - DD
S	Psychiatric Hospital – Children- SED
T	Nursing Home – Children - PD
U	Hospital – Children - PD
7	Functional Screen Level of Care – does not meet any of the above level of care

MARITAL STATUS (Field 10)	
Code	Reason
1	Married
5	Never married
9	Unknown/other/minor

LIVING ARRANGEMENT (Field 11) PRIOR AND CURRENT	
Code	Reason
06	State mental health institute – not a current living arrangement – may be used for CCOP assessment, plan
07	ICF/IID: not state center – not a current living arrangement – may be used for CCOP assessment, plan
21	Adoptive home
24	Foster Home
27	Shelter care facility – not a current living arrangement – may be used for CCOP assessment, plan
30	Person's home or apartment
32	State center for developmental disabilities – not a current Living arrangement – may be used for CCOP assessment, plan
33	Nursing home – not a current living arrangement – may be used for CCOP assessment, plan
37	Adult family home 1-2 beds
38	Adult family home 3-4 beds
43	Child group home - not a current living arrangement, may be used for CCOP assessment, plan
44	Residential care center– not a current living arrangement, may be used for CCOP assessment, plan
50	Brain injury rehab unit – hospital not a current living arrangement, may be used for CCOP assessment, plan
51	Brain injury rehab unit – nursing home not a current living arrangement, may be used for CCOP assessment, plan
98	Other living arrangement

PEOPLE	
Code	Reason
05	Living alone
09	Living alone with attendant care
10	Living with immediate family
11	Living with immediate family with live-in attendant care
15	Living with extended family
16	Living with extended family with live-in attendant care
18	Living with others
19	Living with others with live-in attendant care

NATURAL SUPPORT SOURCE (Field 12)	
Code	Reason
1	Parent
2	Spouse
4	Other relative
5	Nonrelative
6	None

TYPE OF MOVEMENT / PRIOR LOCATION (Field 13)	
Code	Reason
N	Relocated from general nursing home
F	Relocated from ICF/IID facility
D	Diverted from entering an institution, resides in community
B	Relocated from brain injury rehab unit
3	Relocated from a RCC, Group Home, Shelter Care
4	Relocated from an IMD

SPECIAL PROJECT STATUS (Field 14)	
Code	Reason
1	On Children's Wait List
2	On CLTS Waiver
3	Not on Children's Wait List or CLTS Waiver

COUNTY OF FISCAL RESPONSIBILITY (Field 15)			
Code	County	Code	County
01	Adams	27	Jackson
02	Ashland	28	Jefferson
03	Barron	29	Juneau
04	Bayfield	30	Kenosha
05	Brown	31	Kewaunee
06	Buffalo	32	La Crosse
07	Burnett	33	Lafayette
08	Calumet	34	Langlade
09	Chippewa	35	Lincoln
10	Clark	36	Manitowoc
11	Columbia	37	Marathon
12	Crawford	38	Marinette
13	Dane	39	Marquette
14	Dodge	40	Milwaukee
15	Door	41	Monroe
16	Douglas	42	Oconto
17	Dunn	43	Oneida
18	Eau Claire	44	Outagamie
19	Florence	45	Ozaukee
20	Fond du Lac	46	Pepin
21	Forest	47	Pierce
22	Grant	48	Polk
23	Green	49	Portage

COUNTY OF FISCAL RESPONSIBILITY (Field 15)			
Code	County	Code	County
24	Green Lake	50	Price
25	Iowa	51	Racine
26	Iron	52	Richland
53	Rock	64	Walworth
54	Rusk	65	Washburn
55	St. Croix	66	Washington
56	Sauk	67	Waukesha
58	Shawano	68	Waupaca
57	Sawyer	69	Waushara
59	Sheboygan	70	Winnebago
60	Taylor	71	Wood
61	Trempealeau	72	Menominee
62	Vernon	84	Menominee Tribe
63	Vilas	92	Oneida Tribe

COURT ORDERED PLACEMENT (Field 16)	
Y	Yes
N	No

MEDICAID WAIVER FINANCIAL ELIGIBILITY TYPE (Field 17)	
Code	Reason
A	Categorically eligible
B	Categorically financially eligible
C	Medically needy
D	CCOP eligible

CLOSING REASON (Field 20)	
Code	Reason
05	Moved out of state
06	Died
14	Not or no longer level of care eligible
21	Services arranged without agency involvement
38	Voluntarily declined or terminated services
43	Ineligible living arrangement
44	Moved out of county/closed on LTS
60	Transferred to Adult Long Term Care Programs
62	Any one time service/all needs met
63	Any one time service/intermittent needs/remains on wait list

CCOP SPC / SUBPROGRAM (Field 24)		
Code	SPC	Units
095 01	Cost Share	None
095 02	Refunds	None
095 05	Parental Fee	None
101	Child Care	Days
102	Adult day care	Hours
103 22	Respite - Residential	Hours
103 24	Respite - Institutional	Hours
103 26	Respite - Home based	Hours
103 99	Respite - Other Setting	Hours
104 10	Supportive Home Care	Days
104 11	Supportive Home Care - Personal	Days

CCOP SPC / SUBPROGRAM (Field 24)		
Code	SPC	Units
	Care	
104 12	Supportive Home Care - Supervision Services	Days
104 13	Supportive Home Care - Routine Home Care Services	Days
104 14	Supportive Home Care - Chore Services	Days
104 20	Supportive Home Care	Hours
104 21	Supportive Home Care - Personal Care	Hours
104 22	Supportive Home Care - Supervision Services	Hours
104 23	Supportive Home Care - Routine Home Care Services	Hours
104 24	Supportive Home Care - Chore Services	Hours
106	Relocation Services	Items
106 02	Housing Assistance (utilities only)	Items
107 30	Specialized Transportation	1 way trips
107 40	Specialized Transportation	Miles
107 50	Transportation	Items
110	Daily Living Skills Training	Hours
112 46	Personal Emergency Response Systems (PERS)	None
112 47	Assistive Technology/Communication Aids	Items
112 50	Dental and Medical Care (non-MA eligible children only)	Hours/ Items
112 51	Specialized Diet and Nutrition	Items
112 52	Specialized Clothing	Items
112 55	Specialized Medical and Therapeutic Supplies	Items
112 56	Home Modifications	Projects
112 57	Adaptive Aids - vehicles	Items
112 99	Adaptive Aids - other	Items
113	Consumer Education and Training	Hours
113 01	Natural Supports Training	Hours
202 01	Adult Family Home 1-2 beds (not room and board)	Days
202 02	Adult Family Home 3-4 beds (not room and board)	Days
203	Children's Foster Care (not room and board)	Days
403 01	Recreation/Alternative Activities	Hours/ Items
503	Inpatient Stay	None
507 03	Counseling and Therapeutic Services	Hours
507 04	Counseling and Therapeutic Services	Items/ services
513	Mentoring	Hours
514	Community Integration Services	Hours
603 01	Assessment - Comprehensive	Hours
603 02	Plan - Comprehensive	Hours

CCOP SPC / SUBPROGRAM (Field 24)		
Code	SPC	Units
603 03	Abbreviated Assessment	Hours
603 04	Abbreviated Plan	Hours
604	Support and Service Coordination	Hours
604 01	SSC - Face-to-face (optional)	Hours
604 02	SSC - Collateral Contact (optional)	Hours
604.03	SSC - Face-to-face/Home Visit (optional)	Hours
604 04	SSC - Other (relocated related)	Hours
604 05	SSC - Community Connections Coordinator	Hours
606	Health screening and accessibility Hours (non-MA eligible children only)	Hours
610	Housing counseling Hours	Hours
615 10	Supported employment - Individual	Hours
615 20	Supported Employment - Small Group	Hours
619	Financial management services/ Fiscal Intermediary Services	Hours
706 20	Day Services - Children	
710	Nursing Services	Hours

TARGET GROUP (Field 25) - these must align with first client characteristic (Field 8)	
Code	Reason
01	Developmental Disability
31	Severe Emotional Disturbance
57	Physical Disability

LONG-TERM SUPPORT CODE (Field 26)	
Code	Reason
7	COP

FUNDING SOURCE (Field 27)	
Code	Reason
CC	CCOP

**SOS DESK**

Phone: 608-266-9198

Hours: 8:00 a.m. - 4:00 p.m.

or leave a voicemail message.

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Fax: 608-267-2437

HSRS Handbook and Terminal Operator's Guide:

<http://www.dhs.wisconsin.gov/HSRS/index.htm>