

**CHILDREN’S COMMUNITY OPTIONS PROGRAM
 HRS 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
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

COUNTY OF FISCAL RESPONSIBILITY (Field 15)			
Code	County	Code	County
23	Green	49	Portage
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
101.00	Child Care	Days/Hours
103.22	Respite - Residential	Days/Hours
103.24	Respite - Institutional	Hours
103.26	Respite - Home based	Hours

CCOP SPC / SUBPROGRAM (Field 24)		
Code	SPC	Units
103.99	Respite - Other	Hours/Items
104.10	Personal Supports - Chore Services	Days
104.11	Personal Supports - Personal Care	Days
104.12	Personal Supports - Supervision Services	Days
104.13	Personal Supports - Routine Home Care Services	Days
104.20	Personal Supports	Hours
104.21	Personal Supports - Personal Care	Hours
104.22	Personal Supports - Supervision Services	Hours
104.23	Personal Supports- Routine Home Care Services	Hours
104.24	Personal Supports - Chore Services	Hours
106.00	Relocation Services	Items
106.04	Housing Assistance (utilities only)	Items
107.30	Transportation - One-Way Trips	1-way trips
107.40	Transportation - Miles	Miles
107.50	Transportation - Items	Items
108.10	Discovery and Career Planning	Hours/Items
109.00	Participant and Family Directed Goods and Services	Items
110.00	Daily Living Skills Training	Hours/Items
112.46	Personal Emergency Response Systems (PERS)	Items
112.47	Communication Assistance for Community Inclusion	Hours/Items
112.50	Dental and Medical Care (non-MA eligible children only)	Hours/Items
112.51	Specialized Diet and Nutrition	Items / Services
112.55	Specialized Medical and Therapeutic Supplies	Items
112.56	Home Modifications	Projects
112.57	Vehicle Modifications	Items
112.99	Assistive Technology	Items/Services
113.00	Empowerment and Self-Determination Supports	Hours/Items
113.20	Family/Unpaid Caregiver Supports and Services	Hours/Items
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
203.00	Children's Foster Care (not room and board)	Days
403.01	Recreation/Alternative Activities	Hours/Items
507.02	Grief and Bereavement Counseling	Hours
507.03	Counseling and Therapeutic Services	Hours
507.04	Counseling and Therapeutic Supplies	Items

CCOP SPC / SUBPROGRAM (Field 24)		
Code	SPC	Units
513.00	Mentoring	Hours/Items
514.00	Community Integration Services	Hours
603.01	Assessment - Comprehensive	Hours
603.02	Plan - Comprehensive	Hours
603.03	Assessment - Abbreviated	Hours
603.04	Plan - Abbreviated	Hours
604.00	Support and Service Coordination (SSC)	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	Community Connections Coordinator	Hours
606.00	Health screening and accessibility Hours (non-MA eligible children only)	Hours
609.30	Health and Wellness	Hours/Items
609.40	Safety Planning and Prevention	Hours/Items
609.50	Virtual Equipment and Supports	Items
610.00	Housing Support Services	Hours
615.01	Community/Competitive Integrated Employment - Individual	Items
615.02	Community/Competitive Integrated Employment - Small Group	Items
619.00	Financial Management Services	Items
619.01	Participant and Family Direction Broker Services	Hourly
706.20	Day Services	Hours/Items

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 / Fax: 608-267-2437
 Hours: 8:00 a.m. - 4:00 p.m. or leave a voicemail message.
 Email Address: dhsoshelp@wisconsin.gov
 HSRs Handbook and Terminal Operator's Guide:
<http://www.dhs.wisconsin.gov/HSRS/index.htm>