

# **Children's Community Options Program Procedures Guide**

for Administering Agencies



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

**Division of Medicaid Services**  
**Bureau of Children's Long Term Support Services**  
**P-01780 (11/2017)**

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## PREFACE

Effective January 1, 2016, the Children’s Community Options Program (CCOP) was formed by merging the Family Support Program with the portion of the Community Options Program (COP) allocated to children. The statutory authority and program requirements for CCOP were 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 funding.

The Bureau of Children’s Long Term Support Services (BCLTSS) within the Wisconsin Department of Health Services (DHS), Division of Medicaid Services (DMS), is responsible for oversight and statewide administration of CCOP.

The Children’s Community Options Program Procedures Guide has been developed by DHS to clarify the purpose and requirements of the program, and is operational effective January 1, 2017. A stakeholder workgroup, including parents, advocates, and representatives from county agencies and the Wisconsin Council on Children’s Long-Term Support, advised DHS on the development of this Guide.

### CCOP Purpose

The purpose of CCOP is to provide a coordinated approach to supporting families who have a child with a disability.<sup>1</sup> This approach recognizes and maximizes the family’s capacity, resiliency, and unique abilities with the intention of better supporting, nurturing, and facilitating self-determination, interdependence, and inclusion in all facets of community life for the child and family.

Through a collaborative relationship with the family, supports and services aimed at achieving desired outcomes are identified, prioritized, and implemented. Strategies must be flexible, coordinated, and effective, and may include:

- Information, education, and training on advocating on behalf of the child, leadership, and the full array of supports and services available in each community.
- Methods for connecting families with other families (including parents, guardians, self-advocates, siblings, and grandparents) and support groups for mutual support and networking.
- Goods and services that promote identified outcomes, benefit the child, and enhance the family’s long-term support roles.

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<sup>1</sup> Wis. Stat. § 46.272(1)(b) “Disability” means a severe physical, developmental, or emotional impairment which is diagnosed medically, behaviorally, or psychologically, which is characterized by the need for individually planned and coordinated care, treatment, vocational rehabilitation, or other services and which has resulted or is likely to result in substantial limitation on the ability to function in at least 2 of the following areas, equivalent to nursing home, hospital, or institution for mental disease level of care:

1. Self-care
2. Receptive and expressive language
3. Learning
4. Mobility
5. Self-direction

The design of these strategies, supports, and services is intended to reflect the uniqueness of families in terms of their diversity, experiences, and community membership.

CCOP funds are designated for the purpose of purchasing goods and services that respond to assessed needs and desired outcomes, as identified in each participant's child and family-centered individual service plan (ISP).

### **Legal Framework of Wisconsin's CCOP**

[Wisconsin Stat. § 46.272](#) provides the legal framework for Wisconsin's CCOP.

Key policy factors used in the development of CCOP are:

- CCOP is the funding of last resort. In order to maximize the use of federal funds, Home and Community-Based Services (HCBS) Medicaid Waiver Program funding must be used before CCOP for children who are functionally and financially eligible for Wisconsin's Children's Long-Term Support (CLTS) Waiver Program. This requirement is often referred to as the "waiver mandate."
- CCOP funding can be more flexible than CLTS waiver funding. Within limits, CCOP can be used to meet the long-term support needs of eligible children and their families to pay for goods and services that are not allowed under the waiver.
- CCOP funding can be used as local match for services for CLTS Waiver Program participants. When CCOP is used as local match for CLTS waiver funding, all waiver criteria apply and the Waiver Manual is followed.
- CCOP can be used when individuals are eligible for CCOP, but are not eligible for the CLTS Waiver Program. When CCOP funding is not used as local match for CLTS waiver services, it is often referred to as "pure" or "straight" CCOP, and all CCOP guidelines and program rules apply.

### **CCOP and CLTS Waiver**

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., comes to the top of the wait list or can be enrolled in the waiver 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.<sup>2</sup>

When a child is enrolled in the waiver program, all waiver-allowable supports and services must be paid through the CLTS Waiver Program, including support and service coordination. When a child is on the wait list, but their situation meets the crisis criteria (see the [Waiver Manual](#)), they must be enrolled in the waiver and all waiver-allowable supports are billed to the CLTS Waiver Program. When a child comes to the top of the wait list and resources are available to serve them, they are enrolled in the waiver and all waiver-allowable supports must be billed to the CLTS Waiver Program; appropriate supports and services that are not allowable through the waiver can be paid with CCOP.

For children on the wait list whose circumstances do not meet the crisis criteria, CCOP can be used to purchase interim supports and services to help families until they can be enrolled and fully served through the CLTS Waiver Program and/or CCOP. Administering agencies that choose to serve children on the wait list must refer to the local CCOP plan for the list of specific groups of children to be given

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<sup>2</sup> Wis. Stat. § 46.272(13)(a)(2)

priority, if any. Administering agencies must follow processes to ensure consistently fair and equitable use of CCOP funds.

**When to Use the CCOP Procedures Guide**

The Children's Community Options Program Procedures Guide is used when any of the following applies:

- A child is not eligible for Medicaid and will not receive services through the CLTS Waiver Program, but the child is eligible for CCOP and services can be provided with CCOP funding.
- A child is eligible for Medicaid, but the administering agency decides their assessed need(s) can be fully met with one-time or intermittent services (i.e., three or fewer instances of receiving supports per year) through CCOP.
- A child is on the wait list for long-term support services and receives interim services through CCOP.
- A child is receiving services through the CLTS Waiver Program, but CCOP is being accessed to pay for supports and services that are not covered under the waiver. The CCOP Procedures Guide addresses the provision of supports and services when CCOP dollars are not used to match federal Medicaid dollars for the CLTS Waiver Program.

When CCOP dollars are used as local match for CLTS waiver funding, CLTS Waiver Program rules and regulations apply to the provision of waiver funds and services, and govern the development and implementation of the entire support plan for the child and family. Therefore, when CCOP is used as match funds for waiver-funded services, the Waiver Manual must be followed.

**For More Information**

Administering agencies are to contact their assigned DHS [children's services specialist \(CSS\)](#) with questions about CCOP.

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## CHAPTER 1: PROGRAM ADMINISTRATION

CCOP is administered locally, as contracted by DHS.<sup>3</sup> DHS has sole authority to approve or disapprove whether a county administers CCOP.<sup>4</sup> Administering agencies may directly provide program services and/or subcontract with other service providers in the area.

### Administering Agency Responsibilities

At a minimum, the administering agency is required to:

- Appoint members to a local CCOP advisory committee.
- Cooperate with the CCOP advisory committee to develop a CCOP plan.
- Submit the proposed CCOP plan to DHS for review.
- Provide and/or subcontract with human service agencies in the area to provide program services within the limits of state and federal funds allocated for this purpose.
- Coordinate the administration of CCOP along with other publicly funded programs in the area that serve children with disabilities.
- Submit information and reports, as required by DHS.<sup>5</sup>

### CCOP Advisory Committee

The primary purpose of the CCOP advisory committee is to assist in developing, reviewing, and approving the local CCOP plan and to monitor the program.<sup>6</sup> The CCOP advisory committee informs and provides consultation to the administering agency.

The committee is encouraged to look at all of the local services and supports that are available to children with disabilities and their families, to identify gaps and needs, and to explore how these needs might be met through the public or private sector and existing community resources or parent-to-parent activities. The committee may be involved in activities to increase and improve access to community-based activities, resources, programs, and services.

### *Committee Membership*

There is no set number of members for the committee; however, the majority of members must be parents of children with disabilities.<sup>7</sup> State law further requires that, at a minimum, the CCOP advisory committee consist of:

- 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 (at least one person from this list must provide community social services to children who are eligible for CCOP):
  - County departments or divisions of human services, community programs, or developmental disabilities services
  - County departments of social services
  - School districts

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<sup>3</sup> Wis. Stat. § 46.272(2)(a), (5)

<sup>4</sup> Wis. Stat. § 46.272(2)(a)

<sup>5</sup> Wis. Stat. § 46.272(4)

<sup>6</sup> Wis. Stat. § 46.272(4)(a)

<sup>7</sup> Wis. Stat. § 46.272(4)(a)(1)



- Local health departments
- Individuals in the service area who provide other social or educational services to children who have disabilities.<sup>8</sup>

#### *Existing Committee*

The CCOP advisory committee can be newly appointed or an existing committee. If an existing committee or subcommittee of an existing group is designated as the CCOP advisory committee, the purpose, responsibilities, and membership requirements stated above must be maintained. For example, a local Birth to 3 interagency coordinating committee may serve as the CCOP advisory committee, if all of the other membership requirements are met.

#### **CCOP Plan**

The administering agency and local CCOP advisory committee must work cooperatively to develop a five-year CCOP plan. A template for the CCOP Five-Year Plan ([F-01814](#)) is available on the DHS website.

The CCOP plan must include all of the following:

- A description of the proposed program
- The estimated number of families that will be assessed and served
- A list of specific groups, if any, that will be given priority for available funding
- A description of the outreach procedures that will be used to ensure that the program is made available to children with physical, emotional, and/or developmental disabilities
- The procedures that will be used to determine family needs
- A description of the methods that will be used to develop and monitor service plans and to coordinate the provision of services and goods to participating families
- A description of the methods that will be used to promote the creation of informal support and advocacy systems for families
- A description of the method that will be used to monitor the program<sup>9</sup>

Once approved by the local CCOP advisory committee, the administering agency submits the CCOP plan to BCLTSS for review and final approval. The proposed plan must be emailed to [dhsccop@dhs.wisconsin.gov](mailto:dhsccop@dhs.wisconsin.gov). Any questions about the CCOP plan can also be emailed to this address.

BCLTSS reviews all CCOP plans for programmatic compliance and issues one of the following responses in writing to the administering agency:

- Approval
- Conditional approval, in which case DHS will include a specific deadline by which the conditions placed on the plan are to be met and accepted prior to final approval
- Denied approval with reasons for denial

The distribution of any funds is contingent upon prior DHS approval of a local CCOP plan.<sup>10</sup>

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<sup>8</sup> Wis. Stat. § 46.272(4)(a)

<sup>9</sup> Wis. Stat. § 46.272(4)(b)

<sup>10</sup> Wis. Stat. § 46.272(13)(b)(2)

DHS will hold a copy of each county's CCOP plan on file. Administering agencies must also maintain a copy of the plan locally. CCOP plans and the DHS Children's Community Options Program Procedures Guide are available to all interested parties, including the general public, upon request.

#### *Program Changes and Annual Updates*

Significant program changes to an approved CCOP plan require prior approval by DHS. Administering agencies must complete and submit an amended plan through the same process outlined above.

While working from an approved five-year CCOP plan, administering agencies are required to submit a shorter annual update to DHS. The yearly update must include the roster of CCOP advisory committee members and describe the implementation and outcomes from any significant policy or program changes initiated by the administering agency over the course of the previous year. A template for the CCOP Annual Plan Update ([F-02230](#)) is available on the DHS website.

Five-year plans and updates must be submitted annually to DHS by October 1.

#### *Implementation and Monitoring*

The administering agency is responsible for ensuring the annual development of and compliance with the CCOP plan and/or update, and for involving the local CCOP advisory committee in these processes.

DHS will monitor the implementation of CCOP through audits and/or other reviews of administering agency activities.

#### **Administering Agency's Duties**

The administering agency must appoint a staff person as the point-of-contact for CCOP, identified as the "CCOP Coordinator" in the CCOP plan, who performs administrative tasks for the program.

Agencies are additionally required to:

- Provide information about CCOP and other programs for children who have disabilities to families in the service area.<sup>11</sup>
- Implement CCOP in accordance with a DHS-approved program plan.<sup>12</sup>
- Designate one of its employees to coordinate services for each participating family.<sup>13</sup>
- Conduct assessments, arrange contracts for long-term community support services, and provide ongoing care management for eligible children and their families, within the limits of available funding.<sup>14</sup>
- Ensure that service providers who receive CCOP funding meet required qualifications and caregiver background checks in accordance with the CLTS Waiver Program.

Administering agencies may not have more restrictive policies or processes than state and federal governing policies, procedures, or guidelines.

Administering agencies are obligated to follow all state and federal laws and procedures governing confidentiality.

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<sup>11</sup> Wis. Stat. § 46.272(6)(b)

<sup>12</sup> Wis. Stat. § 46.272(6)(c)

<sup>13</sup> Wis. Stat. § 46.272(6)(d)

<sup>14</sup> Wis. Stat. § 46.272(7)(a-c)

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**Coordination of Programs**

The administering agency is responsible for coordinating CCOP services for children and families under the guidance of the county's CCOP advisory committee and the county structure. Service coordination requires considering and making decisions about which program will assume the role of central point of contact for the family, and determining the appropriate extent and nature of involvement by other programs and their staff. Coordination requires familiarity with the eligibility requirements of other programs and knowledge of the roles of their staff and the limitations of resources.

As the funding of last resort, the following programs must be considered prior to using CCOP funding and, where applicable, be incorporated into a comprehensive service plan for children and families:

- Medicaid (e.g., ForwardHealth, Comprehensive Community Services (CCS), and other Medicaid-funded programs)
- Other county programs (e.g., developmental disabilities programs; social services; child welfare services; juvenile court, legal, and corrections-related services)
- School-based and educational services
- Prevocational or vocational programs through the Department of Workforce Development, Division of Vocational Rehabilitation
- Birth to 3 Program
- CLTS Waiver Program

## CHAPTER 2: FUNDING

### Fiscal Allocations

CCOP is funded with state General Purpose Revenue (GPR). CCOP funding for each county is determined based on a statewide formula and is distributed as an annual allocation. CCOP is reimbursed monthly, based on reported expenses up to the amount of the allocation, and actual expenditures are reconciled annually (see Chapter 8). The distribution of any funds is contingent upon prior DHS approval of a local CCOP plan.<sup>15</sup>

DHS may release funds to counties acting jointly, if the counties sign a contract that explains the plans for joint program sponsorship and it is approved by the DHS Secretary.<sup>16</sup>

At a minimum, agencies administering CCOP are expected to do so up to the limits of funds provided for this purpose. Counties may provide additional funding to serve more families.

### CCOP Uses and Restrictions

CCOP is the funding of last resort. When other programs are also defined as the funding of last resort, they must be used before CCOP. When costs are not otherwise covered, CCOP is available to pay for program assessments, case plans, and the cost of providing long-term community support services for eligible children and their families.<sup>17</sup> Funds must be spent in accordance with each child's ISP and service contract.

CLTS waiver funds must be used when the participant is eligible or becomes eligible for the CLTS Waiver Program, the agency has waiver funding available, and the services to be provided are waiver-allowable. CCOP funds cannot be used when a child is eligible for and offered services through the CLTS Waiver Program, but the family chooses not to participate in the waiver program. Families who decline services through the waiver program remain eligible for CCOP-only supports and services (i.e., those services that do not exist under the waiver).

CCOP funds must not replace or supplant county, state, or federal funding under any program providing services to a family whose child is also eligible for CCOP.<sup>18</sup>

CCOP cannot be used for room and board or to purchase land or construct buildings.<sup>19</sup> Additionally, funds cannot be used to pay for support services provided to children residing in a nursing home or other residential facility, unless DHS waives this restriction as part of a child's discharge plan.<sup>20</sup>

### Fiscal Responsibility<sup>21</sup>

It is the responsibility of the county where the child and parent/guardian physically reside and intend to remain to provide an assessment and develop and implement a child and family-centered ISP.

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<sup>15</sup> Wis. Stat. § 46.272(13)(b)(2)

<sup>16</sup> Wis. Stat. § 46.272(13)(c)

<sup>17</sup> Wis. Stat. §§ 46.272(13)(a)(1) and 46.272(13)(a)(2)

<sup>18</sup> Wis. Stat. § 46.272(13)(h)

<sup>19</sup> Wis. Stat. §§ 46.272(10)(a)(2) and 46.272(13)(b)(4)

<sup>20</sup> Wis. Stat. § 46.272(13)(b)(3)

<sup>21</sup> For information on programmatic residency requirements, see "Residency" in Chapter 3.

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For a child seeking admission or about to be admitted to an institutional setting, the county in which the child has residence is the county of fiscal responsibility.

For a child residing in an institutional setting, except a state-operated long-term care facility, the county in which the institution is located is the county of fiscal responsibility.

For a child living in an institutional setting, except a state-operated long-term care facility, whose legal residence is established in another county, the county in which the legal residence is established is the county of fiscal responsibility.

For a child residing in a state-operated long-term care facility, or for a person protectively placed under Wis. Stat. chs. 48 or 55, the county in which the child has residence before entering the state-operated long-term care facility or being protectively placed is the county of fiscal responsibility.<sup>22</sup>

### **Wait List and Urgent Need**

Eligible families 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 a child is on the wait list, CCOP funds may be used for interim needs, provided the child has a current CCOP assessment and plan.

In the event that a crisis situation emerges or is discovered, the child is removed from the wait list to receive services. Under these circumstances, the administering agency will determine CLTS Waiver Program eligibility and provide services through the waiver prior to using CCOP funding. The crisis criteria for CCOP are the same as the crisis criteria found in the [Waiver Manual](#).

### **Administrative Costs**

Administering agencies requesting CCOP administrative expense reimbursement must be in compliance with the [Allowable Cost Policy Manual](#). CCOP administrative expenses must be supported by agency accounting records and cannot be included in any other program area. Agencies must have in place a methodology to uniformly and consistently identify only administrative expenses that are appropriately attributable to CCOP.

Administering agencies may be reimbursed up to 7% of their base CCOP service allocation for administrative expenses. During the contract year, agencies are encouraged to report administrative expenses to the Community Aids Reporting System (CARS) for reimbursement on a monthly basis. Agencies report total contract year administrative expenses in the CCOP Annual Reconciliation form ([F-01997](#)). If administrative expenses exceed 7% of the CCOP base service allocation, the administering agency may complete the variance request portion of the CCOP Annual Reconciliation form. Variances may be approved up to 10% of the base service allocation.

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<sup>22</sup> Wis. Stat. § 46.272(11)

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### **Funding Assessments, Plans, and Support and Service Coordination**

When a child has been determined to be eligible for CCOP, there are three ways an administering agency can pay for the cost of conducting an assessment, developing a child and family-centered ISP, and providing support and service coordination:

- Bill the cost to CCOP.
- When children are enrolled in the CLTS Waiver Program and accessing CCOP funds for services that are not covered by the waiver, the costs associated with assessments, ISPs, and support and service coordination are charged to the waiver, not CCOP.
- For children who are enrolled in Wisconsin Medicaid, administering agencies may bill CCOP for the cost and/or bill Medicaid for targeted case management (TCM) for comprehensive assessments, comprehensive plans, and support and service coordination conducted by staff who meets the Medicaid TCM qualifications. (For more information on TCM billing and reconciliation, see Chapter 8.) Abbreviated assessments and plans cannot be billed to TCM.

Targeted case management (TCM) services are a Medicaid reimbursable service for children eligible for Wisconsin Medicaid. Medicaid can be billed for the time a qualified case manager spends conducting comprehensive needs assessments, developing comprehensive child and family-centered ISPs, and providing ongoing case management. See the [Wisconsin Medicaid Handbook](#) for TCM requirements (including staff qualifications) and billing procedures.

DHS requires each administering agency to annually submit a support and service coordination rate to DHS for approval. The rate must be developed using the DHS-approved [methodology](#) and must be applied consistently to all billable support and service coordination services. Community connections coordinator rates may not exceed the support and service coordination rate.

A completed assessment and plan are required to bill CCOP for administering agency staff time.

### **Procedures for Purchasing Goods and Services**

Within the limits of funding, administering agencies are responsible for arranging service contracts and ensuring the provision of necessary long-term community support services for each child who is eligible for CCOP.<sup>23</sup> All purchases must be included in the approved child and family-centered ISP, connected to an assessed need and desired outcome, and not otherwise covered by another source. Administering agencies must maintain child-specific financial documentation of CCOP expenditures.

#### *Payment Methodologies for Goods and Services*

Administering agencies' payments for CCOP-funded services and supports must reflect actual costs incurred and may take a variety of forms, including:

- A voucher.
- Direct payment to the vendor.
- Direct reimbursement to the family for completed services.
- Advance payment to the family for approved goods and services (advance payments must be reconciled to actual costs prior to the end of the contract year).

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<sup>23</sup> Wis. Stat. § 46.272(7)(b)

### **Fiscal Agent**

If a child or their parent or guardian receives direct funding for CCOP services, the administering agency may act as a fiscal agent or subcontract with a fiscal intermediary to serve as a fiscal agent for the purposes of performing the responsibilities and protecting the interests of the individual under unemployment insurance law. The fiscal agent is responsible for:

- Remitting any federal unemployment compensation taxes or state unemployment insurance contributions owed by the child, including any interest and penalties.
- Serving as the representative of the child in any investigation, meeting, hearing, or appeal involving unemployment in which the child is a party.
- Receiving, reviewing, completing, and returning all forms, reports, and other documents required under federal and state unemployment laws on behalf of the child.

Families may waive the right to a fiscal agent, including all or any portion of a fiscal agent's responsibilities. Families can rescind having waived the right to a fiscal agent in whole or in part at any time.<sup>24</sup>

Counties that act as a fiscal intermediary must also have a robust conflict of interest policy in place that has been approved by their CCOP advisory committee. The purpose of such a policy is to ensure protections for the child, family, and administering agency. A conflict of interest is present whenever a person or any other entity involved in operating any part of CCOP has an interest in or the potential to benefit from a particular decision, outcome, or expenditure.

### **Parental Payments**

At the time of application and again at annual review, administering agencies must require children or their parents/guardians to provide a declaration of income and a declaration of costs paid annually for disability-related care and services.<sup>25</sup> Income and costs are reported using the DHS CLTS Parental Fee Declaration form ([F-01338](#)).

Administering agencies use reported income and expenses to calculate parental liability for a family's share of the cost of CCOP services that their child receives.<sup>26</sup> Parental payments are calculated using an automated DHS worksheet ([F-01337](#)) and are based on a sliding scale formula subject to limits as outlined in [Wis. Admin. Code ch. DHS 1](#). Additional information about the parental payment can be found on the DHS website: [Children's Long-Term Support Waivers - What Does it Cost?](#)

Administering agencies must require full (i.e., 100%) payment of the calculated parental payment<sup>27</sup> in accordance with [Wis. Admin. Code ch. DHS 1](#), and all funds received as parental payments will be used to pay for CCOP support services.<sup>28</sup>

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<sup>24</sup> Wis. Stat. § 46.272(7)(e)

<sup>25</sup> Wis. Stat. § 46.272(9)(b)

<sup>26</sup> Wis. Stat. § 46.272(7)(d)

<sup>27</sup> Wis. Stat. § 46.272(9)(c)

<sup>28</sup> Wis. Stat. § 46.272(9)(d)

## Unspent Allocations

### *Risk Reserve*

Administering agencies may place unspent, unencumbered CCOP funds into a risk reserve. The local agency will maintain its risk reserve in an interest-bearing escrow account, the terms of which DHS must first review and approve. All interest from the principal must be reinvested in the escrow account.

The administering agency will notify DHS annually of any amount of unencumbered funds that will be placed in the risk reserve. Additionally, agencies that maintain a risk reserve must submit an annual report to DHS on the status of the risk reserve, including revenues and disbursements.

Risk reserve funds may be used:

- To defray the costs of children's long-term community support services.
- For administrative or staff costs, if approved by DHS.

The annual amount an administering agency deposits into a risk reserve account may not exceed 10% of the county's most recent CCOP allocation or \$750,000, whichever is less. The total amount of the risk reserve, including interest, may not exceed 15% of the county's most recent allocation.<sup>29</sup>

### *Carry Forward*

At the request of an administering agency, DHS will carry forward up to 5% of the county's allocation (minus any amount being placed in a risk reserve) if the amount is unspent and unencumbered by December 31. Funds that are carried forward are available for the administering agency to use during the following calendar year and will not affect a county's base allocation for CCOP. Carry forward funds that are not spent in the following calendar year will lapse back to the general fund. Carry forward funds cannot be used for administrative or staff costs, except as approved by DHS.<sup>30</sup>

### *DHS-Established Exceptional Expense Funds*

DHS may additionally carry forward to the next state fiscal year allocated funds that are unencumbered on December 31 and that local agencies have not requested to carry forward. This transfer will not affect a county's base CCOP allocation. DHS may allocate these transferred funds during the next fiscal year for the improvement or expansion of long-term community support services for CCOP children and families whose cost of care significantly exceeds the average, including:

- Specialized training for CCOP service providers.
- Start-up costs for developing needed services.
- Home modifications.
- Purchase of medical equipment or other specially adapted equipment.<sup>31</sup>

## For More Information

Any fiscal questions can be directed to [dhscltsfiscal@dhs.wisconsin.gov](mailto:dhscltsfiscal@dhs.wisconsin.gov).

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<sup>29</sup> Wis. Stat. § 46.272(13)(f)

<sup>30</sup> Wis. Stat. § 46.272(13)(e)

<sup>31</sup> Wis. Stat. § 46.272(13)(g)



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## CHAPTER 3: INTAKE AND ELIGIBILITY

### Outreach and Referral

Administering agencies are required to specify outreach activities and procedures as part of each county's CCOP plan. Administering agencies must engage in activities to ensure that the public is aware the program exists and is available to children with physical, emotional, and/or developmental disabilities and their families. Outreach strategies must reach diverse groups in the service area.

### Intake and Eligibility

The administering agency must establish procedures for receiving referrals and determining eligibility for families who request or are referred to CCOP. The administering agency must:

- Receive referrals, provide information, and answer questions about CCOP; explain the intake process; and provide families with any forms that are needed to complete the eligibility determination process.
- Contact the family within 10 calendar days of the referral to schedule a home visit for the CLTS FS.
- Provide written information to families on the:
  - Purpose of the in-home visit for eligibility determination and the need to include the child with disabilities in the visit.
  - Purpose of completing the CLTS Functional Screen (CLTS FS).
  - Role of the family in identifying the strengths and functional needs of the child.
  - Right of the family to have other people of their own choosing involved in the eligibility process.
  - Right of the family, at any point, to accept or decline services that are offered.
- Determine eligibility by gathering sufficient information about the family and child to comprehensively address the CCOP eligibility criteria and complete the CLTS FS.
- Screen for crisis or urgent need situations during the intake process and, if identified, follow established agency procedures.
- Notify the family verbally and in writing of the eligibility determination within 45 calendar days of receiving the referral or request for services.
- Inform the family verbally and in writing of their rights and responsibilities, and one of the following:
  - Notify families who are eligible for CCOP that:
    - The process will continue with an assessment and the development of a corresponding child and family-centered ISP, or
    - Due to limited resources, their name has been added to the wait list; additionally inform these families regarding how and when to notify the administering agency of any significant changes with the child's condition or the family's circumstances.
  - Notify families who are not eligible why an assessment is not being done, inform them of their appeal rights (see Appendices C and D), and offer information about and/or assistance connecting with other programs that may be useful to them.

### Release of Information

At the time of the initial eligibility determination or reassessment, administering agencies must request that parents/guardians sign a release of information (ROI) form. The ROI includes agencies whose reports and information are necessary to determine eligibility, complete a program assessment, or whose input is needed for service planning. The signed ROI is maintained in the child's file.

### CCOP Eligibility Requirements

Children and their families who meet all of the following requirements are eligible to receive goods and services on a first-come, first-served basis within the limits of CCOP funding:

- The child has a disability.
- The child is under age 22 (see “Age Limitations” below).
- 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 disability determination or be currently enrolled in Medicaid to be eligible for CCOP, but they must meet the functional level of care criteria as determined by the CLTS FS. Administering agencies are required to use the [CLTS FS](#) to determine the child’s functional eligibility for CCOP, and the child’s CLTS FS must have been completed within 12 months prior to starting in the program.

If the functional screen for a child who is applying for services through CCOP finds that the child is not functionally eligible (NFE) for the program, the administering agency may choose to have a second screener review the screen. The agency may also request that DHS ([dhscltsfs@dhs.wisconsin.gov](mailto:dhscltsfs@dhs.wisconsin.gov), with “NFE Review” as the subject line) review the screen as soon as possible, but within 10 calendar days to confirm the NFE calculation. Administering agencies must work with DHS and follow the state’s guidance to resolve any CLTS FS issues or errors.

To be eligible for CCOP, all eligibility criteria must be met at the time services are provided. If changes in the child’s status result in eligibility criteria not being met for a period of time or on an ongoing basis, the family may become ineligible for CCOP during that timeframe.

DHS may disallow reimbursement to administering agencies for services provided to children who do not meet the eligibility requirements.<sup>32</sup>

A child residing in foster care is living in an eligible setting and may be eligible for supports and services through CCOP.

A child living in the community who has been determined to be an adjudicated delinquent through the juvenile court system may still be eligible for CCOP. The CLTS FS will indicate CCOP eligibility on the results page.

CCOP funds cannot be used when a child is eligible for and offered services through the CLTS Waiver Program, but the family chooses not to participate in the waiver program. If a child is eligible for waiver-allowable services and funding is available, CLTS waiver funding must be used. Families who decline services through the waiver program remain eligible for CCOP-only supports and services (i.e., those services that do not exist under the waiver).

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<sup>32</sup> Wis. Stat. § 46.272(12)

### Age Limitations

Youth from the ages of 18 up to 22 years who live in counties that offer managed care or the Include, Respect, I Self-Direct (IRIS) program are only eligible for CCOP services under one of the following conditions:

- The youth does not meet the eligibility requirements for managed care or IRIS
- The youth is on a wait list for managed care or IRIS during the initial rollout period

Youth who are eligible but choose not to enroll in managed care or IRIS are not eligible for CCOP.

Youth between the ages of 18 and 22 who reside in a “legacy waiver county” (i.e., a county without managed care or IRIS) can receive CCOP, but must be enrolled in the adult long-term care program no later than their 22nd birthday.

### Parental Payments

At the time of application and again at annual review, administering agencies must require children or their parents/guardians to provide a declaration of income and a declaration of costs paid annually for disability-related care and services.<sup>33</sup> Income and costs are reported using the DHS CLTS Parental Fee Declaration form ([F-01338](#)).

Administering agencies use reported income and expenses to calculate parental liability for a family’s share of the cost of CCOP services that their child receives.<sup>34</sup> Parental payments are calculated using an automated DHS worksheet ([F-01337](#)) and are based on a sliding scale formula subject to limits as outlined in [Wis. Admin. Code ch. DHS 1](#). Additional information about the parental payment can be found on the DHS website: [Children’s Long-Term Support Waivers - What Does it Cost?](#)

Administering agencies must require full (i.e., 100%) payment of the calculated Parental Payment<sup>35</sup> in accordance with [Wis. Admin. Code ch. DHS 1](#), and all funds received as Parental Payments will be used to pay for CCOP support services.<sup>36</sup>

### Residency<sup>37</sup>

#### *County Residency*

The county where the child and parent/guardian physically reside and intend to remain is responsible for establishing eligibility, conducting an assessment, and developing and implementing a child and family-centered ISP.

If a family moves from one county (the sending county) to another (the receiving county) within the state, the family needs to apply for CCOP in the receiving county. The sending county may continue to provide necessary services during this time, but it is not required.

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<sup>33</sup> Wis. Stat. § 46.272(9)(b)

<sup>34</sup> Wis. Stat. § 46.272(7)(d)

<sup>35</sup> Wis. Stat. § 46.272(9)(c)

<sup>36</sup> Wis. Stat. § 46.272(9)(d)

<sup>37</sup> For information on administering agencies’ fiscal responsibility with regard to residency, see “Fiscal Responsibility” in Chapter 2.

### *Residency in Two Homes*

Regardless of whether an eligible child resides in one or two homes, the child receives services in accordance with a single child and family-centered ISP. A child who lives in two homes is eligible to receive services in each home while the child is present. If the homes are in two different counties, the administering agencies must coordinate a single care plan to address the child and family's needs.

### **Change Reporting and Eligibility Redetermination**

Administering agencies must inform parents/guardians that they are required to report any changes that might affect CCOP eligibility (e.g., residential, functional) within 10 calendar days of their occurrence. Agencies will explain the importance of reporting changes in a timely manner so that staff can determine whether families are receiving the correct levels of supports and services to meet their and their child's needs.

Agency staff must redetermine CCOP eligibility annually. CCOP services can continue as long as the child remains eligible and has a current child and family-centered ISP.

When an update to a functional screen or a rescreen indicates that a CCOP participant is not functionally eligible, it is the administering agency's responsibility to ensure the accuracy of the determination prior to taking action that will result in termination of services. The agency must have a second screener review the screen and alert [DHS](#) (with "NFE Review" as the subject line) as soon as possible, but within 10 calendar days when it appears the participant no longer meets functional eligibility. Administering agencies must work with DHS and follow the state's guidance to resolve any functional screen issues or errors. The support and service coordinator (SSC) will delay ending services through CCOP until the NFE determination is confirmed by both the second screener and DHS.

When a certified screener for any program (e.g., CCOP, CLTS waiver, Katie Beckett, Comprehensive Community Services, Community Recovery Services, Mental Health Wrap Around) completes a screen that affects eligibility for another program, the screener must immediately notify the other program.

### **Notifications**

The administering agency is responsible for notifying families verbally and in writing of the child's eligibility or ineligibility for CCOP services within 45 calendar days of identifying a referral or request for services.

The administering agency must notify parents/guardians in writing at least 10 days in advance of a reduction or termination of services.

A child who is denied eligibility for services or whose services are reduced or terminated may request a hearing from DHS through the Department of Administration, Division of Hearings and Appeals. The administering agency is responsible for sending the family written information regarding the family's right to appeal and the necessary information regarding how to file an appeal. This written notification requirement applies at any time a child is denied eligibility or has a reduction or termination of services through CCOP. A lack of adequate funding may not serve as the basis for a request for fair hearing.<sup>38</sup> (See Chapter 7 for more information on appeals, Appendix C for a sample denial letter, and Appendix D for a notification of rights template.)

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<sup>38</sup> Wis. Stat. § 46.272(15)

**Limits of Available Funding**

Eligible families 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. Administering agencies may use CCOP funds to provide interim services while a child is on the wait list.

In the event that a crisis situation emerges or is discovered, the child is removed from the wait list to receive services. Under these circumstances, the administering agency will determine CLTS Waiver Program eligibility and provide services through the waiver prior to using CCOP funding. The crisis criteria for CCOP are the same as the crisis criteria found in the [Waiver Manual](#).

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## CHAPTER 4: SUPPORT AND SERVICE COORDINATION

Support and service coordination is central to children’s long-term support programs, including CCOP. Service coordination entails viewing the child and family holistically; developing a collaborative working relationship with the family; and identifying each child’s and family’s unique strengths, goals, and needs. From this foundation, CCOP staff then leverage their knowledge of available programs, resources, and services to create an individualized plan that best supports the family in their pursuit of their desired outcomes.

Service coordination requires working with the family to identify a broad range of resources that will promote the child’s inclusion in family activities and the community, including natural and funded supports, community services, other public programs, the CLTS Waiver Program, and/or CCOP.

Support and service coordination employs an outcome-based approach (rather than a service-driven approach), minimizes disruptions to the family and their routine, connects families to supports throughout the community, and promotes family members’ self-determination and involvement in all facets of community life.

### **CCOP Staff**

Because families have varying capacities, strengths, and service needs, not every family will require the same level of engagement with CCOP staff. As a result, administering agencies may assign different types of staff to develop community networks and relationships, connect families to local resources, work with families to determine CCOP eligibility, conduct assessments, identify and coordinate local supports and services, and/or develop child and family-centered ISPs.

#### *Community Connections Coordinator*

Administering agencies may employ a community connections coordinator (CCC) to provide families with information and connect families to benefits, programs, and other available community resources. CCCs are responsible for developing community relationships, connections, and circles of support for children with disabilities and their families, and promoting a deeper understanding throughout the community of the contributions and gifts of children with long-term support needs.

CCCs may conduct an abbreviated CCOP assessment (see Appendix E) and develop an abbreviated child and family-centered ISP to provide interim services to children and families on the wait list.

Individuals who are qualified to work as a CCC will have knowledge of the wide-ranging strengths and needs of children with disabilities and their families. They will also be familiar with the Wisconsin Medicaid Program and local resources for families who have children with disabilities. They must possess any combination of four years of post-secondary education and/or experience working directly with children and families who have long-term support needs. Being bilingual and/or bicultural can count toward some of an individual’s experience, as long as they are also well-qualified with relevant disability experience and/or knowledge.

#### *Support and Service Coordinator*

In addition to the CCC responsibilities outlined above, support and service coordinators (SSCs) conduct comprehensive assessments to determine each child’s and family’s unique capacities, strengths, and service needs. SSCs coordinate a full array of services and assist CCOP-eligible children and their families in gaining access to medical, social, educational, vocational, and other services. SSCs often provide

complex service coordination, are involved in planning and arranging services (i.e., authorization and procurement), and provide ongoing monitoring and case management. An individual SSC need not perform all of these functions, as long as the duties and responsibilities are fully covered by a combination of staff.

Individuals who are qualified to work as an SSC must have knowledge of the diverse strengths and needs of children with disabilities and their families, the Wisconsin Medicaid Program, and local resources for children with disabilities and their families. Additionally, an SSC must have the skills and knowledge typically acquired through one of the following:

- A course of study and practice experience that meets the requirements for state certification/licensure as a social worker and also one year of experience with the target group
- A course of study leading to a BA/BS degree in a health or human services-related field and one year of experience working with the target group
- A minimum of four years of experience as a long-term support SSC
- An equivalent combination of training and experience totaling at least four years of long-term support practice in long-term support case management practice
- The completion of a course of study leading to a degree as a registered nurse and one year of employment working with the target group

#### *Targeted Case Management (TCM)*

When Medicaid is used as a funding source for TCM, staff must also meet the qualifications defined in the [Wisconsin Medicaid Handbook](#). As long as all the criteria are met, TCM can be billed for conducting assessments, developing ISPs, and providing ongoing case management. See the [Wisconsin Medicaid Handbook](#) for more information.

#### **Assessment**

Administering agencies are required, within the limits of available funds, to provide an assessment for any eligible child and family seeking services through CCOP. Assessments must be conducted by an individual who is qualified to determine the needs of the child and who knows the availability of local services and supports. To collect the necessary information for an assessment, staff must coordinate with members of the child's family; county community programs, developmental disabilities services, and/or social services; local schools; and health service providers.<sup>39</sup>

Administering agencies must develop an assessment process to guide the collection of essential information. Assessment procedures are to ensure:

- The assessment is conducted by a representative of the administering agency who is knowledgeable about the child's condition and the related needs of the family.
- The family participates in the assessment to the greatest extent possible.
- At the family's request, other people are present who are knowledgeable about the child's condition and can identify and assist the family in assessing the social, psychological, and medical needs of the child and other family members.
- The child is present and observed by those conducting the assessment.
- The assessment takes place in the family home with the child present, unless the family chooses another setting.

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<sup>39</sup> Wis. Stat. § 46.272(8) and 46.272(7)(a)

Assessments must include a face-to-face meeting with the child and family, and will ideally implement principles of trauma-informed care.

Assessments must be conducted in each family's primary method of communication, which may include providing communication aids such as taped or Braille materials; sign language interpreters; and/or language interpreters for families who have limited English proficiency. Communication and translation services are provided at no cost to the family.

If an agency is unable to initiate or complete an assessment, the agency will provide the family with written notification that includes the reason(s) the assessment did not occur.

#### *Assessment Content*

Families are critical partners in identifying desired goals for the child and providing input on the supports and services that will help their child achieve these outcomes in the home and in community settings. During an assessment, the family and others present identify the family's strengths, challenges, and priorities, along with the types of supports that will promote the child's inclusion in family and community activities.

Assessments are child and family-centered, and focus on identifying the child's capacities, strengths, needs, and desired outcomes, as defined by the child and family. Outcomes must be specific to each child and based on the child and family's unique circumstances, goals, values, and priorities. The assessment also explores preferences for service delivery, living arrangement, medical care, and community participation.

The assessment provides the foundation for developing a child and family-centered ISP. It is essential to discuss the following factors during the assessment process:

- The child's functional abilities, including self-care, mobility, communication, intellectual capacity, emotional/behavioral status, cultural and age-appropriate behaviors, health and physical status, and, for older children, the ability to work
- Daily family life, including variations in family routine and needs over the day/week/month/year, any concerns of siblings or extended family members, and any risk factors such as age or health of the child or other family members
- The physical environment, including physical accessibility, safety, transportation, and the effects of the physical environment on the family and child
- Identification and potential for enhancement of natural resources, such as extended family, friends, and neighbors
- Current services provided to the child and family by third-party payers (both public and private), as well as other public or voluntary programs in which the child or family participates, including educational services and programming
- Medical information, such as primary physician, current evaluations, and specialized medical services
- Discussion and identification of strengths, challenges, resources, desired outcomes, and priorities of the caregivers, child, and siblings

The criteria outlined in Appendix E provide a guide for gathering important information and ensuring that all of the necessary assessment topics are explored.



**Child and Family-Centered Individual Service Plan (ISP)**

For eligible children, the administering agency must complete an assessment and develop a written child and family-centered ISP within 60 calendar days of an identified referral to the program. The service coordinator and family are to agree on the supports and services listed on the plan within this timeframe. From the date the service coordinator and family agree to the plan, the service coordinator has an additional 60 days to obtain all required signatures. Services are not to be delayed while a service coordinator works to obtain signatures on the ISP.

Administering agencies may use the [CLTS ISP template](#) provided by DHS or their DHS-approved CLTS Waiver Program ISP for the CCOP child and family-centered ISP. When a child also receives services and supports through other county-administered programs (such as the CLTS Waiver Program or Birth to 3 Program), the service coordinator can use the service plan from those programs to document goods or services purchased with “pure” CCOP. Staff can incorporate CCOP supports into already-existing service plans instead of creating a separate or additional ISP solely for CCOP.

ISP content includes:

- A statement of the child and family’s desired outcomes and priorities.
- A description of the supports and services to be used, including frequency, intensity, annual cost, provider information, and any unique restrictions or specifications.
- Any methods for maximizing the utilization of private health insurance and/or Wisconsin Medicaid (i.e., ForwardHealth).
- If applicable, any reason(s) a family’s preferences for goods or services were not able to be accommodated.

The resources and strategies included in a child and family-centered ISP need to be flexible, coordinated, and effective, and may include:

- Information, education, and training on advocating on behalf of the child, leadership, and the full array of supports and services available in each community.
- Methods for connecting families with other families (including parents, guardians, self-advocates, siblings, grandparents) and support groups for mutual support and networking.
- Goods and services that address assessed needs, promote identified outcomes, benefit the child with the disability, and enhance the family’s long-term support roles.

***Plan Notification and Signature***

The administering agency must notify the family in writing of one of the following:

- Approval for goods and/or services and the start date for CCOP funding
- Denial or modification of services with the reason(s)
- If the family is placed on the wait list for services, an estimated timeframe for receiving services

Services can begin as soon as the service coordinator and family agree to the ISP. A parent/guardian and a representative of the administering agency must sign the ISP within 60 days of its completion to indicate mutual agreement with the child and family-centered ISP. One copy is given to the family and another is maintained in the child’s file.

### *ISP Review*

The ISP will be reviewed as needed. A review can be conducted at any point that needs arise or upon request by the family. Changes to the ISP are noted in the child's file and documented in the ISP at the six-month review.

The ISP must be reviewed and updated during a face-to-face visit with the child and family at least every six months to monitor the implementation of the plan and discuss ongoing or changing child and family needs, future planning, and any anticipated changes or transitions. One review per year must be a home visit with a face-to-face meeting with the child and family; this review may coincide with the required annual eligibility redetermination.

### **Serving Children on the Wait List**

While a child is on the wait list, administering agencies can choose to use CCOP funds to provide interim services. In these instances, a CCC or SSC verifies that the functional screen is accurate, has been completed within the last 12 months, and demonstrates functional eligibility. If necessary, the CLTS FS is updated to determine CCOP functional eligibility. Staff then conducts an abbreviated assessment and develops an abbreviated ISP.

If a child on the wait list who has received services through CCOP becomes eligible to receive services through the CLTS Waiver Program, a comprehensive assessment and plan must be completed. The SSC can use the abbreviated CCOP assessment and plan as a basis for completing a comprehensive assessment and plan.

### **One-Time or Intermittent Need**

When an SSC's comprehensive assessment determines that one-time or intermittent services (i.e., three or fewer instances per year) fully meet a child's support and service needs and the family does not require monthly service coordination, the administering agency can choose between enrolling the child in the CLTS Waiver Program or fully serving the child through CCOP.

Any time a child/family requires more than three instances of services per year, or there is a need or request for service coordination, eligible children must be enrolled in the waiver program. Children who are enrolled in the waiver program can simultaneously receive supports and services through CCOP that are not waiver-allowable.

### **Coordinating CCOP with Other Resources**

CCOP funds may not be used to replace or supplant any local, state, federal, or third-party payer (e.g., insurance) funds currently being provided to a family under any program. As appropriate, the service coordinator helps families access additional supports and resources, such as:

- Medicaid (i.e., BadgerCare, Katie Beckett)
- Medicaid Home and Community-Based Services Waiver Program (i.e., CLTS waiver)
- Birth to 3 Program
- Comprehensive Community Services (CCS)
- Other county programs (e.g., developmental disabilities programs; social services; child welfare services; juvenile court, legal, and corrections-related services)
- School-based and educational services
- Prevocational or vocational programs through the Department of Workforce Development, Division of Vocational Rehabilitation

- Other community-based and local service organizations, including family support groups, faith-based, advocacy, or disability-related organizations, etc.

As the funding of last resort, a key aspect of CCOP and responsibility of the administering agency is to utilize CCOP in coordination with other available funding, services, and supports (both paid and unpaid). When other programs are also defined as the funding of last resort, they must be used before CCOP. The administering agency is responsible for coordinating funds and determining which programs, services, and funding sources can be leveraged to maximize the use of available resources.

A family may be eligible for CCOP, but receive all or a portion of services through one or more of these other programs. Service coordinators must explore the possibility of accessing the following programs in order to maximize the resources available to serve children with disabilities and their families:

- Wisconsin Medicaid/ForwardHealth: Most children who are eligible for CCOP are also eligible for Medicaid. If a child is enrolled in ForwardHealth, medically necessary services are billed to Medicaid and cannot be funded through CCOP. Further, for children with Medicaid coverage, any supports or services that are covered by Medicaid cannot be funded through CCOP.
- Birth to 3 Program: CCOP funds may not be used for any of the early intervention entitlement services provided under the Birth to 3 Program, including evaluations, assessments, service coordination, procedural safeguards, or any other core early intervention service. CCOP may be used to purchase additional supports to supplement entitlement services for eligible children and their families, such as items in the “other services” section of the Individual Family Service Plan (IFSP).
- Schools and Educational Services: Children who are eligible for CCOP may be entitled to early intervention, special education, or related services through the Individuals with Disabilities Education Act (IDEA). Students are also ensured adequate and appropriate services through Section 504 of the Rehabilitation Act of 1973. CCOP funds may not be used to supplant any of these services. It is important for administering agency staff to work with local schools to coordinate services.
- Child Welfare Services: If a child/family is under a court order or voluntarily involved with the child welfare services system and meets CCOP eligibility requirements, CCOP funds may be used to provide needed supports and services. However, CCOP cannot be used to pay for any support or service that is the responsibility of child protective services.
- Juvenile Justice: If a child who resides in the community is involved with the juvenile court system, even as an adjudicated delinquent, they may still be eligible to receive supports and services through CCOP. However, CCOP funds cannot be used to pay for any support or service that is the responsibility of juvenile corrections.

### **Transitioning to Adult Long-Term Care Services**

Administering agencies are responsible for assisting children and families receiving CCOP through the transition from children’s long-term support to adult services. When a child reaches 17 years and 6 months of age, they must be referred to the local aging and disability resource center (ADRC), and if appropriate, receive options counseling and an adult long-term care eligibility determination. Individuals who are eligible for adult long-term care programs are no longer eligible for services through CCOP and must be enrolled in the program of their choice without delay. Youth who are eligible, but choose not to enroll in managed care or IRIS, are not eligible for CCOP.

The DHS [Youth in Transition](#) website contains information and resources to assist with transition planning.

## CHAPTER 5: SUPPORTS AND SERVICES

CCOP's approach of holistically assessing each child's and family's unique strengths, goals, and needs is the foundation for making individualized service decisions. CCOP funds are used for a variety of services and/or goods that benefit and support the child in their home and community, and are typically used to purchase services or goods that help the family in its caregiving role.

Administering agencies are encouraged to think broadly about the ways in which CCOP can be used to supplement other family supports and services, and are discouraged from either restricting funds to purchase a predetermined set of services or categorically excluding any particular service prior to completing an individualized assessment and plan.

Supports purchased with CCOP funds often compliment a larger service picture, which may include medical or therapeutic services that are funded by insurance, Medicaid, Birth to 3 Program, CLTS Waiver Program, special education, and other community services (see Chapter 4). Any service or portion of a service that is documented in the child and family-centered ISP, that fits into one of the categories below, and that is approved by the administering agency, may be funded by CCOP.

### Qualifications and Caregiver Background Checks

All service providers who receive CCOP funding must maintain current state licensure or certification in their field of professional practice. Administering agencies are responsible for: 1) ensuring that providers meet the minimum standard training requirements and 2) completing any necessary background checks prior to beginning services. This includes assessing provider qualifications and conducting caregiver background checks, as needed, on any provider who has been chosen by the family. Agencies may use CCOP administrative funds to verify qualifications and conduct background checks for CCOP providers. Ongoing qualifications and background checks must be conducted in accordance with CLTS Waiver Program requirements.

### Service Categories

The majority of the goods and services covered by CCOP are the same as those in the CLTS Waiver Program's benefit package. If a child is eligible for services through the waiver program, they must first access CLTS waiver funding and reserve the use of CCOP funds for purchasing disability-related goods and services that are not waiver-allowable. The full benefit package is available to children who are eligible for CCOP, but are on the wait list and/or are not eligible for services through the waiver.

Services that are available through CCOP are defined broadly to create flexibility to identify the supports that best address the unique needs of each child and their family. Below is a list of standard procedure codes (SPCs) for CCOP-allowable services, most of which are also allowable under the CLTS Waiver Program. SPCs provide valuable information about how funds are being utilized to assist families.

CCOP-only services are highlighted in the table below and CCOP-specific definitions follow the table. Descriptions of services that are allowable through CCOP or the waiver are found in the [Waiver Manual](#). The corresponding Human Services Reporting System (HSRS) code can be found on the [HSRS Reporting website](#).

If it isn't clear which service category a support belongs under, administering agencies are to contact their [children's services specialist](#) for guidance.

SPC	Service
112.99	Adaptive Aids – Other
112.57	Adaptive Aids – Vehicle-Related
202.01	Adult Family Home – 1-2 bed (not room and board)
202.02	Adult Family Home – 3-4 bed (not room and board)
603.03*	Assessment (abbreviated)
603.01*	Assessment (comprehensive)
112.47	Assistive Technology/Communication Aids
101.00**	Child Care Services
203.00	Children’s Foster Care (not room and board)
514.00	Community Integration Services
113.00	Consumer Education and Training
507.03	Counseling and Therapeutic Services – Hours
507.04	Counseling and Therapeutic Services – Items and Services (includes one-time consults)
110.00	Daily Living Skills Training
706.20	Day Services – Children
112.50*	Dental and Medical Care (non-MA eligible children only)
619.00	Financial Management/Fiscal Intermediary Services
606.00*	Health Screening and Accessibility (non-MA eligible children only)
112.56	Home Modifications
106.02*	Housing Assistance (utilities only)
610.00	Housing Counseling
513.00	Mentoring
710.00	Nursing Services
112.46	Personal Emergency Response System (PERS)
603.04*	Plan (abbreviated)
603.02*	Plan (comprehensive)
403.01*	Recreation/Alternative Activities
106.00	Relocation Services
103.26	Respite – Home-Based
103.24	Respite – Institutional
103.99	Respite – Other Setting
103.22	Respite – Residential
112.52*	Specialized Clothing
112.51*	Specialized Diet/Nutrition
112.55	Specialized Medical and Therapeutic Supplies
107.50**	Specialized Transportation – Items
107.40**	Specialized Transportation – Miles
107.30**	Specialized Transportation – One-Way Trips
604.00	Support and Service Coordination (formerly Case Management)
604.02	Support and Service Coordination – Collateral Contact (optional)
604.05*	Support and Service Coordination – Community Connections Coordinator
604.01	Support and Service Coordination – Face-to-Face Contact (optional)
604.03	Support and Service Coordination – Face-to-Face Contact/Home Visit (optional)
604.04	Support and Service Coordination – Other (relocation-related)
615.10	Supported Employment – Individual

SPC	Service
615.20	Supported Employment – Small Group
104.10	Supportive Home Care/Days
104.14	Supportive Home Care/Days – Chore Services
104.11	Supportive Home Care/Days – Personal Care
104.13	Supportive Home Care/Days – Routine Home Care Services
104.12	Supportive Home Care/Days – Supervision Services
104.20	Supportive Home Care/Hours
104.24	Supportive Home Care/Hours – Chore Services
104.21	Supportive Home Care/Hours – Personal Care
104.23	Supportive Home Care/Hours – Routine Home Care Services
104.22	Supportive Home Care/Hours – Supervision Services
113.20	Training for Parents/Guardians and Families of Children with Disabilities

\* CCOP-only

\*\* CCOP can cover services in addition to those provided through the waiver

#### *CCOP-Only Benefit Package*

The following services are not waiver-allowable, but can be covered by CCOP.

##### Assessment (Abbreviated): SPC 603.03

Abbreviated assessments are adequate to gather the necessary information to provide families on the wait list interim services. Either a CCC or an SSC can bill CCOP for the time it takes to complete an abbreviated assessment for children and families on the wait list. (For more information on assessments, see Chapter 4 and Appendix E.)

##### Assessment (Comprehensive): SPC 603.01

Only individuals with the credentials of an SSC are qualified to complete and bill for a comprehensive CCOP assessment. Comprehensive assessments are required for any family who is not on the wait list to receive services. (For more information on assessments, see Chapter 4 and Appendix E.)

##### Child Care Services: SPC 101

In addition to the child care services defined under SPC 101 in the Waiver Manual, CCOP can pay for child care for siblings. The intent of expanding available child care services under CCOP is to support the family system with respect to an identified outcome. This service may provide the opportunity, for example, for parents to spend time with the child with a disability while siblings are with a child care provider. It may be used to pay respite providers to simultaneously care for siblings without disabilities in order to relieve the participant's primary caregiver(s) from care demands. It is not intended to be used in place of respite services or to pay for child care while a parent works.

##### Community Connections Coordinator: SPC 604.05

CCCs engage in community outreach and provide families with information about benefits, programs, and other available community resources. CCCs may also conduct abbreviated CCOP assessments and develop abbreviated child and family-centered ISPs to provide interim services while families are on the wait list. (See Chapter 4 for more information on duties and required qualifications.)

Dental and Medical Care: SPC 112.50 (Non-MA eligible children only)

Children with disabilities who are not eligible for Medicaid can access dental and medical care through CCOP. Primary or specialized dental and medical care, diagnosis, and evaluation includes, but is not limited to, services that are necessary to maintain or improve a child's health, welfare, or functioning in their home and community. The treatment, service, or evaluation must be recommended or prescribed by the child's dentist, physician, therapist, or psychologist, along with a reason for its necessity. Documentation of efforts to obtain the service through other funding sources must be maintained in the child's file.

Health Screening and Accessibility: SPC 606 (Non-MA eligible children only)

Children with disabilities who are not eligible for Medicaid can access health screening and health care services through CCOP. Services may include, but are not limited to: case finding; assessment/diagnosis; case planning, monitoring, and review; referral; and advocacy. Providing services in a natural or supportive service setting to persons at risk of health problems for the purpose of early identification of health care needs or improved accessibility to needed health care services can be billed under this SPC. Health screening that is provided as part of an overall client assessment process must be classified as either an intake assessment or, if an integral part of another program, under that program.

Housing Assistance: SPC 106.02 (Utilities only)

CCOP can pay for additional utility costs that are incurred as the result of a child's disability, including heating, cooling, water, electricity, etc. A qualified professional must identify the conditions and supports that result in the increased utility costs. Most local providers of public utilities can provide estimates and calculations of anticipated costs. Using the most energy-efficient strategy is advisable, and administering agencies are encouraged to work with the family to explore eligibility for energy assistance programs.

Plan (Abbreviated): SPC 603.04

Either a CCC or an SSC can bill CCOP for completing an abbreviated child and family-centered ISP for children and families on the wait list. Interim supports and services are listed in an abbreviated plan. The ISP is a formal document that builds upon the assessment to identify supports and their intended outcomes. It lists the supports and services that will be used, including frequency, intensity, annual cost, and provider information. (For more information on child and family-centered ISPs, see Chapter 4.)

Plan (Comprehensive): SPC 603.02

Individuals with the credentials of an SSC are qualified to complete and bill CCOP for a comprehensive child and family-centered ISP. The ISP is a formal document that builds upon the assessment to identify supports and their intended outcomes. It lists the supports and services that will be used, including frequency, intensity, annual cost, and provider information. (For more information on child and family-centered ISPs, see Chapter 4.)

Recreation/Alternative Activities: SPC 403.01

The primary purpose of recreation and alternative activities is to support the child's inclusion with their family and peers (with or without disabilities) in social and recreational programs in the community and at school. Funds may be utilized for child/family-specific, outcome-based goods and services. CCOP funding can pay for recreational fees and other goods and services that promote community inclusion. It can cover fees for the whole family (e.g., to join a

recreation club, for family recreation, camping, etc.) or when a child needs the assistance of an attendant in order to participate in family or community activities. CCOP funding can also be used to pay for attendant support during a family vacation, specialized transportation, and the rental of adaptive equipment.

Specialized Clothing: SPC 112.52

CCOP funds may be used to purchase specialized clothing or footwear that is customized to accommodate a child's unique physical or care needs.

Specialized Diet and Nutrition: SPC 112.51

CCOP can be used to purchase supplemental nutrition that is required to meet special dietary requirements. Within limits, CCOP funds can be used to offset the additional cost of specialized food or nutritional items not otherwise covered by Medicaid. Special dietary needs would typically be determined by a qualified medical professional, registered dietitian, or other professional who is qualified to assess a child's nutritional needs, monitor health and growth, and make recommendations for achieving desired outcomes in the ISP.

Specialized Transportation – One-Way Trips/Miles: SPC 107.30/SPC 107.40

In addition to the transportation services defined under SPC 107.30 and SPC 107.40 in the Waiver Manual, within limits, CCOP can pay for transportation or mileage for parents/guardians, siblings, and/or someone accompanying the family to waiver-allowable services or when the travel is related to the child's health but is not otherwise covered by Medicaid.

Specialized Transportation – Items: SPC 107.50

In addition to the transportation services defined under SPC 107.50 in the Waiver Manual, within limits, CCOP can pay for food and/or lodging for parents/guardians, siblings, and/or someone accompanying the family when the travel is related to the child's health but is not otherwise covered by Medicaid.

### **Consumer and Family-Directed Supports**

Families are able to direct supports in CCOP. The SPC for any consumer and family-directed support will be the SPC applicable to the service that is being directed as well as financial management services. Administering agencies are responsible for: 1) ensuring that all providers meet the minimum standard training requirements and 2) completing any necessary background checks prior to beginning services.

### **Non-Allowable Goods or Services**

CCOP funds may only be used to support children living at home and to promote their inclusion in family activities and community settings. Funds may not be used to start new programs, increase or supplant the funding of an existing program, pay for room and board, or purchase land or buildings. Additionally, CCOP is the funding of last resort.

CCOP is not a source of funding for any service that would otherwise be the responsibility of another public or private entity, including:

- Public benefits, energy assistance, or other poverty-related services.
- Court-ordered, juvenile justice, or child protective services, including protective placement/guardianship or legal services.
- Mental health services that are available through CCS.



- Autism treatment services for children who qualify for the behavioral therapy benefit through Wisconsin Medicaid (i.e., ForwardHealth).
- Any goods or services covered by a third party, including private insurance or Medicaid.
- Services that are available through the education system, including those provided by IDEA or the Birth to 3 Program.
- Pre-vocational or other services offered through the Department of Vocational Rehabilitation, Department of Workforce Development, or Department of Public Instruction.

CCOP funding may not be used for:

- Basic living expenses or household goods, including rent or the purchase of a home.
- Increases to a home's square footage.
- Goods or services that are harmful or are not effective.
- Insurance copayments, insurance deductibles, or co-insurance fees.
- Legal services, such as guardianships or estate planning.
- Goods or services for children living in ineligible residential settings, as defined by the CLTS Waiver Program.

Administering agencies are encouraged to contact their assigned [children's services specialist \(CSS\)](#) whenever program questions arise or for more information. The CSS will also assist with decisions when a support or service could benefit a child/family in a cost-effective manner, but may fall into one of the limitations listed above.

### **High Cost Expenditures**

Administering agencies determine the goods and services that best meet the needs and identified outcomes of each child and family. Agencies must implement processes to ensure that CCOP is utilized as the funding of last resort. In the event that the child/family requires a high cost expenditure (i.e., \$2,000 or more), the service coordinator must complete a thorough assessment to determine whether CCOP is the appropriate funding source. Agency staff must document the justification for the high cost expenditure and the other sources of funding that were considered. All high cost expenditures must follow SPC requirements as described in the [Waiver Manual](#) or CCOP Procedures Guide.

High cost expenditures are subject to DHS review.

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## CHAPTER 6: INCIDENT REPORTING AND RESTRICTIVE MEASURES

Incident reporting and restrictive measures policies apply to any child receiving ongoing or intermittent services through CCOP.

### **Incident Reporting**

Incidents of physical, verbal, and sexual abuse; maltreatment; neglect; death; and financial exploitation of children receiving ongoing or intermittent services through CCOP (including service coordination) are subject to the same incident reporting requirements as found under the CLTS Waiver Program.

Whenever a service coordinator becomes aware of an incident, they must file an incident report.

Administering agencies must give parents and guardians a copy of the [Incident Reporting Consumer Guide for Children](#) to inform them about incident reporting. Service coordinators are to discuss the importance, rationale, timeframes, and methods for reporting incidents with families at least annually.

Administering agency staff must report to DHS any actual or alleged event, situation, or condition that poses a significant, immediate, and/or ongoing threat or risk to the physical or mental health, safety, well-being, or continued community presence of a CCOP participant. Incident reporting definitions and timeframes for the CLTS Waiver Program apply to CCOP. Agencies are to refer to the [Waiver Manual](#) for additional information.

Incident Reporting Instructions ([F-22541i](#)) and the Incident Report form ([F-22541](#)) are both available on the DHS website.

### **Restrictive Measures**

In order to use a restrictive measure with a child, a provider must first have a behavior support plan in place. The process, definitions, and timeframes for restrictive measures are the same for CCOP as for CLTS Waiver Program participants. Restrictive measures information can be accessed at: [Guidelines and Requirements for the Use of Restrictive Measures](#).

### **DHS Support**

Administering agencies are encouraged to collaborate with their assigned [CSS](#) regarding incident reporting and restrictive measures applications.

Submit all restrictive measures applications and incident reports to [dhsclts@wisconsin.gov](mailto:dhsclts@wisconsin.gov).

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## CHAPTER 7: RIGHTS, GRIEVANCES, AND APPEALS

### Notification of Rights

It is the responsibility of the administering agency to inform all CCOP applicants and participants of their rights, including the right to file a grievance or appeal agency decisions with which they disagree.<sup>40</sup> Notification must be given both verbally and in writing.

Agencies are required to inform applicants/participants of their rights at the first point of contact and not less than annually thereafter. Whenever an administering agency denies CCOP eligibility or reduces or terminates services, the agency is required to notify the applicant or participant of the action being proposed, the reason(s) the action is being taken, and of their right to file a grievance or appeal contesting the agency's decision prior to the decision being implemented. The administering agency must provide applicants and participants with all relevant information, including county grievance and state appeal procedures, appeal time limits, and contact information for the Division of Hearings and Appeals.

This information must be provided to each family in their primary method of communication and at no cost to the family. Alternative methods of communication may include, but are not limited to, taped or Braille materials, or translated materials for families for whom English is a second language.

### County Grievances

Administering agencies may have a county grievance procedure as an avenue for children and families to pursue resolving any issues that arise. Local grievance procedures must not interfere with a child/family's right to file an appeal for a state hearing with the Division of Hearings and Appeals. Administering agencies cannot require children or families to file a local grievance prior to or in lieu of filing a state appeal for a fair hearing.

If a family files a grievance against reducing or terminating services, the administering agency must continue to provide supports and services according to the terms of the most recently approved ISP until a decision on the grievance is given.

### State Appeal for Fair Hearing

Wisconsin Stat. § 46.272(15) authorizes program applicants and participants of the right to an appeal through a state fair hearing process under Wis. Stat. § 227.44.

The DHS Secretary has designated the Department of Administration, Division of Hearings and Appeals (DHA), as responsible for conducting the fair hearing process.

A child who is denied eligibility for CCOP services or whose CCOP services are reduced or terminated has the right to request a hearing from DHS, except that a lack of adequate program funding may not serve as the basis for a hearing request.<sup>41</sup>

Applicants and participants must be informed that a request for a fair hearing has to be filed within 45 days of the effective date of the denial or termination of services, or of the date of a written decision under the county grievance process, whichever date is later.

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<sup>40</sup> Wis. Stat. §§ 46.272(15), 227.44, 51.61, Wis. Admin. Code ch. DHS 94

<sup>41</sup> Wis. Stat. § 46.272(15)

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The parents/guardians of an applicant/participant child, or youth who are 18 years or older and do not have a legal guardian, are the only people who may file a request for a fair hearing. It is appropriate and allowable for administering agencies to assist families with their request for a fair hearing; however, DHA must receive the request for an appeal directly from the family. If the administering agency receives a verbal request for a hearing, the agency is required to immediately document and date the request, and the parent, guardian, or youth (if 18 or older) must be given the option to sign it. The CCOP administering agency must inform the family to send fair hearing requests to:

Division of Hearings and Appeals  
5005 University Avenue, Suite 201  
Madison, WI 53705-5400

Administering agencies must assist families who request or need help filing a fair hearing request.

Families who request an appeal also have the right to access records and obtain copies of documents they would like to introduce as an exhibit at a fair hearing. Administering agencies must provide one copy of these records at no cost and within a timely manner before the hearing.

When a request for a fair hearing is made, DHA will contact the administering agency for required information.

Requests for hearings must be received by DHA within 45 days of the date of the notice of denial or reduction/termination of services. Therefore, timeliness is important and the administering agency must inform the family in writing at the time of denial or reduction/termination of services regarding their right to seek a fair hearing under Wis. Stat. § 227.44, as well as the procedures to be followed and the time limitations for filing the request.

If a hearing request is received within 10 calendar days of the effective date of a reduction/termination of services (or of a written decision under the county grievance process, whichever is later), families have the right to request that CCOP-funded services continue to be provided throughout the appeal process according to the terms of the most recently approved ISP. The administering agency must inform families that costs could be recouped if the family were to lose the appeal.

Parents/guardians or youth over age 18 may withdraw a request for a fair hearing or grievance at any time.

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## CHAPTER 8: REPORTING, CODING, RECORDS, AND CLOSURE

Administering agencies are responsible for monitoring to ensure that all CCOP payments align with supports and services identified in each child and family-centered ISP. The agency must have a process in place to ensure the funds claimed are accurate within the calendar year. Inaccuracies are subject to recoupment by DHS. Further, DHS may disallow reimbursement for services provided to children who do not meet the eligibility requirements.<sup>42</sup>

### Reporting Requirements

CCOP administering agencies are required to report both programmatic and fiscal information to DHS. Reporting for CCOP is required by [Wis. Stat. § 46.272\(4\)\(f\)](#).

Data and information submitted to DHS are used for the annual CCOP report. This report is submitted to the Governor and each house of the state legislature. In addition, reported data and information are used for the purposes of planning for this and other programs serving children with disabilities, at both the state and local levels. The data is used to develop county and state budget proposals and is made available to other units of state and county government, community programs, advocacy groups, and the general public, upon request.

Data from the HSRS CCOP Module provides specific information about the children served, and the reporting tracks the use of CCOP funding. Agencies have access to the CCOP L-300 report, which is updated the first of each month. The monthly report is cumulative of calendar year expenditures and provides participant-specific expenditure data by county.

Administering agencies are required to report CCOP costs as follows:

- Expenses must be reported 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.

Agencies may refer to Appendix 03C of the State and County Contract for more detailed CCOP reporting requirements.

### Coding

Agencies using CCOP funding as a local funding match for the CLTS Waiver Program will use the funding source “CC” on corresponding authorizations submitted to the CLTS Third Party Administrator (TPA). County agencies will be expected to use the funding source code “CC” on all new CCOP authorizations and to update any previously existing CP authorizations to CC for use of CCOP as CLTS match.

Agencies reporting CCOP expenses that are not waiver match (i.e., that are 100% GPR) will use the Long-Term Support (LTS) Module within HSRS. Agencies will use the LTS Code 7 (Field 26) with a fund source code of “CC” (Field 27).

Reporting procedures for CCOP are included in the CCOP Module of the HSRS Manual. Additional information regarding HSRS can be found online: <https://www.dhs.wisconsin.gov/hsrs/>.

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<sup>42</sup> Wis. Stat. § 46.272(12)

For assistance registering participants in CCOP, see the [HSRS Terminal Operator's Guide](#).

The HSRS Long-Term Support Module form ([F-22018](#)) is available online.

#### *Fields 9, 13, 14, 20*

The following codes are available for use:

- Field 9 – Level of Care: Codes for children align with the CLTS Functional Screen (for COP regular LTS code 7, no funding source code and LTS code 7 with fund source CC when CCOP is used to support services for children)
  - R = Developmentally disabled (DD) – children all levels
  - S = Psychiatric hospital – children – mental health (MH)
  - T = Nursing home – children – physically disabled (PD)
  - U = Hospital – children – PD
- Field 13 – Type of Movement
  - 3 = Relocated from residential care complex (RCC)
  - 4 = Relocated from institute for mental disease (IMD)
- Field 14 – Special Project Status (required field)
  - 1 = On children's wait list
  - 2 = On CLTS Waiver
  - 3 = Not on children's wait list or CLTS Waiver
- Field 20 – Closing Reason
  - 62 = All needs met
  - 63 = Remains on children's wait list

#### *Billing for an Assessment and Plan*

Prior to receiving CCOP-funded services, a child must have a completed assessment and plan. There are three ways an administering agency can pay for the cost of an assessment and plan for CCOP-eligible children:

- Bill the cost to CCOP.
- When a comprehensive assessment and plan were developed by appropriately qualified staff (see Chapter 4), administering agencies can bill CCOP for the cost and also bill TCM using the second service modifier code "U5." During the year-end reconciliation, the revenue will be subtracted from the agency's claim, therefore ensuring only the match amount will be actually charged to CCOP. If agencies bill TCM and do not bill CCOP, use the second service modifier code "U6." Administering agencies do not need to report this revenue back to the program as there is no billing to the program to reimburse. At year end, DHS will send agencies an annual report with the amount of revenue received for these activities. Abbreviated assessments and plans cannot be charged to TCM.
- When children are enrolled in the CLTS Waiver Program and accessing CCOP funds:
  - Enter the most recent CLTS assessment and plan dates into HSRS.
  - Assessment and plan costs are not charged to CCOP.

#### **Fiscal Records and Reporting**

The administering agency shall maintain records and submit reports prescribed by DHS.

The CCOP Module provides the option for local agencies to track and monitor actual expenditures for each family on a monthly basis. Program expenditures can be tracked throughout the year to allow

updates, revise child and family-centered ISPs, and accurately plan for the expenditure of any unspent CCOP funds in the last quarter of the fiscal year.

The administering agency shall retain all fiscal records per county ordinance in accordance with [Wis. Stat. § 19.21\(5\)](#). At a minimum, financial records shall be retained for seven years from the date of reconciliation. The administering agency shall specify persons who are responsible for maintaining financial records.

Use of CCOP funds must be reported on the monthly 600 (CARS 377) and HSRS report forms according to the schedule outlined in the State and County Contract.

### **Children's Records**

The administering agency maintains an individual child record for all participants who receive an assessment, a child and family-centered ISP, and/or services. The agency will dedicate specific persons to be responsible for maintaining these records.

At a minimum, each child's confidential CCOP record must include the following information and documentation, when applicable:

- Dated documentation of the initial referral or request for services
- Documentation demonstrating functional eligibility (e.g., a copy of the CLTS FS eligibility page)
- Demographic information, including a Master Client Index (MCI) number, if the child has one
- Copies of all confidential release of information form(s)
- Documentation that required rights, appeal, and grievance procedures were given to the parent(s)
- A copy of the child's assessment
- A copy of the CLTS Parental Fee Declaration form ([F-01338](#)) and worksheet for Determination of Parental Payment Limit for CLTS ([F-01337](#))
- Signed copies of the participant's current and previous child and family-centered ISP(s)
- Documentation of support and service coordination (e.g., case notes)
- A copy of any appeal or grievance filed or pending

The administering agency is to retain all child/case records per county ordinance, in accordance with [Wis. Stat. § 19.21\(5\)](#).

A child's CCOP record must be confidential and ensure that personally identifiable information (PII) and personal health information (PHI) are secure and meet compliance with the federal [Health Insurance Portability and Accountability Act of 1996](#), as well as confidentiality assurances for protection from unauthorized examination in accordance with [Wis. Admin. Code ch. DHS 92](#) and [Wis. Stat. §§ 51.30](#) and [146.82](#).

### **Closure of Participation**

For the purpose of accurately reporting active CCOP participation, if a participant no longer receives CCOP funding for services other than service coordination provided directly by the administering agency, the participant is closed on the HSRS CCOP Module (or other equivalent system as approved by DHS).

Families who receive service coordination or other county services but are not receiving CCOP-funded services can remain enrolled, but are not reported on the HSRS CCOP Module. The administering agency

may keep the family on their own records as continuing with CCOP, if they are planning to continue services to the family in the future and want to retain the family's place within the program.

If a family receives services funded through CCOP at any time during the calendar year, the administering agency must report child and family information on the HSRS reporting system before the close of that reporting year.



## Appendix A: Common Acronyms

Acronyms	
ADRC	Aging and Disability Resource Center
BCLTSS	Bureau of Children's Long Term Support Services
CCC	Community Connections Coordinator
CCOP	Children's Community Options Program
CCS	Comprehensive Community Services
CLTS	Children's Long-Term Support
CLTS FS	Children's Long-Term Support Functional Screen
COP	Community Options Program
CPS	Child Protective Services
CSS	Children's Services Specialist
DHA	Division of Hearings and Appeals
DHS	Department of Health Services
DMS	Division of Medicaid Services
DVR	Division of Vocational Rehabilitation
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
GPR	General Purpose Revenue
HCBS	Home and Community-Based Services (MA Waiver Program)
HSRS	Human Services Reporting System
IDEA	Individuals with Disabilities Education Act
IFSP	Individual Family Service Plan (Birth to 3 Program)
ISP	Individual Service Plan
LTS	Long Term Support
MA	Medicaid
NFE	Not Functionally Eligible
PHI	Personal Health Information
PII	Personal Identity Information
ROI	Release of Information
SPC	Standard Procedure Code
SSC	Support and Service Coordinator
TCM	Targeted Case Management
TPA	Third Party Administrator

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## Appendix B: Relevant Legal Authority

### Wisconsin Statutes

#### *General Duties of Public Officials*

Custody and delivery of official property and records

Wis. Stat. § 19.21(5): <https://docs.legis.wisconsin.gov/statutes/statutes/19/II/21>

#### *Social Services*

Wis. Stat. ch. 46: <https://docs.legis.wisconsin.gov/statutes/statutes/46/>

Children's community options program

Wis. Stat. § 46.272: <https://docs.legis.wisconsin.gov/statutes/statutes/46/272>

#### *Children's Code*

Wis. Stat. ch. 48: <http://docs.legis.wisconsin.gov/statutes/statutes/48/>

#### *Public Assistance and Children and Family Services*

Wis. Stat. ch. 49: <http://docs.legis.wisconsin.gov/statutes/statutes/49/>

#### *State Alcohol, Drug Abuse, Developmental Disabilities, and Mental Health Act*

Wis. Stat. ch. 51: <http://docs.legis.wisconsin.gov/statutes/statutes/51/>

#### *Records*

Wis. Stat. § 51.30: <https://docs.legis.wisconsin.gov/statutes/statutes/51/30>

#### *Patients rights*

Wis. Stat. § 51.61: <https://docs.legis.wisconsin.gov/statutes/statutes/51/61>

#### *Protective Service System*

Wis. Stat. ch. 55: <https://docs.legis.wisconsin.gov/statutes/statutes/55>

#### *Miscellaneous Health Provisions*

Confidentiality of patient health care records

Wis. Stat. § 146.82: <https://docs.legis.wisconsin.gov/statutes/statutes/146/82>

#### *Administrative Procedure and Review*

Contested cases, notice, parties, hearing, records

Wis. Stat. § 227.44: <https://docs.legis.wisconsin.gov/statutes/statutes/227/III/44>

#### *Actions Affecting the Family*

Wis. Stat. ch. 767: <http://docs.legis.wisconsin.gov/statutes/statutes/767>

#### *Juvenile Justice Code*

Wis. Stat. ch. 938: <https://docs.legis.wisconsin.gov/statutes/statutes/938>

**Wisconsin Administrative Code***Management and Technology and Strategic Finance*

## Uniform Fee System

Wis. Admin. Code ch. DHS 1: [https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/001/1](https://docs.legis.wisconsin.gov/code/admin_code/dhs/001/1)

*Community Services*

## Early Intervention Services for Children from Birth to Age 3 with Developmental Needs

Wis. Admin. Code ch. DHS 90: [https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/90](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/90)

## Confidentiality of Treatment Records

Wis. Admin. Code ch. DHS 92: [https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/92](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/92)

## Patient Rights and Resolution of Patient Grievances

Wis. Admin. Code ch. DHS 94: [https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/94](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94)

*Medical Assistance*

## Covered Services

Wis. Admin. Code ch. DHS 107: [https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/101/107](https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/107)

**Wisconsin Acts***2015 Wis. Act 55*

<https://docs.legis.wisconsin.gov/2015/related/acts/55>

**Federal Code***Rehabilitation Act of 1973*

34 C.F.R. § 104: <https://www.gpo.gov/fdsys/pkg/CFR-2016-title34-vol1/pdf/CFR-2016-title34-vol1-part104.pdf>

*Individuals with Disabilities Education Act, Part C*

34 C.F.R. § 303: <https://www.gpo.gov/fdsys/pkg/CFR-2016-title34-vol2/pdf/CFR-2016-title34-vol2-part303-subpartC.pdf>

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**Appendix C: Sample Notification of Denial Letter**

Administering Agency Letterhead

[Date]

Family of [XXXXXX]  
Street Address  
City, WI Zip Code

Dear [XX]:

This letter is to inform you that your application for the Children’s Community Options Program has been denied due to the following reason. [Insert reason.]

The following reports were reviewed in considering this decision:  
[Enter documents reviewed.]

You have the right to appeal this decision within 45 days from the date of this letter. A request for a fair hearing may be made in writing directly to:

Division of Hearings and Appeals  
5005 University Avenue, Suite 201  
Madison, WI 53705-5400

Sincerely,

cc: Department of Health Services, Bureau of Children’s Long Term Support Services

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## Appendix D: Rights Notification Template

### Your Rights Under the Children's Community Options Program

#### A. Applying for the Children's Community Options Program

1. You have a right to be told about the Children's Community Options Program and other programs that can help you care for your child with disabilities at home. You have a right to be told about services and other types of assistance that the Children's Community Options Program can provide for you.
2. You have a right to apply for the Children's Community Options Program, and you have a right to decide not to participate in the Children's Community Options Program.
3. You have the right to a written decision about your eligibility for the Children's Community Options Program within 45 days of the agency receiving your referral or request for services. The written notice must state one of the following three decisions:
  - a. Yes, your child is eligible (approval);
  - b. No, your child is not eligible (denial) and why; or
  - c. More information is needed (pending) and what information is needed.
4. If you are put on a wait list, you must be told why and given an estimate of how long the wait will be.
5. If your application is denied, you have the right to file a county grievance and/or file a state appeal. You have the right to be told how to file a grievance or an appeal.

#### B. Determining Children's Community Options Program Services

1. If your application is approved and funds are available, you have the right to a meeting to help decide what services will help you care for your child at home (service assessment). A qualified person must do the assessment. This means someone who knows about your child's particular disability and needs, and who knows about services to help your child remain at home.
2. You have a right to share your opinions and preferences during the assessment and in developing a plan of service for your family (i.e., the child and family-centered individual service plan). You have the right to have friends, relatives, or anyone you want with you in these meetings.
3. You have a right to any help you need for you to understand and take part in the meetings. This includes interpreters, taped or Braille materials, or other communication aids.
4. You have a right to have someone explain what choices you have to help your child remain at home. You have a right to a written copy of your assessment if you ask for it.
5. A service coordinator will work with you to develop a service plan within 60 days of the agency receiving your referral or request for services. You have a right to have someone explain your

child and family-centered individual service plan (ISP). The ISP must say what services are provided and for what purpose. The ISP must reflect your child and family's preferences. You have a right to a written copy of your ISP.

6. You have a right to name the provider(s) from whom you would like to receive services. The person or provider agency you choose must be qualified. The Children's Community Options Program must respect your preferences.
7. You have the right to disagree with what is written in your child and family-centered individual service plan. You have a right to ask the county to change things with which you disagree. If you disagree, you have the right to file a county grievance or state appeal.
8. You have a right to decide whether or not to accept the services offered in your child and family-centered individual service plan.

#### C. Obtaining Children's Community Options Program Services

1. Your family has a right to services listed on the ISP if CCOP money is available and your child is eligible.
2. If money is not available, your family has a right to be on a wait list for services. If you are told that you have to wait for CCOP services, you have right to know how the wait list works, how many others are waiting before you, and when the county thinks you will get services.
3. You have a right to know the amount, if any, that you will have to pay for services.
4. You have a right to request assistance from a service coordinator (e.g., community connections coordinator or support and service coordinator) after you receive services. These service coordinators can help make sure that you are getting the services in your child and family-centered individual service plan and that the services work well together. You may meet with this person as necessary.
5. You have a right to review your child and family-centered individual service plan with CCOP staff at least every six months. You have the right to have anyone you want with you at this meeting.
6. You have a right to a written notice, at least 10 days in advance, whenever your child/family's services are going to be reduced or ended, or your child is disenrolled from the program. You have a right to file a county grievance or state appeal if you disagree.

#### D. Certain Other Statutory Rights

You and your child may also have a number of other rights specified in Wisconsin Stat. §§ 46.272, 49.001, 50.08, and 55.07. These include:

1. The right to be treated with dignity and respect.
2. A right to control his or her life and control the services received, as much as your child is able.
3. A right not to be hurt or threatened, and not to be tied, locked up, or forced to take drugs.

- 4. A right to privacy, including the right to talk, to telephone, or to write anyone.
- 5. The right to see your child’s file.
- 6. The right to receive information about the Children’s Community Options Program in your family’s primary method of communication.

E. Right to Appeal

- 1. You have a right to be told how to file a county grievance or a state appeal. This includes being told what you can grieve or appeal, whom to contact, what the steps are, and if there are time limits for filing the grievance or appeal.
- 2. You can appeal to the state within 45 days of an action if your child is denied eligibility or your CCOP-funded services are reduced or terminated. If you file an appeal for a fair hearing within 10 days of the notice of the action, you have a right to request that the types and amounts of services you had been receiving continue until the appeal is decided. State appeals are sent in writing to:

Division of Hearings and Appeals  
 5005 University Avenue, Suite 201  
 Madison, WI 53705-7875

- 3. You may get help with a county grievance or a state appeal from your Children’s Community Options Program service coordinator or from the following legal services resources (find the name and telephone number of resources in your area that can provide legal help):
  - a. Legal Action of Wisconsin: [www.legalaction.org](http://www.legalaction.org)
  - b. Wisconsin Judicare, Inc.: [www.judicare.org](http://www.judicare.org)

\_\_\_\_\_  
**Signature** - Participant/guardian\*

\_\_\_\_\_  
**Signature** - Support and service coordinator

Date \_\_\_\_\_

Date \_\_\_\_\_

\* My signature indicates that I have been informed of and understand my rights and responsibilities under the Children’s Community Options Program.

## Appendix E: Assessment Criteria

The assessment process involves the community connections coordinator or support and service coordinator gathering information about the child and the family as one comprehensive unit. Children are often able to communicate their answers, thoughts, and ideas, which must be taken into consideration when completing an assessment. While supports and services may meet an identified need or a deficit in a skill, the assessment must focus on the individual strengths, positive attributes, and desired outcomes of the child/family.

### Abbreviated Assessment

The abbreviated assessment is designed to identify interim supports, services, or items for children and families on the wait list. An abbreviated assessment can be completed by either a community connections coordinator or a support and service coordinator.

It is essential to discuss the following factors while conducting an abbreviated assessment:

- a. The child's functional abilities, including self-care, mobility, communication, intellectual capacity, emotional/behavioral status, cultural and age-appropriate behaviors, health and physical status, and, for older children, the ability to work
- b. Daily family life, including variations in family routine and needs over the day/week/month/year, any concerns of siblings or extended family members, and any risk factors such as age or health of the child or other family members
- c. Identification and potential for enhancement of natural resources, such as extended family, friends, and neighbors
- d. Current services provided to the child and family by third-party payers (both public and private), as well as other public or voluntary programs in which the child or family participates, including educational services and programming
- e. The physical environment, including physical accessibility, safety (both inside the home and on the property), and transportation
- f. Medical information, such as primary physician, current evaluations, and specialized medical services
- g. Individual outcomes that are important to the child/family
- h. Any other information pertinent to the area of identified need

### Comprehensive Assessment

A comprehensive assessment is more detailed than an abbreviated assessment and provides the basis for developing a child and family-centered individual service plan for children who will receive ongoing or intermittent services through CCOP. The comprehensive assessment must be completed by someone with the qualifications of a support and service coordinator (see Chapter 4).

Provided for reference, the following list includes the major topics that must be explored and documented in a thorough assessment:

- a. The child's ability to perform/manage activities of daily living, ability to perform/manage instrumental activities of daily living, emotional and cognitive function, and mobility
- b. Background and social history
- c. Physical and medical health history
- d. Medications the child is currently using, their purpose, and what is needed to ensure their safe and effective management and administration
- e. Individual outcomes that are important to the child/family



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- f. Behaviors that positively or negatively affect lifestyle or relationships
  - g. The current use of or need for restrictive measures and associated risks, if any
  - h. Social participation, friendships, existing social supports
  - i. Cultural, ethnic, and spiritual influences
  - j. Community participation and involvement
  - k. Child and family preferences as to how, where, and with whom the youth wishes to live, their preferred environment, daily activities, and routines
  - l. Available economic resources and how they are managed (i.e., ensure that those resources are used for the child's benefit)
  - m. A determination of whether there are any conflicts of interest present in the management and use of the child's funds or in the selection or provision of services, and plans to resolve or address identified conflicts
  - n. Formal and informal supports and services that are present or available to the child/family
  - o. Participant rights and responsibilities, including appeal rights
  - p. School day, modifications to classes, and/or individualized education program (IEP)
  - q. For youth age 14 and older, options and opportunities for transitions planning and resources
  - r. For youth age 16 and older, options and opportunities for paid employment