

# Report to the Legislature

## Community Options Program

### Community Options Program Waiver

Calendar Year 2006



Department of Health and Family Services  
Division of Long Term Care  
Bureau of Long Term Support

# Executive Summary

The Community Options Program (COP) began with the passage of the 1981 state budget. The purpose of the program was to create a home and community-based alternative to nursing home care. The Community Options Program offers more choices for older people and people with disabilities at a lower cost to the state. In 1986, Wisconsin received a federal Medicaid Home and Community-Based Waiver for people who are elderly or have a physical disability, which allowed the state to obtain federal matching funds for COP. The Community Options Program serves a limited number of people and is not an entitlement.

The state-funded Community Options Program – “Regular” serves people who are elderly or who have a physical or developmental disability or substantial mental health needs. The COP Medicaid waiver serves only people who are elderly or have a physical disability. This includes the Community Options Program-Waiver (COP-W) and the Community Integration Program II (CIP II). Other waivers, the Community Integration Program (CIP 1A and CIP 1B) and the Brain Injury Waiver, serve people with developmental disabilities. In addition, the Children’s Long Term Support (CLTS) waivers serve children with developmental and physical disabilities and severe emotional disturbances.

Report highlights for Calendar Year 2006 include:

- COP and all home and community based waivers served 27,857 citizens.
- Half of all individuals served had a developmental disability, approximately 30% of individuals were elderly and 15% of persons had a physical disability. The remaining individuals received services due to a mental illness or alcohol and/or drug abuse.
- \$601 million all funds was expended to serve individuals in COP and all waiver programs.
- The *average* daily cost of care for participants in CIP II and COP-W was \$71.98. In contrast, the *average* daily cost of care for people in nursing homes, at the same combination of levels of care, was \$109.92.
- Sixty-seven percent of COP and waiver participants received care in their own homes or apartments; the remaining individuals lived in substitute care residences like a community-based residential facility, adult family home or child foster care.

Individuals who use waiver services are also eligible for the Medicaid fee-for-service (“card”) benefits, and must use the Medicaid card before relying on the waivers to fill gaps in care. Participants in CIP II and COP-W used \$89,483,985 in benefits from their Medicaid card. The largest expenditures were for personal care services (\$41 million) and home health care (\$13 million).

A majority of the participants also had family or friends involved in providing voluntary care. Quality assurance reviews measured high rates of consumer satisfaction, especially for people living in their own homes.

# Table of Contents

Introduction .....	1
Structure .....	1
Participants Served by Programs.....	1
Participants Served by Target Group .....	3
Assessments, Care Plans, and Persons Served.....	5
New Persons .....	5
Participant Case Closures .....	6
Participant Turnover Rate .....	6
COP Funding for Exceptional Needs .....	7
Significant Proportions and Target Groups Served.....	7
Participant Demographic and Service Profiles.....	8
Funding of Community Long-Term Care by Target Group.....	11
How COP-Regular is Used.....	12
Participants with Alzheimer’s Disease and Related Irreversible Dementias .....	13
CIP II and COP-W Services .....	13
Public Funding and Cost Comparison of Medicaid Waiver and Medicaid Nursing Home Care .....	15
Appendix A – Performance Standards .....	16
Appendix B – Definitions of Community Long-Term Care Programs.....	17
Appendix C – Quality Assurance and Improvement Outcome .....	18

## LIST OF FIGURES AND TABLES

Figure 1 – Participants Served by Target Group.....	3
Figure 2 – New Persons Receiving Services by Target Group .....	5
Figure 3 – Percentage of Participants in Own Home or Substitute Care Residence.....	10
Figure 4 – Total COP and Waivers Spending by Target Group .....	11
Figure 5 – History of Expenditures for Community Long-Term Care by Target Group.....	12
Figure 6 – CIP II and COP-W vs. Nursing Home Care in 2006 – Average Costs/Day .....	15
Table 1 – Participants Served by Programs.....	2
Table 2 – Participants Served by Target Group .....	3
Table 3 – Participants Served by Programs on December 31, 2006 .....	4
Table 4 – New Persons Receiving Services by Age in 2006 For COP and All Waivers.....	5
Table 5 – Reasons for Participant Case Closures for COP and All Waivers .....	6
Table 6 – Calculation of Turnover by Target Group for COP and All Waivers .....	6
Table 7 – Individuals and Percentages Used for Significant Proportions 2000-2006.....	7
Table 8 – COP and All Waiver Participants by Race/Ethnic Background .....	8
Table 9 – COP and All Waiver Participants who Relocated/Diverted from Institutions.....	8
Table 10 – COP and All Waiver Participants by Gender.....	8
Table 11 – COP and All Waiver Participants by Age.....	8
Table 12 – COP and All Waiver Participants by Marital Status .....	9
Table 13 – COP and All Waiver Participants by Natural Support Source.....	9
Table 14 – COP and All Waiver Participants by Living Arrangement.....	9
Table 15 – COP and All Waiver Participants by Type of Residence.....	10
Table 16 – Funding of Community Long-Term Care by Target Group .....	11
Table 17 – Use of COP Regular .....	12
Table 18 – 2006 Total Medicaid Costs for CIP II and COP-W Recipients .....	13
Table 19 – 2006 CIP II and COP-W Service Utilization and Costs.....	14
Table 20 – 2006 CIP II and COP-W Medicaid Card Service Utilization .....	14
Table 21 – 2006 Average Public Costs for CIP II and COP-W Participants vs. Nursing Home .....	15
Table 22 – Program Quality Results .....	20

## INTRODUCTION

This report is submitted pursuant to s. 46.27(11g) and s. 46.277(5m), of the Wisconsin Statutes, which requires summary reporting on state funds appropriated in the biennial budget process for the Community Options Program. The Community Options Program (also known as COP-Regular or Classic COP) serves all client groups in need of long-term care and is entirely state-funded.

The statutes also permit COP funds to be used as non-federal match to support the Medicaid waiver programs. The federal government grants waivers of Medicaid rules to permit states to provide long-term care at home to a population that qualifies for Medicaid coverage of nursing home care. State funds are matched by federal Medicaid dollars at a ratio of about 40:60. The Community Options Program-Waiver (COP-W) is limited to persons who are elderly and/or persons with a physical disability. The federal Community Options Program-Waiver also includes the Community Integration Program II (CIP II). (See Appendix B.)

Other Medicaid waiver programs are targeted to specific populations in need of long-term care services. Community Integration Program 1A (CIP 1A), and Community Integration Program 1B (CIP 1B) serve the community needs for long-term care participants with developmental disabilities. Brain Injury Waiver (BIW) serves individuals who have received brain injury rehabilitation. The Community Options Program state funding is often used as match for federal funds through these waivers. Children's Long Term Support Waivers (CLTS) serves persons under the age of 22 who have a developmental disability, physical disability and those who have a severe emotional disturbance.

This report describes the persons served, program expenditures and services delivered primarily through COP, COP-W and CIP II in CY 2006. Information on all waivers has been reported where data was available. Medicaid waiver funding combined with Medicaid card funded services (acute care) and COP provides a comprehensive health care package to recipients, as well as community support services. It is critical that these programs be closely coordinated in order to ensure that the most comprehensive and individualized care is provided. With this kind of coordination, Wisconsin residents are provided with a safe, consumer-controlled alternative to life in an institution. As this report demonstrates, these programs also help contain the costs of providing long-term care to a fragile population.

## STRUCTURE

The Department of Health and Family Services administers COP and COP-W while the programs are managed by county agencies. Funds are allocated to counties based on the Community Aids formula (base allocation) or for special needs, such as nursing home relocations or to address waiting lists. The success of the Community Options Program is measured both by how well the program is able to help contain the use and cost of Medicaid-funded nursing home care, and by producing positive outcomes for the program participants. Both COP and COP-W together provide complementary funding to enable the arrangement of comprehensive services for people in their own homes based on the values of consumer direction and preference. The local Community Options Program Plan describes local resource coordination of the county policies and practices, and assures the prudent, cost-effective operation of the program. Each county COP Plan is updated annually with approval by the local Long-Term Support Planning Committee. State level program management monitors local compliance with federal and state program requirements.

## PARTICIPANTS SERVED BY PROGRAMS

The following table provides information about the numbers of people participating in various waiver programs. The Community Options Program, in combination with Medicaid waiver funds, is used to support individuals in the community. The program category column in Table 1 lists each funding source by type of Medicaid waiver, and when each waiver is combined with COP funding. (See Appendix B for program definitions.) The categories of participants are elderly, persons with physical disabilities (PD), persons with developmental disabilities (DD), persons with severe mental illness (SMI), and persons with alcohol and/or drug abuse (AODA).

**TABLE 1 - Participants Served by Programs During 2006 with COP and all Waivers**

Program Category	Elderly	PD	DD	SMI	AODA	Medicaid Waiver Funds Only	Waiver w/Additional COP	Total Served Unduplicated
<b>COP-W</b>								7,353
Waiver Only	3,627	1,386				5,013		
Waiver/COP	1,890	450					2,340	
<b>CIP II</b>								4,249
Waiver Only	1,441	1,487				2,928		
Waiver/COP	789	532					1,321	
<b>Sub Total COP-W/CIP II</b>	<b>7,747</b>	<b>3,855</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,941</b>	<b>3,661</b>	<b>11,602</b>
<b>CIP 1A</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA</b>			1,304
Waiver Only	56		1,185			1,241		
Waiver/COP	3		60				63	
<b>CIP 1B Regular</b>								3,550
Waiver Only	286		3,162			3,448		
Waiver/COP	18		84				102	
<b>CIP 1B COP Match</b>								2,195
Waiver/COP for match only	103		1,957			2,060		
COP match waiver w/other COP	11		124				135	
<b>CIP 1B Other Match</b>								5,272
Waiver/other for match	231		4,976			5,207		
Waiver/COP	8		57				65	
<b>Brain Injury Waiver</b>								224
Waiver Only		134	66			200		
Waiver/COP		19	5				24	
<b>Brain Injury COP Match</b>								13
Waiver/COP for match only		8	5			13		
COP match waiver w/other COP								
<b>Brain Injury Waiver Other Match</b>								95
Waiver/other for match		44	47			91		
Waiver/COP		4					4	
<b>Sub Total DD Waivers</b>	<b>716</b>	<b>209</b>	<b>11,728</b>	<b>0</b>	<b>0</b>	<b>12,260</b>	<b>393</b>	<b>12,653</b>
<b>CLTS</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA</b>			1,840
Waiver Only		12	1,740	71		1,823		
Waiver/COP		2	15	0			17	
<b>CLTS COP Match</b>								111
Waiver/COP for match only		31	33	16		80		
COP match waiver w/other COP		9	21	1			31	
<b>CLTS Other Match</b>								496
Waiver/other for match		25	323	143		491		
Waiver/COP		0	2	3			5	
<b>Sub Total CLTS Waivers</b>	<b>0</b>	<b>79</b>	<b>2,134</b>	<b>234</b>	<b>0</b>	<b>2,394</b>	<b>53</b>	<b>2,447</b>
<b>COP Only Participants</b>	<b>213</b>	<b>95</b>	<b>40</b>	<b>800</b>	<b>7</b>			<b>1,155</b>
<b>Totals by Target Population</b>	<b>8,676</b>	<b>4,238</b>	<b>13,902</b>	<b>1,034</b>	<b>7</b>	<b>22,595</b>	<b>5,262</b>	<b>TOTAL</b>
<b>% Served by Target Population</b>	<b>31.1%</b>	<b>15.2%</b>	<b>49.9%</b>	<b>3.7%</b>	<b>0.03%</b>	<b>81.1%</b>	<b>18.9%</b>	<b>27,857</b>

NOTE: Participants with a dual diagnosis are counted under the funding program. Source: 2006 HSRS.

- Total unduplicated participants served in 2006 - 27,857.
- Total participants who were served by a Medicaid waiver only (no COP funds) - 15,442.
- Total Medicaid waiver participants who also received COP funding in CY 2006 – 11,260
- Total participants who received only COP funding (not Medicaid eligible) - 1,155.
- All participants who received either pure COP or COP to supplement waiver funds - 7,402.
- Total participants served with COP and COP-W funds - 13,583

## PARTICIPANTS SERVED BY TARGET GROUP

The Community Options Program and all the home and community-based waivers combined served a total of 27,857 persons. The table below illustrates participants served in 2006 with COP and Medicaid waiver funding by target group.

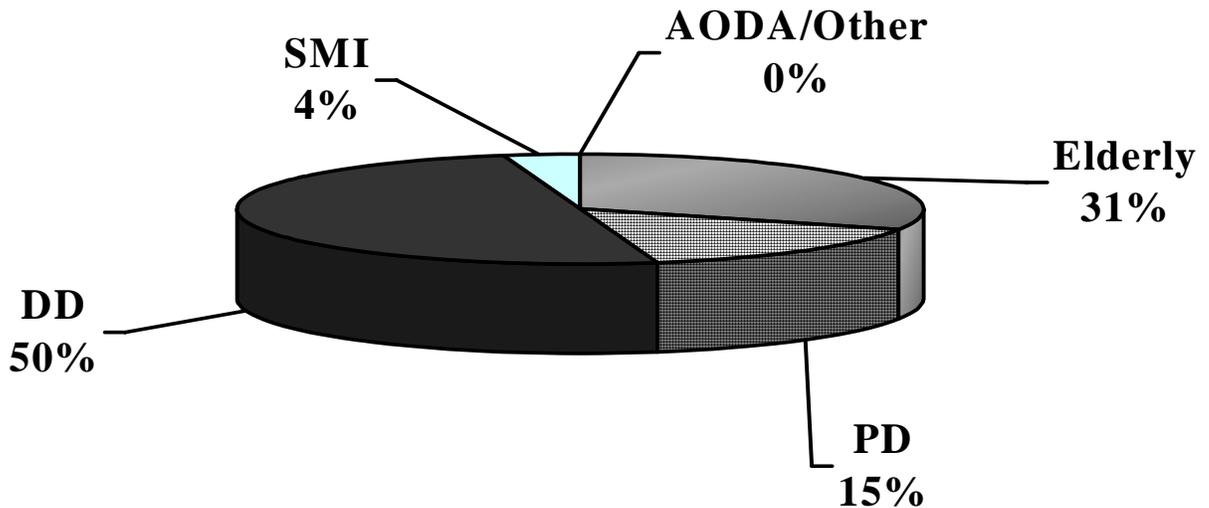
**TABLE 2**  
**Participants Served by Target Group During 2006 with COP and All Waivers**

Target Group	COP Only	COP-W	Subtotal COP Only, COP-W	All Other COP Used as Match	CIP II	Subtotal COP Only, COP-W, Other COP, CIP II	CIP 1, CLTS, BIW	GRAND TOTAL
Elderly	213 18.4%	5,517 75.0%	5,730 67.4%	932 44.4%	1,144 44.4%	8,103 52.8%	573 4.6%	8,676 31.1%
PD	95 8.2%	1,836 25.0%	1,931 22.7%	597 15.3%	1,487 55.6%	4,015 26.2%	223 1.8%	4,238 15.2%
DD	40 3.5%	0 0%	40 0.5%	2,358 60.4%	0 0%	2,398 15.6%	11,504 91.9%	13,902 49.9%
SMI	800 69.3%	0 0%	800 9.4%	20 .5%	0 0%	820 5.3%	214 1.7%	1,034 3.7%
AODA	7 0.6%	0 0%	7 0.1%	0 0%	0 0%	7 0.05%	0 0%	7 0.03%
<b>Total</b>	<b>1,155 4.2%</b>	<b>7,353 26.4%</b>	<b>8,508 30.5%</b>	<b>3,901 6.4%</b>	<b>2,928 9.2%</b>	<b>15,343 49.9%</b>	<b>12,514 44.9%</b>	<b>27,857 100.0%</b>

Note: Totals may not equal 100% due to rounding. Source: 2006 HSRS.

- 8,676 or 31% were elderly;
- 4,238 or 15% were persons with physical disabilities (PD);
- 13,902 or 50% were persons with developmental disabilities (DD);
- 1,034 or 4% were persons with severe mental illness (SMI); and
- 7 or less than 1% were persons with alcohol and/or drug abuse (AODA).

**FIGURE 1**  
**Participants Served by Target Group During 2006 with COP and All Waivers**



**TABLE 3**  
**Participants Served by Programs on December 31, 2006 (Point-In-Time) with COP and All Waivers**

Program Category	Elderly	PD	DD	SMI	AODA	Medicaid Waiver Funds Only	Waiver w/Additional COP	Total Served Unduplicated
<b>COP-W</b>								5,871
Waiver Only	3,045	1,270				4,315		
Waiver/COP	1,190	366					1,556	
<b>CIP II</b>								3,623
Waiver Only	1,255	1,413				2,668		
Waiver/COP	536	419					955	
<b>Sub Total COP-W/CIP II</b>	<b>6,026</b>	<b>3,468</b>				<b>6,983</b>	<b>2,511</b>	<b>9,494</b>
<b>CIP 1A</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA</b>			1,264
Waiver Only	53		1,164			1,217		
Waiver/COP	3		44				47	
<b>CIP 1B Regular</b>								3,451
Waiver Only	272		3,097			3,369		
Waiver/COP	12		70				82	
<b>CIP 1B COP Match</b>								2,121
Waiver/COP for match only	100		1,899			1,999		
COP match waiver w/other COP	11		111				122	
<b>CIP 1B Other Match</b>								5,132
Waiver/other for match	218		4,866			5,084		
Waiver/COP	4		44				48	
<b>Brain Injury Waiver</b>								220
Waiver Only		132	65	1		198		
Waiver/COP		17	5	0			22	
<b>Brain Injury COP Match</b>								13
Waiver/COP for match only		8	5			13		
COP match waiver w/other COP		0	0				0	
<b>Brain Injury Waiver Other Match</b>								93
Waiver/other for match	1	46	43			90		
Waiver/COP	0	3	0				3	
<b>Sub Total DD Waivers</b>	<b>674</b>	<b>206</b>	<b>11,413</b>	<b>1</b>	<b>0</b>	<b>11,970</b>	<b>324</b>	<b>12,294</b>
<b>CLTS</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA</b>			1,742
Waiver Only		14	1,645	69		1,728		
Waiver/COP		0	14	0			14	
<b>CLTS COP Match</b>								92
Waiver/COP for match only		31	26	12		69		
COP match waiver w/other COP		5	17	1			23	
<b>CLTS Other Match</b>								455
Waiver/other for match		26	306	120		452		
Waiver/COP		0	1	2			3	
<b>Sub Total CLTS Waivers</b>		<b>76</b>	<b>2,009</b>	<b>204</b>		<b>2,249</b>	<b>40</b>	<b>2,289</b>
<b>COP Only Participants</b>	<b>154</b>	<b>72</b>	<b>32</b>	<b>696</b>	<b>5</b>			<b>959</b>
<b>Totals by Target Population</b>	<b>6,854</b>	<b>3,822</b>	<b>13,454</b>	<b>901</b>	<b>5</b>	<b>21,202</b>	<b>3,834</b>	
<b>% Served by Target Population</b>	<b>27.4%</b>	<b>15.3%</b>	<b>53.7%</b>	<b>3.6%</b>	<b>0.02%</b>	<b>84.7%</b>	<b>15.3%</b>	<b>25,036</b>

NOTE: Participants with a dual diagnosis are counted under the funding program. Source: 2006 HSRS.

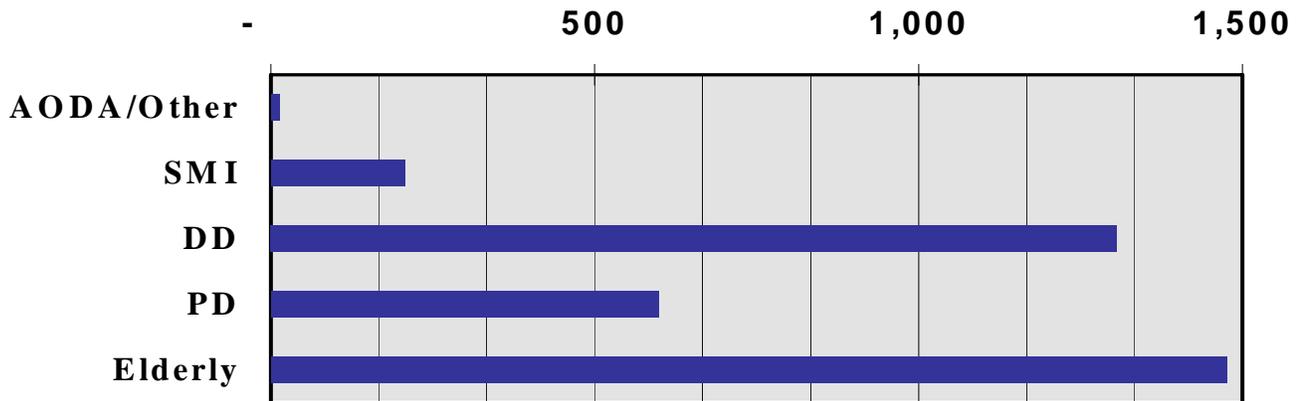
## ASSESSMENTS, CARE PLANS AND PERSONS SERVED

The Community Options Program lead agencies provide eligible individuals with an assessment and care plan that identifies equipment, home modifications and services that might be available to assist them in their own homes and communities. During the assessment process, a social worker and other appropriate professionals assess each individual's unique characteristics, medical condition, living environment, lifestyle preferences and choices. The individual and the care manager develop a plan for a comprehensive package of services, which integrates and supports the informal and unpaid assistance available from family and friends. This care plan incorporates individual choices and preferences for the type and arrangement of services. Depending upon available income and assets, the individual may be responsible for paying some or all of the costs for services in their care plan. In 2006, 6,632 assessments were conducted, and 3,486 care plans were prepared.

### NEW PERSONS

Figure 2 illustrates the target group distribution of the 3,601 new persons served during 2006. The majority of the new participants served in 2006 were individuals who are elderly (age 65+). Clients are considered new if they have services and costs in the current year and no long-term support services of any type in the prior year.

**FIGURE 2**  
**New Persons Receiving Services by Target Group in 2006**  
**For COP and All Waivers**



**TABLE 4**  
**New Persons Receiving Services by Age in 2006**  
**For COP and All Waivers**

	Elderly	PD	DD	SMI	AODA/Other	TOTAL
<18 yrs.	NA	22	417	69	0	508
18 – 64 yrs.	NA	577	889	138	13	1,617
65+ yrs.	1,476	NA	NA	NA	0	1,476
<b>TOTAL</b>	<b>1,476 (41.0%)</b>	<b>599 (16.6%)</b>	<b>1,306 (36.3%)</b>	<b>207 (5.7%)</b>	<b>13 (.4%)</b>	<b>3,601</b>

Source: 2006 HSRS.

## PARTICIPANT CASE CLOSURES

Table 4 illustrates the number of participants in each target group who left the program in 2006 for various reasons. Approximately 2,676 or ten percent of all people participating in COP and all Waivers, were closed for services during 2006. A person's death accounts for about 42 percent of elderly service closures and 39 percent of closures of persons with physical disabilities. Moving to an institution accounts for approximately 29 percent of all closures and was 39 percent for the elderly population.

**TABLE 5**  
**Reasons for Participant Case Closures for COP and All Waivers**

	Elderly	PD	DD	SMI	AODA	Other	Total
Person Died	848	142	114	12	0	1	1,117
Transferred to or Preferred Nursing Home Care	697	57	19	9	0	1	783
No Longer Income or Care Level Eligible	49	62	23	18	1	1	154
Moved	59	50	74	12	10	1	197
Voluntarily Ended Services	57	34	90	46	0	0	227
Other Funding Used for Services	15	7	19	42	0	0	83
Reside in ICF-MR/IMD Center	0	0	13	1	0	0	14
Medical Issues/Behavioral Challenges	7	3	1	0	0	0	11
Inadequate Service/Support	2	0	8	3	0	0	13
Transferred to Partnership Program	68	7	1	0	0	0	76
Other	0	0	0	1	0	0	1
<b>Total Cases Closed (all reasons)</b>	<b>1,802</b>	<b>362</b>	<b>362</b>	<b>144</b>	<b>2</b>	<b>4</b>	<b>2,676</b>

Source: 2006 HSRS.

## PARTICIPANT TURNOVER RATE

The Community Options Program participants receive services as long as they remain eligible and continue to need services. At the end of 2006, one-third of the people eligible for COP and COP-W had received services for three years or less. The other two-thirds of the people are longer-term participants who received services for more than three years. Thirty-nine people have received services for ten years or more.

Turnover is defined as the number of new people who need to be enrolled for services in order to keep the caseload constant. For example, a local program may need to serve 125 persons during a year to maintain an average ongoing caseload of 100, and would have had a turnover of 25 participants. The turnover rate equals the amount of turnover divided by the total caseload. In this example, the turnover rate is 25 percent.

Table 5 illustrates the number of people closed for services during 2006 divided by the caseload size on December 31, 2005 for each target group. The shaded row of Table 5 below shows the turnover rate for each target group. (The "other" category reflects reporting errors which are corrected by January 1, 2007.)

**TABLE 6**  
**Calculation of Turnover by Target Group for COP and All Waivers**

	Elderly	PD	DD	SMI	AODA	Other	Total
All Persons Served During 2006	8,676	4,238	13,902	1,034	7	0	27,857
Point-in-Time Number of Persons Served on December 31, 2006	6,854	3,822	13,454	901	5	0	25,036
Number of Closures During 2006 (Excludes Transfers to the Family Care Program)	1,734	355	361	144	2	4	2,600
Point-in-Time Number of Persons active on December 31, 2005(Caseload Size)	7,059	3,755	12,732	859	7	0	24,412
<b>Turnover Rate for the Above Case Closures</b>	<b>25%</b>	<b>9%</b>	<b>3%</b>	<b>17%</b>	<b>29%</b>	<b>n/a</b>	<b>11%</b>

Source: 2006 HSRS.

## COP FUNDING FOR EXCEPTIONAL NEEDS

The statewide Community Options Program also includes funds for exceptional needs. The Department may carry forward to the next fiscal year any COP and COP-W GPR funds allocated but not spent by December 31 of each year (s. 46.27(7)(g), Wis. Stats.). These exceptional funds are made available to applicant counties for the improvement or expansion of long-term community support services for COP eligible people. Services may include:

- a) start-up costs for developing needed services for eligible target groups;
- b) home modifications for COP eligible participants and housing funding;
- c) purchase of medical services and medical equipment or other specially adapted equipment; and
- d) vehicle modifications.

In 2006, funds for exceptional needs were awarded to 55 counties and served individuals with developmental disabilities, physical disabilities, the frail elderly and children. Awards were made for home repairs and modifications such as ramps, mobility lifts, ceiling lifts, roll-in showers, raised toilets, wider hallways and doors, door openers, environmental control systems and other items. Awards were also made for adapted mobility equipment such as wheelchairs and scooters not covered by Medicaid, van modifications, dental work and autism consultations.

### SIGNIFICANT PROPORTIONS AND TARGET GROUPS SERVED WITH COP AND COP-W FUNDS

The **COP and COP-W funding** is intended to serve persons in need of long-term support at an institutional level of care. State statutes require that COP funding serve persons from the major target groups in proportions that approximate the percentages of Medicaid-eligible persons who are served in nursing homes or state institutions. These percentages are called “significant proportions.”

The minimum percentages for significant proportions were initially set in 1984 and have been periodically adjusted to reflect changes in the growth of the long-term care population. The percentage for elderly has been set lower than the actual population to allow some county flexibility. The total minimum percentages add up to 84.2 percent with 15.8 percent reserved for county discretion.

**TABLE 7**  
**Individuals and Percentages Used for Monitoring Significant Proportions 2003 - 2006**

Year	Elderly	PD	DD	SMI	AODA	Other	Total
Minimum Percentages	57.0%	6.6%	14.0%	6.6%	0%		84.2%
2006	5,079 47.0%	2,025 18.7%	2,844 26.3%	816 7.6%	20 0.2%	17 0.2%	10,801 100%
2005	6,648 51.3%	2,668 20.6%	2,755 21.3%	846 6.5%	39 0.3%	0 0.0%	12,956 100%
2004	6,824 51.5%	2,603 19.6%	2,879 21.7%	909 6.9%	19 0.1%	27 0.2%	13,261 100%
2003	7,003 49.6%	2,861 20.3%	3,327 23.6%	881 5.2%	23 0.2%	30 0.2%	14,125 100%

Note: Counts reflect individuals served with COP and COP-W funding on December 31<sup>st</sup> of each year with adjustments applied.  
Source: 2006 HSRS, Reconciliation Schedules.

These numbers include calculation for COP funding used as overmatch and for county specific variances. This unduplicated count includes individuals whose services are funded with COP Regular, COP-W or CIP IB when COP funding is used to provide the non-federal match to Medicaid Waivers. The numbers include a calculation adjustment to factor in the amount of COP funding that is used as match for services above the CIP I and CIP II rate. (This methodology counts approximately one additional person for every \$10,000 of COP regular funds used in this way.)

**PARTICIPANT DEMOGRAPHIC AND SERVICE PROFILES**

**TABLE 8 - COP and All Waiver Participants by Race/Ethnic Background**

<b>PARTICIPANTS BY RACE/ETHNIC BACKGROUND</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA/ Other</b>	<b>Total Participants</b>	
Caucasian	8,153	3,373	12,622	1,129	52	25,329	91%
African American	164	496	672	72	3	1,407	5%
American Indian/Alaska Native	117	74	127	18	1	337	1%
Asian/Pacific Islander	169	44	156	6	0	375	1%
Unknown	5	0	9	3	0	17	<1%
Hispanic	69	82	223	18	0	392	1%
<b>TOTAL</b>	<b>8,677</b>	<b>4,069</b>	<b>13,809</b>	<b>1,246</b>	<b>56</b>	<b>27,857</b>	<b>100%</b>

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2006 HSRS.

**TABLE 9 - COP and All Waiver Participants who Relocated/Diverted from Institutions**

<b>RELOCATED/DIVERTED</b>	<b>Number</b>	<b>Percent</b>
Diverted from Entering any Institution	23,391	84%
Relocated from General Nursing Home	1,957	7%
Relocated from ICF/MR	2,268	8%
Relocated from Brain Injury Rehab Unit	240	1%
Other	1	<1%
<b>TOTAL</b>	<b>27,857</b>	<b>100%</b>

NOTE: Some totals may not equal 100% due to rounding. Source: 2006 HSRS.

**TABLE 10 - COP and All Waiver Participants by Gender**

<b>PARTICIPANTS BY GENDER</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA/ Other</b>	<b>Total Participants</b>	
Female	6,404	2,203	5,673	584	27	14,891	53%
Male	2,273	1,866	8,136	662	29	12,966	47%
<b>TOTAL</b>	<b>8,677</b>	<b>4,069</b>	<b>13,809</b>	<b>1,246</b>	<b>56</b>	<b>27,857</b>	<b>100%</b>

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2006 HSRS.

**TABLE 11 - COP and All Waiver Participants by Age**

<b>PARTICIPANTS BY AGE</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA/ Other</b>	<b>Total Participants</b>	
Under 18 years	0	93	2,507	216	1	2,817	10%
18 – 64 years	0	3,976	11,302	1,030	55	16,363	59%
65 – 74 years	2,663	0	0	0	0	2,663	10%
75 – 84 years	3,094	0	0	0	0	3,094	11%
85 years and over	2,920	0	0	0	0	2,920	10%
<b>TOTAL</b>	<b>8,677</b>	<b>4,069</b>	<b>13,809</b>	<b>1,246</b>	<b>56</b>	<b>27,857</b>	<b>100%</b>

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2006 HSRS.

**TABLE 12 - COP and All Waiver Participants by Marital Status**

<b>PARTICIPANTS BY MARITAL STATUS</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA/ Other</b>	<b>Total Participants</b>	
Widow/Widower	3,974	149	33	9	4	4,169	15%
Never Married	1,593	1,771	13,295	942	28	17,629	63%
Married	1,618	847	158	41	6	2,670	10%
Divorced/Separated	1,356	1,226	198	228	16	3,024	11%
Other	136	76	125	26	2	365	1%
<b>TOTAL</b>	<b>8,677</b>	<b>4,069</b>	<b>13,809</b>	<b>1,246</b>	<b>56</b>	<b>27,857</b>	<b>100%</b>

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2006 HSRS.

**TABLE 13 - COP and All Waiver Participants by Natural Support Source**

<b>PARTICIPANTS BY NATURAL SUPPORT SOURCE</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA/ Other</b>	<b>Total Participants</b>	
Adult Child	4,218	543	33	50	7	4,851	17%
Non-Relative	1,169	757	2,226	273	8	4,433	16%
Spouse	1,265	740	110	27	5	2,147	8%
Parent	104	1,109	8,984	477	9	10,683	38%
Other Relative	1,312	604	1,723	141	14	3,794	14%
No Primary Support	609	316	731	278	13	1,947	7%
Other	0	0	2	0	0	2	<1%
<b>TOTAL</b>	<b>8,677</b>	<b>4,069</b>	<b>13,809</b>	<b>1,246</b>	<b>56</b>	<b>27,857</b>	<b>100%</b>

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2006 HSRS.

**TABLE 14 - COP and All Waiver Participants by Living Arrangement**

<b>PARTICIPANTS BY LIVING ARRANGEMENT</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA/ Other</b>	<b>Total Participants</b>	
Living with Immediate Family	2,180	1,595	6,468	296	11	10,550	38%
Living with Others with Attendant Care	1,553	475	3,254	299	19	5,600	20%
Living Alone	2,972	995	811	347	12	5,137	18%
Living with Others	1,234	420	2,498	251	10	4,413	16%
Living Alone with Attendant Care	449	301	418	31	1	1,200	4%
Living with Immediate Family with Attendant Care	154	200	212	4	0	570	2%
Living with Extended Family	109	58	125	12	3	307	1%
Living with Extended Family with Attendant Care	18	17	14	1	0	50	<1%
Transient Housing Situation	7	6	2	4	0	19	<1%
Other	1	2	7	1	0	11	<1%
<b>TOTAL</b>	<b>8,677</b>	<b>4,069</b>	<b>13,809</b>	<b>1,246</b>	<b>56</b>	<b>27,857</b>	<b>100%</b>

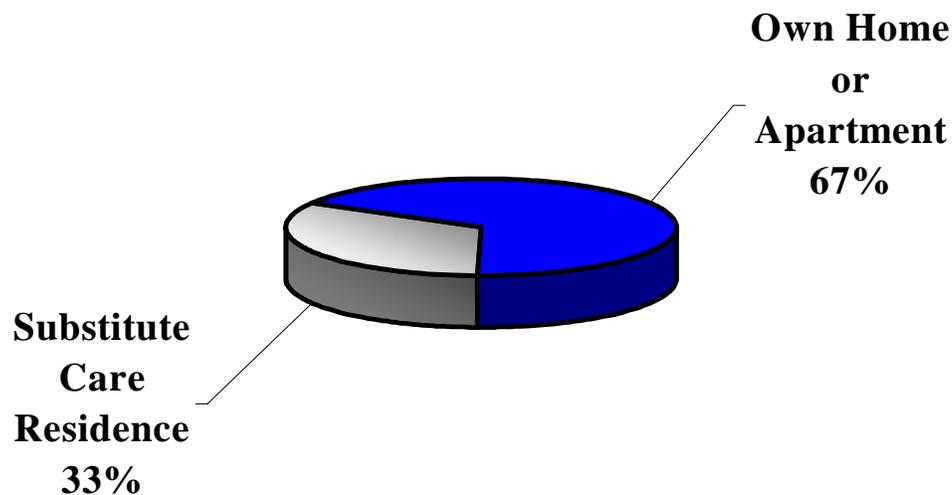
NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2006 HSRS.

**TABLE 15 - COP and All Waiver Participants by Type of Residence**

<b>PARTICIPANTS BY TYPE OF RESIDENCE</b>	<b>Elderly</b>	<b>PD</b>	<b>DD</b>	<b>SMI</b>	<b>AODA Other</b>	<b>Total Participants</b>	
Adoptive Home	0	2	82	11	0	95	<1%
Adult Family Home (AFH)	697	226	2,920	146	9	3,998	14%
Brain Injury Rehab Unit	0	16	5	0	0	21	<1%
Child Group Home	0	1	4	1	0	6	<1%
Community Based Residential Facility (CBRF)	2,207	392	1,567	297	18	4,481	16%
Foster Home	0	8	221	57	2	288	1%
ICF/MR: Not State Center	0	0	0	0	0	0	0%
Nursing Home	5	1	0	0	0	6	<1%
Other Living Arrangement	2	0	0	0	0	2	<1%
Own Home or Apartment	5,497	3,386	8,970	699	27	18,579	67%
Residential Care Apartment Complex (RCAC)	244	23	0	2	0	296	1%
Residential Care Center (RCC)	0	0	1	2	0	3	<1%
Shelter Care Facility	0	0	6	5	0	11	<1%
State DD Center	0	0	1	0	0	1	<1%
Supervised Community Living	24	14	31	26	0	95	<1%
Unknown	1	0	1	0	0	2	<1%
<b>TOTAL</b>	<b>8,677</b>	<b>4,069</b>	<b>13,809</b>	<b>1,246</b>	<b>56</b>	<b>27,857</b>	<b>100%</b>

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2006 HSRS.

**FIGURE 3  
Percentage of Participants Living in Own Home or Substitute Care Residence**



## FUNDING OF COMMUNITY LONG-TERM CARE BY TARGET GROUP

A total of \$601,184,216 (federal waiver and state funds) was spent in 2006 through the Community Options Program and all long-term care Medicaid Home and Community-Based Services Waivers. As a publicly-funded and managed program for community long-term care, COP-Regular contributes about 10 percent of the overall total. COP-Regular and COP-Waiver together contribute 28 percent of the overall total. [These figures do not include funds spent under the regular (non-waiver) Medicaid program.]

**TABLE 16**  
**COP and All Waivers**  
**Funding of Community Long-Term Care by Target Group in 2006**

Target Group	COP-Regular	COP-W	Subtotal COP-Regular, COP-W	CIP II	Subtotal COP-Regular, COP-W, CIP II	CIP 1, CLTS, BIW*	GRAND TOTAL
Elderly	12,011,649 22%	61,310,643 72%	73,322,292 52%	29,726,886 46%	103,049,178 50%		103,049,178 17%
PD	5,743,460 10%	23,607,145 28%	29,350,605 21%	34,756,598 54%	64,107,203 31%	875,341 <1%	64,982,544 11%
DD	26,249,143 47%		26,249,143 19%		26,249,143 13%	386,309,260 98%	412,558,403 69%
SMI	11,625,451 21%		11,625,451 8%		11,625,451 6%	8,833,310 2%	20,458,761 3%
AODA	120,004 <1%		120,004 <1%		120,004 <1%		120,004 0.0%
Other	15,326 0.0%		15,326 0.0%		15,326 0.0%		15,326 0.0%
<b>Total</b>	<b>\$55,765,033 9%</b>	<b>\$84,917,788 14%</b>	<b>\$140,682,821 23%</b>	<b>\$64,483,484 11%</b>	<b>\$205,166,305 34%</b>	<b>\$396,017,911 66%</b>	<b>\$601,184,216 100%</b>

Source: 2006 HSRS and Reconciliation Schedules.

\*All costs for Children's waivers and BIW are counted in the DD category.

Children's waivers serve children with a physical disability, a developmental disability and those children who have a severe mental illness.

- The elderly received 17% of the funds;
- Persons with physical disabilities (PD) received 11% of the funds;
- Persons with developmental disabilities (DD) received 69% of the funds;
- Persons with severe mental illness (SMI) received 3% of the funds; and
- Persons with alcohol and/or drug abuse (AODA) or other conditions received less than 1% of the funds.

**FIGURE 4**  
**Total COP and Waivers Spending by Target Group**

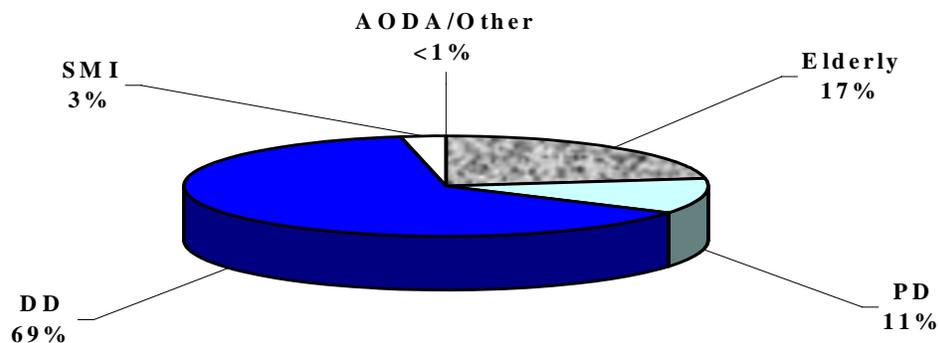
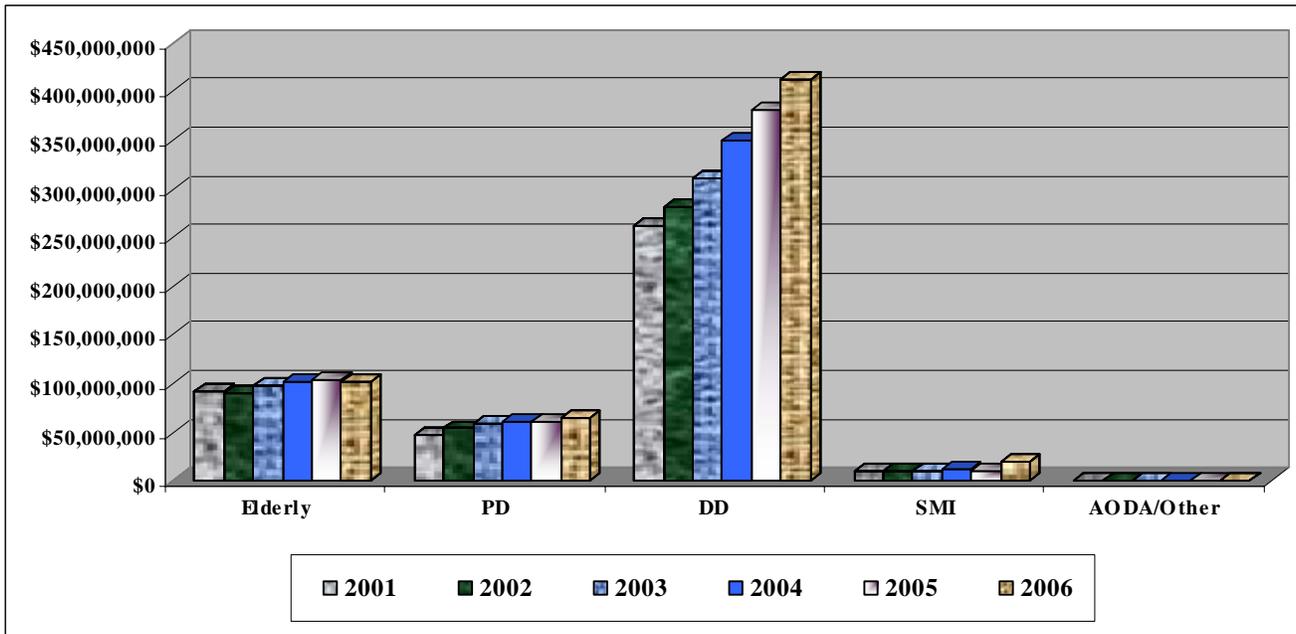


Figure 5 illustrates spending for participants by target groups. The “elderly” category includes all persons age 65 or older regardless of type of disability. All other participants are younger than 65. All participants have a need for a level of care equivalent to a nursing home care level.

**FIGURE 5**  
**History of Expenditures for Community Long Term Care by Target Group 2000 – 2006**



Note: In 2001 and 2002 COP and waiver participants converted to Family Care in five pilot counties.  
 Source: 2006 HSRS and Reconciliation Schedules.

**HOW COP-REGULAR IS USED**  
**Table 17 – Use of COP Regular**

Target Group	COP Only	Supplemental COP (gap filling)	Additional GPR Match for Waivers	Admin, Special Projects, Risk Reserve	Assessments And Plans	Total Percent of COP-R Reported
Elderly	12.6%	57.2%	14.9%	13.8%	50.6%	19.7%
PD	4.9%	30.3%	6.5%	5.3%	30.5%	9.1%
DD	4.0%	12.4%	77.8%	17.9%	14.9%	46.5%
SMI	77.7%	0.0%	0.0%	62.3%	3.2%	24.5%
AODA/Other	0.8%	0.0%	0.0%	0.6%	0.8%	0.2%
<b>TOTAL</b>	<b>21.3%</b>	<b>12.9%</b>	<b>55.0%</b>	<b>6.0%</b>	<b>4.8%</b>	<b>100.0%</b>
<b>Costs Reported*</b>	<b>\$12,755,320</b>	<b>\$7,702,419</b>	<b>\$32,916,496</b>	<b>\$3,595,859</b>	<b>\$2,896,454</b>	<b>\$59,817,260*</b>

\*Note: Reflects allowable costs reported on HSRS; however, actual reimbursement was \$55,765,033.

- 21 percent of the total COP-Regular funds were used for services for COP only participants, 78 percent of whom are persons with a severe mental illness. The federal waiver is currently being developed for the long-term care needs of this group.
- 13 percent of COP-Regular was used for current waiver participants to provide services that could not be paid for with waiver funds.
- 6 percent was used for program and service coordination including one percent for special projects.
- 5 percent of COP-Regular funds were used to conduct assessments and develop care plans.

\$33 million was used as match to serve more people or for increased service costs for existing participants. Of the funds used for additional match, \$26 million was used for persons with developmental disabilities: of that amount, \$5.7 million was used to fund the match for CIP I so counties could earn additional federal funds when the average costs exceeded the allowable rate. When COP funding is used in this way it is referred to as “overmatch.” For persons who are elderly or have physical disabilities, \$6.4 million of COP-Regular funds were used as match to expand the COP-W program and \$586,103 COP-Regular funding was used to fund the match for CIP II federal dollars when average costs exceeded the allowable reimbursement rate.

## **PARTICIPANTS WITH ALZHEIMER’S DISEASE AND RELATED IRREVERSIBLE DEMENTIAS**

In 2006, a total of 1,377 people using funds from the COP, COP-W and CIP II programs were reported as having an Alzheimer’s disease or related dementia diagnosis (e.g., Friedrich’s Ataxia, Huntington’s disease and Parkinson’s disease). Of these 1,377 individuals, 8 qualified for the program by diagnosis alone. The total expenditures for participants with Alzheimer’s or other irreversible dementia were \$16,645,381.

### **CIP II AND COP-W SERVICES**

Community Integration Program II and COP-Waiver participants utilize services federally authorized through its Medicaid waiver application and services traditionally available to all Medicaid recipients through the state's Medicaid Plan (e.g., card services). State Medicaid Plan services are provided to all Medicaid recipients eligible for a Medicaid card. The Medicaid Plan services are generally for acute medical care. Waiver services generally focus on community-based supports. Since both types of services are needed to maintain individuals in the community, expenditures for both types must be combined to determine the total public cost of serving waiver participants.

State statutes require use of Medicaid waiver funds only for expenses not covered in the Medicaid program. The Medicaid card services received, the waiver services provided, the total costs for each service and the service utilization rates are outlined in tables 18, 19 and 20. The total cost of Medicaid fee-for-service card costs for these waiver participants was \$89,483,985. The significant decrease in card costs was in the area of prescription drugs due to the implementation of Medicare Part D.

**TABLE 18**  
**2006 Total Medicaid Costs for CIP II and COP-W Recipients**

Total CIP II and COP-W Service Costs	\$156,438,554
Total Medicaid Card Service Costs for CIP II and COP-W Recipients	\$ 89,483,985
<b>Total 2006 Medicaid Expenditures for CIP II and COP-W Recipients</b>	<b>\$245,922,539</b>

Source: 2006 Federal 372 Report.

Costs of care, services and environmental adaptations for waiver participants are always a combination of Medicaid State Plan benefits and Medicaid Home and Community Based Services waiver benefits. The coordination of benefits across the program is a key component of the Community Options Program and the waivers.

**TABLE 19**  
**2006 CIP II and COP-W Service Utilization and Costs**

CIP II and COP-W Service Categories	Rate of Participant Utilization (%)	Cost	Percent of Total Waiver Costs
Care Management	99.97	\$21,137,816	13.51
Supportive Home Care/Personal Care	76.14	53,917,910	34.47
Adult Family Home	5.32	12,573,373	8.04
Residential Care Apartment Complex	2.90	4,329,723	2.77
Community Based Residential Facility	24.29	45,272,123	28.94
Respite Care	3.97	1,375,734	0.88
Adult Day Care	4.50	2,841,418	1.82
Day Services	2.06	1,733,075	1.11
Daily Living Skills Training	0.97	820,911	0.52
Counseling and Therapies	3.48	716,167	0.46
Skilled Nursing	2.37	277,336	0.18
Transportation	25.62	2,291,485	1.46
Personal Emergency Response System	39.21	1,329,687	0.85
Adaptive Equipment	14.20	1,527,685	0.98
Communication Aids	1.40	73,373	0.05
Housing Start-up	.69	91,780	0.06
Vocational Futures Planning	.00	0	0.00
Medical Supplies	22.64	1,173,894	0.75
Home Modifications	3.21	1,397,181	0.89
Home Delivered Meals	24.44	3,209,801	2.05
Financial management Services	6.59	348,082	0.22
<b>Total Medicaid Waiver Service Costs</b>		<b>\$156,438,554</b>	

Note: Totals may not equal 100% due to rounding. Source: 2006 Federal 372 Report.

**TABLE 20**  
**2006 CIP II and COP-W Medicaid Card Service Utilization**

Medicaid State Plan Benefits Categories	Rate of Participant Utilization (%)	Cost	Percent of Total Card Costs
Inpatient Hospital	3.0%	\$4,528,311	5.1%
Physician (Physician Services, Clinic Services – including outpatient Mental Health)	74.1%	3,783,337	4.2%
Outpatient Hospital	51.6%	2,188,471	2.4%
Lab and X-ray	58.9%	835,087	0.9%
Prescription Drugs	64.3%	8,014,823	9.0%
Transportation (Ambulance and Non-Emergency Specialized Motor Vehicle)	42.1%	2,500,065	2.8%
Therapies (Physical Therapy, Speech and Hearing Therapy, Occupational Therapy, Restorative Care Therapy, Rehabilitative Therapy)	7.7%	277,669	0.3%
Dental Services	16.6%	464,992	0.5%
Nursing (Nurse Practitioner, Nursing Services)	0.5%	1,339,496	1.5%
Home Health, Supplies & Equipment (Home Health Therapy, Home Health Aide, Home Health Nursing, Enteral Nutrition, Disposable Supplies, Other Durable Medical Equipment, Hearing Aids)	70.6%	13,027,768	14.6%
Personal Care (Personal Care, Personal Care Supervisory Services)	36.4%	40,959,066	45.8%
All Other (Other Practitioners Services, Family Planning Services, HealthCheck/EPSTDT, Rural Health Clinic Services, Home Health Private Duty Nursing – Vent, Other Care, Hospice, Community Support Program)	42.2%	11,564,900	12.9%
<b>Total Medicaid State Plan Benefit Costs for Waiver Recipients</b>		<b>\$ 89,483,985</b>	

Notes: Totals may not equal 100% due to rounding. Source: 2006 Federal 372 Report.

**PUBLIC FUNDING AND COST COMPARISON OF MEDICAID WAIVER AND MEDICAID NURSING HOME CARE**

In addition to Medicaid-funded services, many waiver participants receive other public funds that can be used to help pay for long-term care costs. To provide an adequate comparison of the cost of serving persons through the Medicaid waiver versus the cost of meeting individuals' long-term support needs in nursing homes, an analysis of total public funding used by each group was completed. Table 21 below indicates total public funds on an average daily basis for nursing home and waiver care.

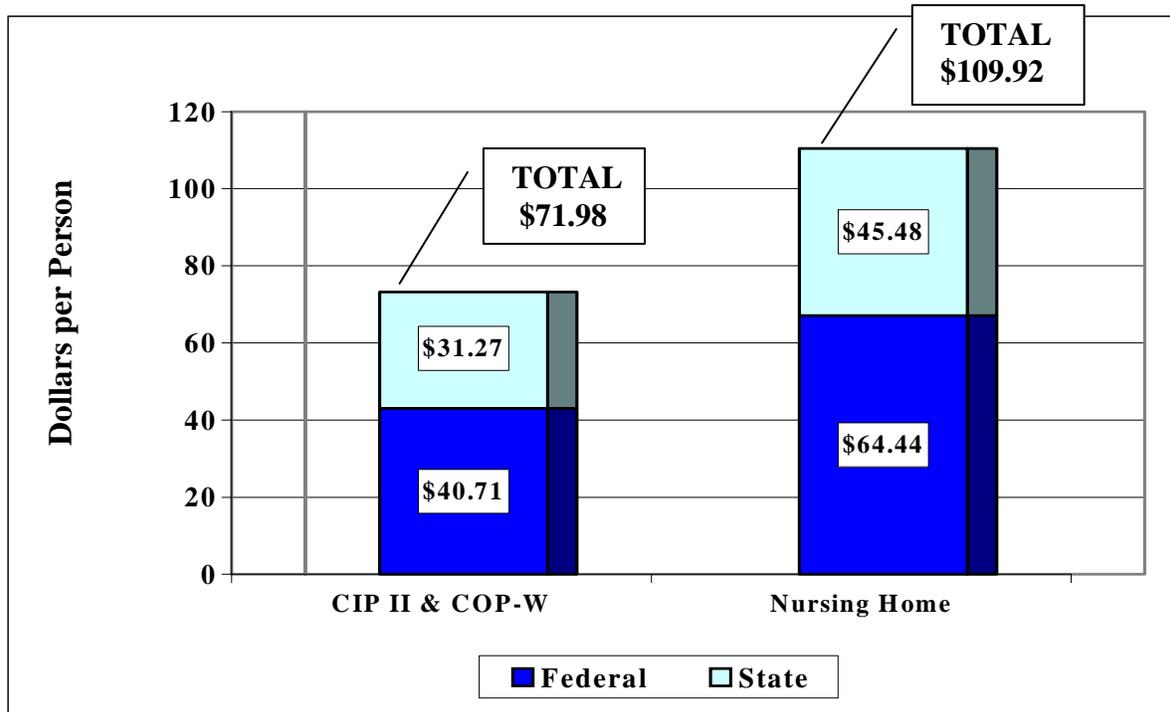
**TABLE 21**  
**2006 Average Public Costs for CIP II & COP-W Participants vs. Nursing Home Residents**  
**Average Cost per Person per Day**

Year	Cost Category	Community Care Costs			Nursing Home Costs <sup>1</sup>			Difference		
		Total	State / County	Federal	Total	State / County	Federal	Total	State / County	Federal
2006	Medicaid Program Per Diem	\$44.18	\$18.28	\$25.90	\$103.95	\$43.01	\$60.94			
	Medicaid Card	25.27	10.46	14.81	5.97	2.47	3.50			
	<u>Medicaid Costs Subtotal<sup>2</sup></u>	<u>\$69.45</u>	<u>\$28.74</u>	<u>\$40.71</u>	<u>\$109.92</u>	<u>\$45.48</u>	<u>\$64.44</u>	<u>\$40.47</u>	<u>\$16.74</u>	<u>\$23.73</u>
	COP – Services w/Admin.	2.44	2.44	0.00	n/a <sup>3</sup>	n/a <sup>3</sup>	n/a <sup>3</sup>			
	COP – Assessments & Plans	0.09	0.09	0.00	n/a <sup>3</sup>	n/a <sup>3</sup>	n/a <sup>3</sup>			
	<b>Total</b>	<b>\$71.98</b>	<b>\$31.27</b>	<b>\$40.71</b>	<b>\$109.92</b>	<b>\$45.48</b>	<b>\$64.44</b>	<b>\$37.94</b>	<b>\$14.21</b>	<b>\$23.73</b>

Source: 2006 HSRS and 2006 Federal 372 Report.

When all public costs are counted, expenses for CIP II and COP-W participants averaged \$71.98 per person per day in 2006, compared to \$109.92 per day for Medicaid recipients in nursing facilities. On average, then, the per capita daily cost of care in CIP II and COP-W during 2006 was \$37.94 less than the cost of nursing home care.

**FIGURE 6**  
**CIP II & COP-W vs. Nursing Home Care in 2006**  
**Average Public Costs per Day**



Source: 2006 Federal 372 Report.

## Appendix A

### PERFORMANCE STANDARDS

A state leadership committee established the framework for assessing quality in the Community Options Program (COP). In order to ensure the goals of COP are met, person-centered performance outcomes valued by COP participants are incorporated into the acronym RESPECT:

**R**elationships between participants, care managers and providers are based on caring, respect, continuity over time, and a sense of partnership.

**E**mpowerment of individuals to make choices, the foundation of ethical home and community-based long-term support services, is supported.

**S**ervices that are easy to access and delivered promptly, tailored to meet unique individual circumstances and needs are provided.

**P**hysical and mental health services are delivered in a manner that helps people achieve their optimal level of health and functioning.

**E**nhancement and maintenance of each participant's sense of self-worth, and community recognition of his or her value is fostered.

**C**ommunity and family participation is respected and participants are supported to maintain and develop friendships and share in their families and communities.

**T**ools for self-determination are provided to help participants achieve maximum self-sufficiency and independence.

RESPECT performance standards are measured by the extent to which:

- care managers identify a participant's health status and care needs, create or arrange for appropriate services to support and not supplant the help available from family, friends and the community, and monitor the performance of service providers;
- services respond to individual needs;
- participant preferences and choices are honored, and the participant is satisfied with the services delivered; and most importantly,
- participants are able to maintain a home of their own choice and participate in community life.

## Appendix B

### **DEFINITIONS OF COMMUNITY LONG-TERM CARE PROGRAMS**

#### **COMMUNITY OPTIONS PROGRAM (COP):**

The Community Options Program, administered by the Department of Health and Family Services, is managed by local county agencies to deliver community-based services to Wisconsin citizens in need of long-term assistance. Any person, regardless of age, with nursing home level of care is eligible for COP. The program began as a demonstration in eight counties in 1982 and was expanded statewide in 1986.

*Funding: GPR/State = 100%*

#### **COMMUNITY OPTIONS PROGRAM-WAIVER (COP-WAIVER OR COP-W):**

A Medicaid-funded waiver program which provides community services to the elderly and persons with physical disabilities who have long-term needs and who would otherwise be eligible for Medicaid reimbursement in a nursing home.

*Funding: GPR/State = Approximately 40% (budgeted separately with COP GPR/state funds)  
Federal = Approximately 60%*

#### **COMMUNITY INTEGRATION PROGRAM II (CIP II):**

A Medicaid-funded waiver program that provides community services to the elderly and persons with physical disabilities after a nursing home bed is closed.

*Funding: GPR/State = Approximately 40% (state Medicaid funding)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **COMMUNITY INTEGRATION PROGRAM IA (CIP IA):**

A Medicaid-funded waiver program that provides community services to persons with developmental disabilities who are relocated from the State Centers for the Developmentally Disabled.

*Funding: GPR/State = Approximately 40% (state Medicaid funding)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **COMMUNITY INTEGRATION PROGRAM IB REGULAR (CIP IB):**

A Medicaid-funded waiver program which provides community services to persons with developmental disabilities who are relocated or diverted from nursing homes and Intermediate Care Facilities – Mental Retardation (ICFs-MR) other than the State Centers for the Developmentally Disabled.

*Funding: GPR/State = Approximately 40% (state Medicaid funding)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **COMMUNITY INTEGRATION PROGRAM IB (CIP IB)/LOCAL MATCH:**

A Medicaid-funded waiver program which provides community services to persons with developmental disabilities who are relocated or diverted from nursing homes and ICFs-MR other than the State Centers for the Developmentally Disabled.

*Funding: GPR/State = Approximately 40% (Community Aids, county match, or COP funds)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **CHILDREN'S LONG TERM SUPPORT WAIVERS (CLTS-WAIVER):**

A Medicaid-funded waiver program that serves children and persons under the age of 22 who have a developmental disability, physical disability and those who have a severe emotional disturbance. CLTS waivers provide funds that enable individuals to be supported in the community.

*Funding: GPR/State = Approximately 40% (state Medicaid, Community Aids, county match, or COP funds)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **BRAIN INJURY WAIVER:**

A Medicaid-funded waiver that serves a limited number of people with brain injuries who need significant supports in the community. The person must be receiving or is eligible to receive post-acute rehabilitation services in a nursing home or hospital certified by Wisconsin Medicaid as a special unit for brain injury rehabilitation. This program began January 1, 1995.

*Funding: GPR/State = Approximately 40% (state Medicaid funding)  
Federal = Approximately 60% (federal Medicaid funding)*

## Appendix C

### QUALITY ASSURANCE AND IMPROVEMENT OUTCOMES

Wisconsin has implemented a plan to demonstrate and document quality assurance efforts, which will ensure the health, safety and welfare of community waiver program participants. The quality assurance and improvement program combines a number of activities to assess and monitor program integrity, customer safety, customer satisfaction and program quality. The information obtained is provided as feedback to local and state agencies to promote quality improvement.

#### PROGRAM INTEGRITY

On-site monitoring reviews were conducted for a random selection of 488 cases in 2006. The reviews went well beyond the traditional federal requirements, which only identify payment errors, in an effort to gain in-depth information on program operation and policy interpretation. Where errors were identified, corrective action plans were implemented. For all criteria monitored, 89 percent compliance with the waiver requirements was verified. A summary of the monitoring categories and findings are as follows:

##### Category: FINANCIAL ELIGIBILITY

###### Monitoring Components:

- ✓ *Medicaid financial eligibility as approved in state plan*
- ✓ *Cost share*
- ✓ *Spend down*

**Findings:** *90 percent of the factors monitored indicated no deficiency. Errors were detected in more complex areas of calculation, such as cost share and spend down. These areas have been emphasized in training and technical assistance activities. A disallowance occurred if the cost share was included in the expenses billed to the waiver.*

##### Category: NON-FINANCIAL ELIGIBILITY

###### Monitoring Components:

- ✓ *Health form*
- ✓ *Functional screen*

**Findings:** *91 percent overall compliance with eligibility was measured. No instances of incorrect eligibility determination were identified under this category, although some cases failed to contain sufficient documentation.*

##### Category: SERVICE PLAN

###### Monitoring Components:

- ✓ *Individual Service Plan (ISP) developed and reviewed with participant*
- ✓ *Services waiver allowable*
- ✓ *Services appropriately billed*

**Findings:** *92 percent of factors were in compliance. In a small percentage of the cases, incorrectly identified services or the omission of identified services within the ISP was noted. Only the inclusion of non-allowable costs resulted in negative findings and a disallowance of state/federal funding.*

##### Category: SERVICE STANDARDS AND REQUIREMENTS

###### Monitoring Components:

- ✓ *Waiver-billed services met necessary standards and identified needs*
- ✓ *Care providers appropriately trained and certified*

**Findings:** *85 percent of factors were documented as error free. Documentation deficits accounted for many of the negative findings under this category. Disallowances were taken if standards had not been met.*

**Category: BILLING**

**Monitoring Components:**

- ✓ *Services accurately billed*
- ✓ *Only waiver allowable providers billed*
- ✓ *Residence in waiver allowable settings during billing period*

**Findings:** 93 percent compliance was found in these categories. Disallowances were taken.

**Category: SUBSTITUTE CARE**

**Monitoring Components:**

- ✓ *Contracting requirements have been met*
- ✓ *Only waiver allowable costs calculated and billed*

**Findings:** 95 percent overall compliance was found. Documentation or errors due to room and board versus care and supervision were evidenced in a few cases. Residential care has proven to be a challenging area for services providers and is being addressed with technical assistance and training. Disallowances were taken.

**CORRECTIVE ACTION**

In addition to a wrap-up meeting following a monitoring visit, a written report of each monitoring review was provided to the director of the local agency responsible for implementation of the waiver. The report provides the agency with a list of health or safety issues, indicating where action is needed at the local level. The reports also cited errors or deficiencies and required that the deficiency be corrected within a specified period of time, between 1 and 60 days. Follow-up visits were conducted to ensure compliance when written documentation was insufficient to provide assurance. Results from the consumer outcomes and satisfaction surveys are written in the report to present an overview of the county system and identify trends in service areas.

Where a deficiency correlated with ineligibility, agencies were instructed to correct their reimbursement requests. In addition, agencies were required to develop a plan to modify their practices. In **24** instances, disallowances were taken where retroactive corrections could not be implemented. The total disallowance within those 19 counties was **\$133,329**.

Funding was disallowed in areas that included billing of non-waiver allowable services, lack of documentation for billed services, insufficient documentation or non-waiver allowable room and board costs, billing during a period of participant ineligibility for waiver services (temporary institutionalization), and inaccurate collection of cost share.

**PROGRAM QUALITY**

During 2006, 488 randomly selected participants responded to 22 questions during in-person interviews regarding satisfaction with waiver services. Both direct responses and reviewer assessments of those responses were recorded.

The factors studied regarding care management services were:

- Responsiveness to consumer preferences
- Quality of communication
- Level of understanding of consumer's situation
- Professional effectiveness
- Knowledge of resources
- Timeliness of response

The factors studied for in-home care were:

- Timeliness
- Dependability
- Responsiveness to consumer preferences

The factors studied for persons living in substitute care settings were:

- Responsiveness to consumer preferences
- Choices for daily activities
- Ability to talk with staff about concerns
- Comfort

Table 24 combines and summarizes the findings of the survey. Satisfaction in substitute (residential) care settings is somewhat lower than satisfaction with services in one's own home.

**Table 22  
Program Quality Results**

<b>SATISFACTION CATEGORY</b>	<b>PERCENTAGE OF POSITIVE RESPONSES</b>
Care manager is effective in securing services	94%
Good communication with care manager	93%
Care manager is responsive	92%
Active participation in care plan	94%
Satisfaction with in-home workers	91%
Substitute care services are acceptable	88%
Satisfaction with substitute care living arrangement	88%

Source: 2006 Quality Monitoring Reviews.

**CONTINUOUS QUALITY IMPROVEMENT PROJECTS**

The information collected from various quality assurance efforts was incorporated into a variety of ongoing quality improvement projects. Examples of those activities are listed below:

- Utilized enhanced data collection and reporting formats to identify target areas for local monitoring, training and technical assistance.
- Produced and distributed case specific fiscal reports containing potential correctable reporting errors.
- Continued revisions to Medicaid Waivers Manual and made available to local agencies via the Department's website
- Revised COP Waiver Basics Manual and made available to local agencies via the Department's website
- Provided training and technical assistance on the Long Term Care Functional Screen
- Began revising outcomes measurement tool
- Developed No Active Treatment documentation form

We gratefully acknowledge the efforts of County Community Options Program Lead Agencies to report COP and waiver activities and expenditures completely and accurately, since this information is the foundation for the data compiled in this report. Questions may be directed to:

Irene Anderson  
Bureau of Long Term Support  
Division of Long Term Care  
Wisconsin Department of Health and Family Services  
P.O. Box 7851  
Madison, WI 53707-7851  
Phone: (608) 266-3884  
Fax: (608) 267-2913  
E-mail: [anderil@dhfs.state.wi.us](mailto:anderil@dhfs.state.wi.us)