State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

B

March 12, 1999

The Honorable John Gard
Co-Chair Joint Committee on Finance
PO Box 8952
Madison, WI 53707-8952

Dear Representative Gard:

The biennial budget bill, 1983 Wisconsin Act 27, created s. 46.275, Community Integration Program (CIP) for Residents of State Centers. The intent of this program "is to relocate persons from the state centers for the developmentally disabled into appropriate community settings with the assistance of home and community-based services and with continuity of care. The intent of the program is also to minimize its impact on state employees through redeployment of employees into vacant positions." S. 46.275(5m) requires the Department to submit a report to the Joint Committee on Finance and to the Chief Clerk of each house of the Legislature describing the program's impact during the preceding calendar year on state employees, including the Department's efforts to redeploy employees into vacant positions and the number of employees laid off.

For the period of January 1, 1998 to December 31, 1998, there were 67 placements of center residents into the community. For fiscal year 1998, reductions of $5,862,995 and 135.32 FTE were made in the budget for the purpose of CIP placements. For the period July 1, 1998 through December 31, 1998, sufficient reductions will be made in the fiscal year 1999 operating budget to reflect reductions for CIP placements. Although twenty-nine employees received at risk letters to be laid off, twenty-three of them transferred to other vacant positions and six employees retired. Thus reductions of positions and dollars have been made for calendar year 1998 with no employees being laid off during the year. Only six layoffs have occurred at the centers due to the CIP program since the program began in 1983. All other reductions have been absorbed through attrition of employees.

Sincerely,

Joe Leean
Secretary

cc: Charles R. Sanders, Assembly Chief Clerk

State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

March 18, 1999

The Honorable Brian Burke
Joint Finance Committee
State Capitol
Madison, WI 53702

Dear Senator Burke:

1995 Wisconsin Act 27 created § 46.27 (11g) of the statutes, which requires the Department of Health and Family Services to submit an annual report on its Community Options Program. The attached report describes the persons served, program expenditures and services delivered through the Community Options Program in calendar year 1997.

Community Options is designed to relocate or divert people who need long term care from nursing homes. This is accomplished by offering an alternative package of community services to elderly and disabled persons who are otherwise eligible for Medicaid-funded nursing home care.

The Department allocates funds to county human service agencies to deliver these community services. In providing services, the county agency may not expend more, on average, than the state portion (about 40%) of the Medicaid cost for nursing home care. The county agency must also maximize funds by accessing any federal funds (Waiver and other Medicaid) available for an individual before using Regular Community Options funds. These are two of the mechanisms that the counties, with Department oversight, utilize to ensure the prudent, cost effective use of the Community Options funds while maintaining program flexibility and integrity.

The annual report examines program activity for the Community Options Program and the Community Options Program-Waiver in calendar year 1997.

Sincerely,

Joe Leean
Secretary

Attachment

c: Bob Lang, Legislative Fiscal Bureau

Report to the Legislature

on

Community Options

Data Collected for the State and Individual Counties for Calendar Year 1997

Making a difference.

Department of Health & Family Services
Division of Supportive Living
Bureau of Aging & Long Term Care Resources

February 1999

CONTENTS

Executive Summary

Background

The following Legislative report is submitted pursuant to s.46.27(11g) of the Wisconsin state statutes, which requires detailed reporting on state funds appropriated in the biennial budget process for the Community Options Program (COP) and the Community Options Waiver (COP-W). This report describes the persons served, program expenditures and services delivered through the COP and COP-W in calendar year 1997. While COP serves all client groups needing long term care and is entirely state-funded, COP-W is a combination of state and federal funds, and is limited to persons who are elderly and/or who have a physical disability.

COP and COP-W use state and federal funds which are monitored by the Department of Health and Family Services and are administered by local county agencies to deliver community-based services to Wisconsin citizens who need long term assistance in performing activities of daily living. Any person regardless of age who, due to a chronic disability, has a level of care for which Medicaid would purchase nursing home care, is eligible for COP.

Wisconsin also administers Medicaid home and community-based waivers which allow persons with disabilities who have long term care needs and who would otherwise be eligible for Medicaid reimbursement in an institution to receive community care. The Community Options Program, which is solely state-funded, can provide matching funds for Medicaid home and community-based waiver services. This report references other Medicaid home and community-based waivers besides COP-W when COP is used as matching funds for them. See the Glossary at the end of this report for a brief description of these programs.

County COP lead agencies provide eligible individuals with an assessment and care plan regarding equipment, supports or services that might be available to assist them in their own homes and communities. During the assessment process, a social worker, and other appropriate professionals as needed, looks at each individual's unique characteristics, medical condition, living environment, lifestyle preferences and choices. The participant and the care manager develop a plan for a comprehensive package of services, which integrates and supports the informal, unpaid assistance available from family and friends. This care plan incorporates an individual's choices and preferences for the type and arrangement of services. Depending upon available income and assets, the individual may be responsible to pay for some or all of the services in their care plan.

In 1997:	**10,539**	**Assessments** were conducted.
	8,462	**Care plans** were prepared.
	5,953	**New persons** were served with Regular COP and/or COP-W.
	11,109	**Persons** initially receiving services prior to 1997 continued to receive them.
	17,062	**Total persons** were served with Regular COP and/or COP-W funds.
	$149,260,716	**Was expended** for assessment, care plans, and services to these persons. This total includes federal matching funds attained when Regular COP is used as match or overmatch for Medicaid Waivers (COP-W, CIP 1A, CIP 1B, CIP II, and CLSA), and 8 percent in program administration.

The $149,260,716 dollar figure represents a 13 percent increase over the expenditure for the COP and COP-W in 1996. Two factors were of noticeable significance: the amount of federal dollars generated through the use of Regular COP for match and the amount of county Community Aids and/or county overmatch. This latter amount more than doubled. (See Table 2)

Of the 10,539 persons who received a COP assessment, 77 percent received a care plan. The remaining people did not receive a care plan for a number of reasons. The two major reasons were that about one-fourth were found to be ineligible, while approximately 29 percent were placed on the COP waiting list. Fifteen percent received services without the assistance of COP funding. Seventy-six percent of the care plans were implemented, six percent using public funds other than COP or a Medicaid home and community-based waiver.

COP and COP-W participants receive services as long as they remain eligible and continue to need services. In 1997 the ratio of case closure to the point-in-time caseload count – a measure of caseload turnover – was 24 percent for regular COP and COP-W. Generally speaking, in 1997, the turnover rate for all target groups was comparable, with the exception of the severely mentally ill (SMI), which was half as much. (See Table 6)

Participants

On December 31, 1997, the distribution of COP participants by target group was as follows:

57.1%	Elderly persons
14.1%	Persons with Physical Disabilities
19.5%	Persons with Developmental Disabilities
7.3%	Persons with Serious Mental Illness
1.8%	Persons with Alcohol and Drug Abuse conditions
0.2%	Others

Program Impact

The Community Options Program has had a significant impact on the reduction of nursing home utilization while at the same time filling the gaps in unpaid care provided by family and friends with services that enable people with long term care needs to continue to live in their own homes and communities. Without community care programs, it is projected that the number of Medicaid-funded nursing home residents in 1997 would have been 48 percent higher than actual figures. The projected Medicaid-funded nursing home census is based on population growth and service

use rates which were adjusted over time to reflect reduced use of nursing homes for custodial long-term care. While no research has documented a direct correlation, days of nursing home use have declined while enrollment in the Community Options Program has increased. (See Figure 7)

COP Funding and Overall Public Funding for Community Long Term Care

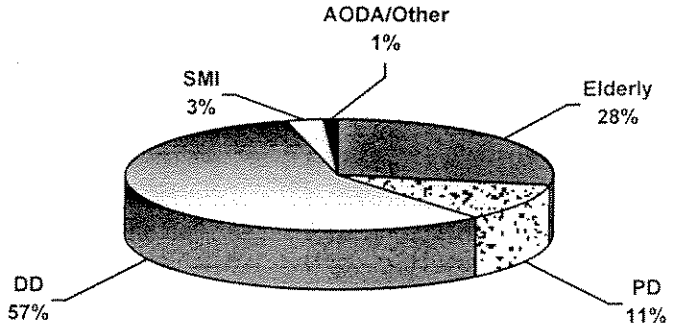
When viewed in the context of publicly funded programs for community long term care, Regular COP contributes about 21 percent of the overall total, and Regular COP and COP-Waiver together contribute 41 percent of the overall total.

When expenditures across community long term care programs are grouped by client characteristics:

- The **elderly** received 28 percent of funds
- **Persons with physical disabilities** received 11 percent of funds
- **Persons with developmental disabilities** received 57 percent of funds
- **Persons with serious mental illness** received 3 percent of funds
- **Persons with alcohol and drug abuse conditions** received one-half of one percent of funds, and
- **Participants with unspecified client characteristics** received one-half of one percent of funds

Target Group	COP-Regular	COP-W	Subtotal COP, COP-W	CIP II	Subtotal COP, COP-W, CIP II	CIP 1, CLSA, BIW	GRAND TOTAL
Elderly	$241,807,401 39%	$47,321,862 78%	**$71,502,563 58%**	$13,216,666 46%	**$84,719,229 56%**		**$84,719,229 28%**
PD	$4,888,305 8%	$13,411,049 22%	**$18,299,354 15%**	$15,220,192 54%	**$33,519,546 22%**		**$33,519,546 11%**
DD	$22,730,382 36%		**$22,730,382 19%**		**$22,730,382 15%**	$150,475,954 100%	**$173,206,336 57%**
SMI	$10,070,867 16%		**$10,070,867 8%**		**$10,070,867 87%**		**$10,070,867 3%**
AODA	$296,089 1%		**$296,089 <1%**		**$296,089 <1%**		**$296,089 <1%**
Other	$209,169 <1%		**$209,169 <1%**		**$209,169 <1%**		**$209,169 <1%**
Total	**$62,375,513 21%**	**$60,732,911 20%**	**$123,108,424 41%**	**$28,436,858 9%**	**$151,545,282 50%**	**$150,475,954 50%**	**$302,021,236 100%**

Source: Reconciliation Schedules and 9M report for disability breakdown for COP. Report includes all GPR/state and federal dollars paid.



Introduction and Background

This report is submitted pursuant to s.46.27 (11g) of the statutes. It describes the persons served, program expenditures and services delivered through the Community Options Program (COP) in calendar year 1997.

Community Options is a service delivery system for the provision of services which people with severe long-term chronic disabilities need in order to continue to live at home. With the assistance of a care manager, COP organizes all funding sources individuals need in order to continue to live in their own home, or in their own community, at a cost which on average, is no greater than nursing home care.

The success of Community Options is measured both by how well the program is able to contain the use and cost of Medicaid-funded nursing home care, and by producing positive outcomes for program participants. COP and the Medicaid home and community-based waivers together provide complementary funding to enable the arrangement of comprehensive services for people, of all target groups, in their own homes based on the values of consumer direction and preference. The coordination of county resources are outlined in the COP Plan, a description of the county policies and practices which assures the prudent, cost effective operation of the Community Options program.

State level program management monitors local compliance with statutory program requirements, including

- significant proportions
- allowable residential settings
- county COP plan approval, and
- the mandated use of the federally funded home and community-based Medicaid waivers prior to using the state funded Community Options Program.

In order to ensure the goals of COP are met, person-centered performance standards valued by COP participants were incorporated into the acronym RESPECT:

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

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

Services which are easy to access and delivered promptly, tailored to meet unique individual circumstances and needs are provided.

Physical and mental health services are delivered in a manner which helps people achieve their optimal level of health and functioning.

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

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

Tools for self determination are provided to help participants achieve maximum self-sufficiency and independence.

RESPECT performance standards are measured by the extent to which:

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

Individualized service plans are developed with the assistance of a qualified, well-trained care manager, and in accordance with county policies, federal requirements and state mandated guidelines. Outcomes for individuals served with Medicaid waiver funds are monitored to ensure that the proposed plan of care meets federal specifications and guarantees the health, safety and welfare of each program participant. The state oversees the activities of an outside vendor, which monitors these safeguards and county agency compliance with program requirements. A full description of the compliance monitoring and quality indicators are outlined in detail in the *1997 Report to the Legislature, Medicaid Home And Community-Based Waivers (CIP II & COP-W).*

Target Groups Served and Significant Proportions

COP is intended to serve persons in need of long term support. As an alternative to institutional care, COP is required to serve persons from the major target groups in proportions which approximate the percentages of Medicaid-eligible persons who were served in nursing homes prior to the COP's inception. State statutes require these percentages as "significant proportions."

The percentages for significant proportions were initially set in 1984 and reserved a percentage for county discretion by reducing the elderly minimum. These minimum percentages have been periodically adjusted to reflect changes in the growth of the long term care population. The current minimum percentages that county COP programs must meet in order to be considered in compliance with significant proportions are shown below. The total minimum percentages add up to 84.2 percent with 15.8 percent reserved for county discretion.

Elderly persons	57.0%
Persons with Developmental Disabilities	14.0%
Persons with Physical Disabilities	6.6%
Persons with Serious Mental Illness	6.6%
Persons With Long Term Care Substance Abuse Conditions	No % requirement

Figure 1 depicts the percentage of persons from each COP target group who received Regular COP/COP-Waiver (COP-W) services on December 31, 1997.

Figure 1: Regular COP/COP-W Participants by Target Group on December 31, 1997

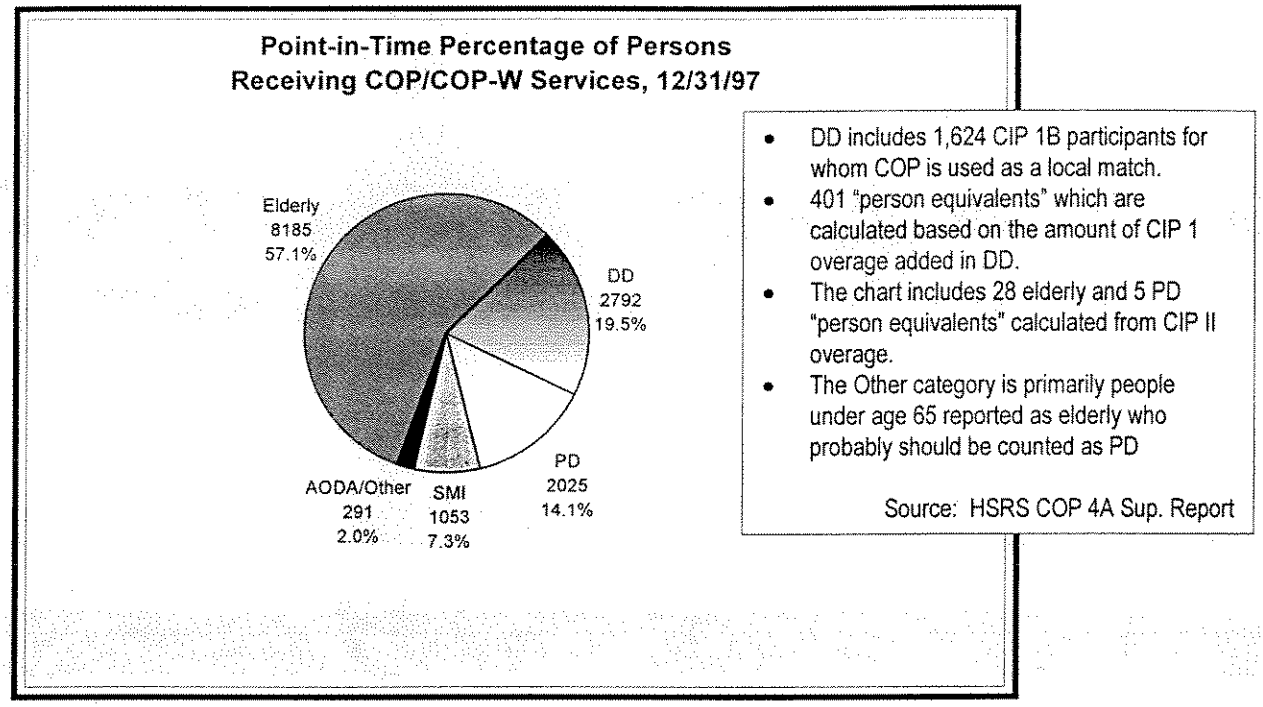


Table 1 shows the history of statewide significant proportions. It provides point-in-time information on the proportion of persons receiving Regular COP and/or COP-W services in each target group from 1982 through 1997.

Table 1: Significant Proportions, December 31, 1982 – 1997

Year	Frail Elderly	PD	DD[1]	SMI	AODA	Other	Total
1997[2]	8,185	2,025	2,792	1,053	30	261	14,346
	57.1%	14.1%	19.5%	7.3%	0.2%	1.8%	100%
1996[2]	7,695	1,829	2,594	988	40	212	13,358
	57.6%	13.7%	19.4%	7.4%	0.3%	1.6	100%
1995	6,949	1,698	2,297	953	43	186	12,126
	57.3%	14.0%	18.9%	8.9%	0.3%	1.5%	100%
1994[3]	6,476	1,528	1,978	878	48	183	11,091
	58.4%	13.8%	17.8%	7.9%	0.4%	1.6%	100%
1993[3]	6,411	1,491	17,534	846	43	170	10,714
	59.8%	13.9%	16.4%	7.9%	0.4%	1.6%	100%
1992[3]	5,548	1448	1,635	818	47	110	9,606
	57.8%	15.1%	17.0%	8.5%	0.5%	1.1%	100%
1991[3]	4,785	1,309	1,532	830	51	39	8,546
	56.0%	15.3%	17.9%	9.7%	0.6%	0.4%	100%
1990[3]	4,492	1,281	1,487	700	58	37	8,055
	55.8%	15.9%	18.5%	8.7%	0.7%	0.5%	100%
1989[3]	3,814	1,289	1,473	660	53	5	7,294
	52.3%	17.7%	20.2%	9.0%	0.7%	0.1%	100%
1988[3]	3,361	1,094	1,365	600	54	39	6,513
	51.6	19.5%	21.0%	10.4%	0.8%	0.6%	100%
1987	2,989	970	1,195	563	63	53	5,833
	51.2%	16.6%	20.5%	9.7%	1.1%	0.9%	100%
1986	2,609	762	956	415	58	131	4,931
	52.9%	15.4%	19.4%	8.4%	1.2%	2.7%	100%
1985	2,098	649	654	329	43	85	3,858
	54.4%	16.8%	17.0%	8.5%	1.1%	2.2%	100%
1984	1,499	541	468	248	30	23	2,809
	53.4%	19.2%	16.7%	8.8%	1.1%	0.8%	100%
1983[4]	1,042	325	160	26	16	19	1,588
	65.6%	20.5%	10.1%	1.6%	1.0%	1.2%	100%
1982[4]	145	31	20	0	2	0	198
	73.2%	15.7%	10.1%	0.0%	1.0%	0.0%	100%

Source: HSRS COP 004A Sup. Report

[1] Includes person-equivalents calculated from the use of Regular COP funds for services above the CIP I and CIP II rate. This calculation is arrived at by dividing the spending above the rate by the statewide COP average per person expenditure. There were 95 person-equivalents in 1993, 247 in 1994, 291 in 1995 , 380 DD and 5 PD in CY 1996, and 28 ELD, 401 DD and 5 PD in CY 1997.

[2] Unduplicated count of persons with services funded by Regular COP, COP-W, or CIP IB (1,189 for 1996; 1,624 for 1997) where COP is used to provide the local match.

[3] Unduplicated count of persons with services funded by Regular COP and/or COP-W.

[4] Count of all persons served during the year. Point-in-time data was not available until 1984.

Figure 2: Point-in-Time Count of Persons Receiving COP / COP-W Services 12/31/84 – 12/31/97

Source: HSRS 004A Supplement Report

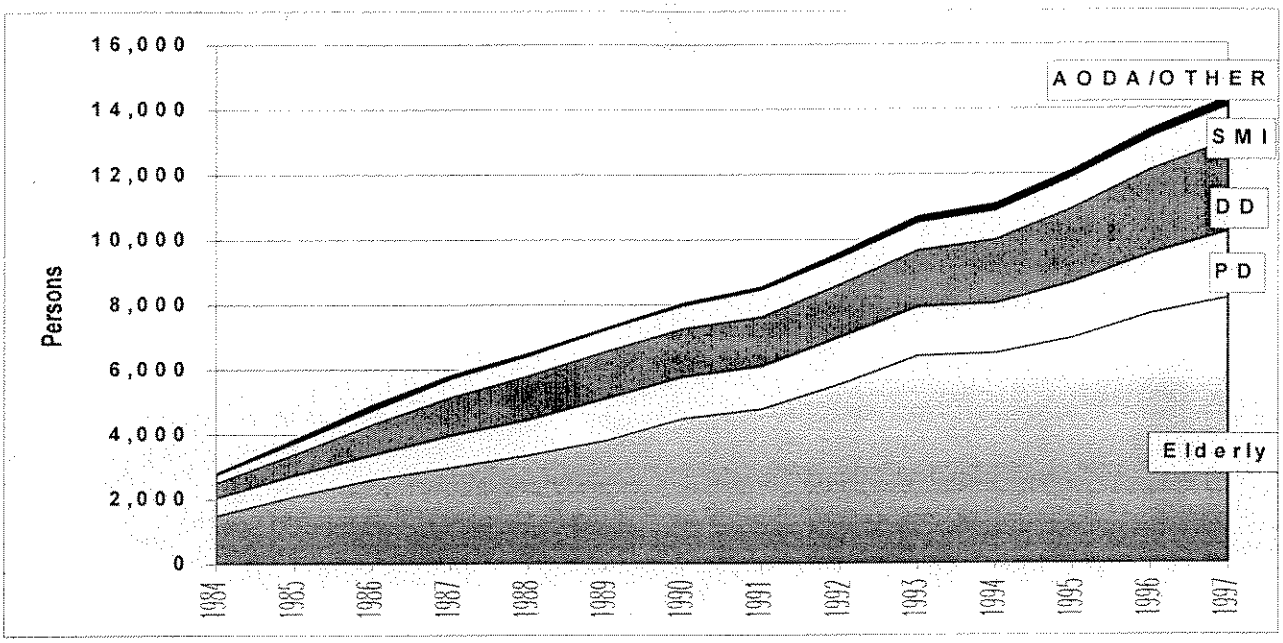
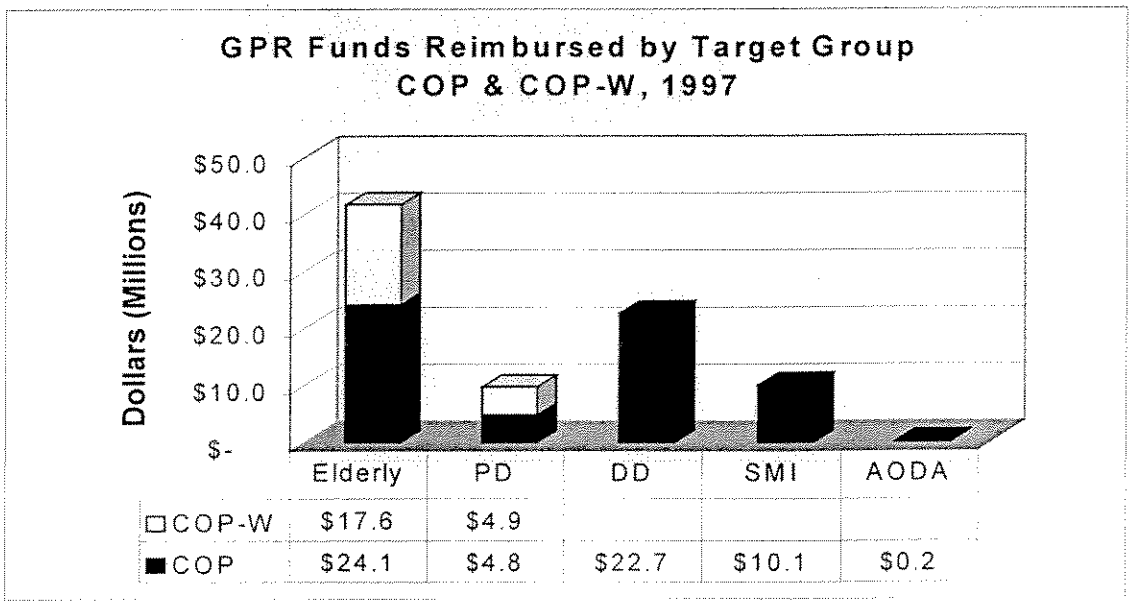


Figure 2 shows, historically, the actual number of persons receiving Regular COP and/or COP-W services on December 31, 1982 – December 31, 1997. Although a target group's percentage of the caseload may fluctuate, the number of persons served shows steady growth.

Figure 3 shows the distribution of Regular COP and the state matching share (GPR funds) of COP-W service among the target groups in 1997. The distribution of GPR dollars spent is similar to the distribution of participants across target groups.

Figure 3: Distribution of GPR Regular COP and COP-W Funds by Target Group, 1997



Source: Reconciliation Schedules

Statewide Expenditures

Table 2 (next page) shows statewide expenditures and reimbursement of Community Options funds for the calendar years 1982 through 1997. Lead agencies are reimbursed at a fixed rate for each assessment and each care plan completed for participants in the Community Options Program or by any of Wisconsin's Medicaid home and community-based waivers. See Tables 8 and 9 for county-specific activities and expenditures.

Table 2 also shows service funds expended and reimbursed for persons through either Regular COP or COP-W. This includes COP funds used as match for federally funded CIP I or Community Supported Living Arrangements (CSLA). The COP-W and locally matched CIP I/CSLA service funds are further broken out into the state GPR and federal share of service costs. Table 2 includes the portion of federal funds generated when COP is used as a matching source for CIP I or CSLA locally matched slots. It does not include the federal funds associated with CIP I slots which are funded by state and federal Medicaid dollars (fully funded slots).

Each service category in Table 2 consists of funds spent for direct services, including care management expenses, and local program administration. In 1997, $10,142,972 was expended for local administration of the COP and COP-W. Ninety-two percent of the total COP and COP-W was expended for direct services to participants. Eight percent was expended for administration of the COP and COP-W program.

Table 2: Expenditures in Regular COP/COP-W, 1982 to 1997

1	2	3	4	5	6	7	8	9	10	11
Year and Total Costs Reported	Community Options GPR Funds Paid				Federal Funds Paid (matched with Regular COP fund)					
	Assess. and Plans	Regular COP Services	COP-W GPR Services	Total GPR Paid	COP-W Fed. Paid	CIP2/CIP1 Fed Overage & CIP 1B Fed Match Paid	Other Fed Revenue	Total Fed Paid	Comm. Aids, Overmatch, or Other	Total Paid
1997										
149,260,716	2,556,110	59,819,203	22,634,789	85,010,102	38,098,122	24,629,387	493,662	63,221,171	1,029,443	149,260,716
1996										
131,974,493	2,194,049	57,948,468	20,997,816	81,140,333	32,170,998	17,183,765	620,566	49,975,329	858,831	131,974,493
1995										
115,684,575	2,264,528	55,507,478	18,057,357	75,829,363	27,550,760	10,863,905	679,487	39,094,152	761,060	115,684,575
1994										
96,792,770	2,009,347	47,806,015	15,075,439	64,890,801	24,085,246	5,492,128	723,866	30,301,240	1,600,729	96,792,770
1993										
83,982,322	2,179,975	44,444,357	13,310,325	59,934,657	20,329,641	1,984,764	673,045	22,987,450	1,060,215	83,982,322
1992										
66,965,400	1,778,355	40,222,689	8,082,092	50,083,136	13,426,855	1,404,418	741,861	15,573,134	1,309,130	66,965,400
1991										
57,295,820	1,481,325	35,818,495	6,867,305	44,167,125	10,939,142	249,841	880,168	12,069,151	1,059,544	57,295,820
1990										
46,825,507	1,619,224	33,758,085	4,312,550	39,689,859	6,322,549		562,287	6,884,836	250,812	46,825,507
1989										
37,172,208	1,353,769	29,931,012	1,962,392	33,247,173	2,873,078		467,675	3,340,753	584,282	37,172,208
1988										
29,921,032	1,263,683	27,738,371	2,678	29,004,912	406,796		441,113	847,909	68,211	29,921,032
1987										
26,648,810	1,451,918	24,832,371		26,234,289				414,520		26,648,809
1986										
20,766,847	1,365,906	19,400,941		20,766,847						20,766,847
1985										
16,083,729	1,875,085	14,108,644		16,083,729						16,083,729
1984										
10,074,947		1,238,231		10,074,947						10,074,947
1983										
3,315,127	832,116	2,483,011		3,315,127						3,315,127
1982										
309,501	110,920	198,581		309,501						309,501

Source: Reconciliation Schedules

See next page for column detail.

Notes for Table 2

Column 1	Total costs reported by lead agencies for COP, COP-W, and CIP I where COP is used as match.
Column 2	COP funds paid for assessments and care plans. Includes federal assessment funds in 1987 – 1989.
Column 3	COP funds paid for Regular COP services. Includes service funds expended for local program administration and COP Alzheimer Service funds.
Column 4	The GPR (state match) portion paid for federally funded COP-W services.
Column 5	The total amount of GPR funds paid (total of columns 2, 3 and 4).
Column 6	The federal portion of funds paid for COP-W services.
Column 7	The federal portion of funds paid for CIP II, CIP I or CSLA services for which COP funds were used as the state/local match or overmatch. Counties may have additional state and federal revenue for fully funded CIP I or CSLA slots, or for slots matched with local funds other than COP.
Column 8	Includes other federal revenue and revenue for Medicaid-funded case management available to offset state reimbursement of reported costs. Additional revenue may have been applied to reduce county overmatch for costs incurred above the COP contract level. Also includes revenue generated by a county that charges participants for assessment and plan costs.
Column 9	The total amount of federal funds paid (total of columns 6, 7 and 8).
Column 10	The amount listed is assumed to be local Community Aids, county overmatch or other revenue used for COP services based on differences between amounts reported on HSRS and payment amounts.
Column 11	Total paid from all sources (total of columns 4, 9 and 10).

COP Funds Used for Participants with Alzheimer's Disease

The Community Options statute was changed in 1986 to target some funding for persons with Alzheimer's disease or related dementias who would not otherwise meet level of care eligibility requirements. In the first few years following this change, not all funds allocated for this purpose were spent, in part because at the time Alzheimer's disease was difficult to diagnose. Subsequently eligibility for these funds was extended to all persons with an Alzheimer's diagnosis regardless of level of care requirements. Table 3 summarizes, historically, the use of these legislatively targeted funds, plus regular COP funds going to this participant group. Beginning in 1996, COP Alzheimer's funds were no longer kept separate from Regular COP funds, and counties are not required to track the allocation separately. In 1997, a total of 470 participants were reported on HSRS with Alzheimer's disease as a client characteristic. Of these individuals, 380 were functionally eligible for COP; 90 were reported as eligible only by diagnosis, not by level of care.

Table 3: Use of COP Alzheimer's Funds, 1986 – 1997

Year	Allocation	Unspent Carryover	Not Meeting LOC[1] Eligibility		Meeting LOC Eligibility		Total Expenditures
			Persons[5]	Expenditures[2]	Persons[5]	Expenditures[2]	
1997	990,993	N/A	90	761,457	380	2,357,809	3,119,266
1996	990,993	N/A	171	1,934,930	312	1,287,275	3,222,205
1995	990,993	67,780	193	1,366,978	382	2,240,516	3,607,494
1994	990,993	0	227	1,477,554	317	1,779,178	3,256,732
1993	990,993	0	247	1,523,806	303	1,346,908	2,870,714
1992	990,993	0	258	1,367,453	261	963,633	2,331,086
1991	990,993	0	267	1,276,261	219	809,499	2,085,760
1990	990,993	0	264	1,158,684	257	723,914	1,882,598
1989	1,004,975	150,777	290	854,198	249	603,357	1,457,555
1988	1,028,003	334,356	229	693,647	190	479,978	1,173,625
1987	759,785	362,307	177	397,478	158	416,608	814,086
1986	499,999	N/A[3]	94	194,761	N/A[4]	N/A[4]	194,767

Source: HSRS COP Alzheimer's Report and Allocation Tables

1 LOC stands for level of care.

2 All COP funds including special COP Alzheimer's allocation.

3 Funds could not be carried over prior to 1987.

4 Because there was no HSRS code for persons with Alzheimer's disease or related dementias prior to 1987, the number of persons with these conditions who met level of care eligibility and COP expenditures for them could not be determined.

5 In many cases, counties might not report Alzheimer's as the one of the client's reported characteristics. Therefore, the number of individuals with an actual Alzheimer's diagnosis may be greater than the number reported here.

Participants Served

Table 4 shows, historically, the number of assessments and case plans completed by local COP lead agencies during each calendar year from 1982 to 1997. (See Tables 8 and 9 for county-specific activities and expenditures.) The table also shows the number of *new* persons served and the total number of persons served during each calendar year with either Regular COP or COP-W service funds. Since the beginning of COP, on average, approximately one-third of the total persons served each year has been new participants. Over time, the proportion of assessments that have resulted in new cases has climbed. While during the late 1980's and early 1990's the proportion of assessments resulting in new cases remained around 40 to 44 percent, in 1997 it reached 56 percent.

Table 4: COP Assessments, Care Plans and Persons Served, 1982 to 1997

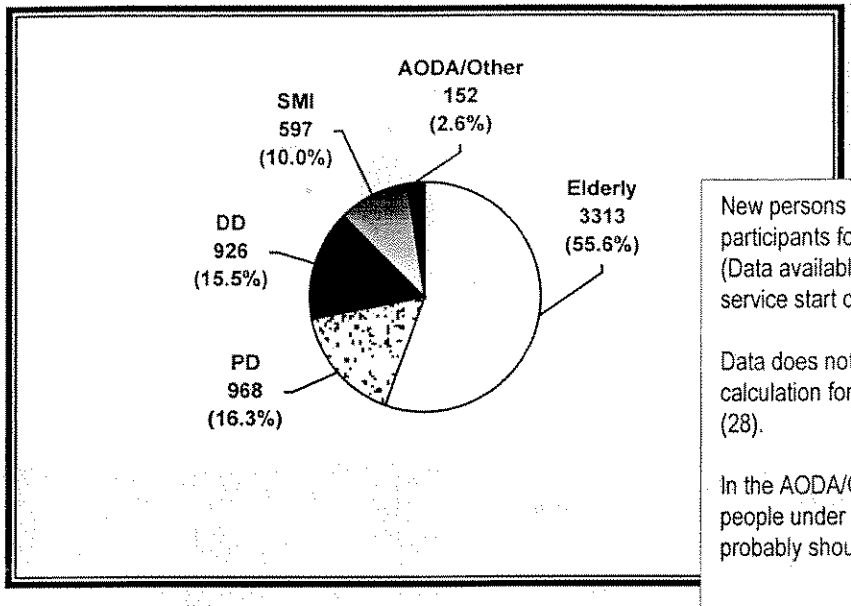
Year	Assessments	Case Plans	New Persons Served During Calendar Year	Total People Served During Calendar Year	Ratio of New Persons to Total Served	Ratio of New Persons to Total Assessments
1982	712	366	198	198	100%	28%
1983	4,399	2,836	1,399	1,549	90%	32%
1984	6,213	3,893	2,663	3,863	69%	43%
1985	6,674	3,883	2,585	5,233	49%	39%
1986	8,514	4,868	2,954	6,588	45%	35%
1987	7,632	4,998	2,573	7,414	35%	34%
1988	6,754	4,790	2,691	8,202	33%	40%
1989	7,198	5,125	2,939	8,372	35%	41%
1990	8,070	5,744	3,639	10,464	35%	45%
1991	8,301	5,699	3,613	11,320	32%	44%
1992	8,206	5,803	3,470	11,788	29%	42%
1993	9,876	7,348	4,102	13,173	31%	42%
1994	9,288	6,852	3,727	13,600	27%	40%
1995	9,548	7,070	5,113	15,103	34%	54%
1996	9,397	6,662	5,617	16,733	34%	60%
1997	10,539	8,462	5,953	17,062	35%	56%
Total	121,375	84,399	53,236	N/A	N/A	N/A

Source: HSRS COP 004 and 005 Reports

Since 1982:

- more than 121,000 persons have had a COP assessment,
- more than 84,000 have benefited from the assistance of a COP care plan, and,
- more than 53,000 persons have received community-based long term support services.

Figure 4: Percentage of New Persons Receiving COP/COP-W Services During 1997



New persons do not include 1624 CIP 1B participants for whom COP is used as local match. (Data available was not able to determine actual service start date of local match participants.)

Data does not include the person equivalent calculation for DD (401), PD (5), and the Elderly (28).

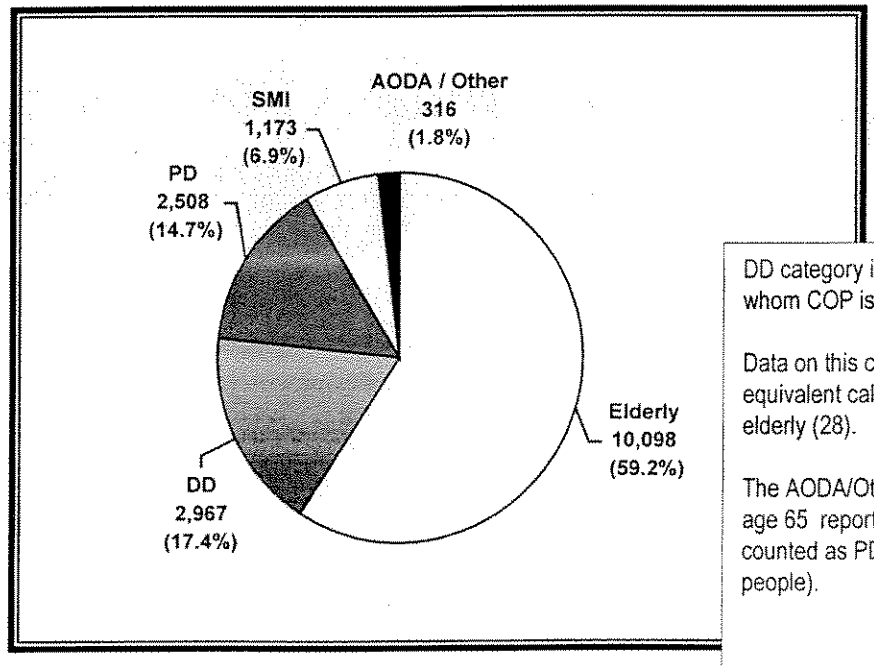
In the AODA/Other category, "Other" is primarily people under age 65 reported as Elderly who probably should be counted as PD.

Source: HSRS COP 005 Report

Figure 4 shows the target group distribution of new persons served during 1997. The data in Figure 4 and Figure 5 demonstrate how new participants are brought into the program in approximately the same proportions as the target groups already participating.

Figure 5 shows the target group distribution of all persons served by COP or COP-W in 1997.

Figure 5: Total Participants Served in 1997, COP & COP-W



DD category includes 1624 CIP 1B participants for whom COP is used as a local match.

Data on this chart does not include the person equivalent calculation for DD (401), PD (5), and the elderly (28).

The AODA/Other category includes people under age 65 reported as elderly who probably should be counted as PD (AODA = 40 people; Other = 276 people).

Source: HSRS COP 04 Sup. Report

Applicant Participation Rates

In 1997, 10,593 assessments were conducted, and 8,462 care plans were developed including 303 care plans for persons who were assessed in a prior year. Table 5 shows the COP participation rate. More than 77 percent of the persons assessed in 1997 had a care plan developed in 1997, and 76 percent of persons with a care plan had it implemented in 1997. About 47 percent of all persons applying were placed on a waiting list at some point.

Table 5: Community Options Participation Rate for Persons Assessed in 1997

77% of persons having an assessment also had a care plan developed	76% of care plans were implemented (70% by COP or a Waiver, 6% by another source)
Of the 1,526 people who did not go on to get a care plan:	Of the 2,024 people who did not go on to services either funded with COP/COP-W or public funds:
15% had services arranged without COP	1% had needs that could not be met in community
29% were placed on the waiting list	47% were placed on the waiting list
25% were ineligible for COP services	10% were ineligible for COP services
8% preferred nursing home care	10% preferred nursing home care
4% died before a plan could be developed	10% died before plan could be implemented
19% had no plan for other reasons	22% did not implement the plan for other reasons

Source: HSRS COP 008 Report

Turnover Rate for Participants

Program participants receive services as long as they remain eligible and continue to need services. In the past, data show that while nearly two-thirds of COP and COP-W participants receive services for three years or less, the other one-third continues to be part of the program, some participants for as long as ten years. Given past trends, we would not expect this to change significantly.

Turnover is defined as the number of new participants who need to be added in order to keep the caseload constant. For example, a local program may need to serve 125 persons during a year to maintain an average ongoing caseload of 100, and would have had a turnover of 25 participants. The turnover rate equals the amount of turnover divided by the total caseload. In the previous example, the turnover rate would be 25 percent. Table 6 shows the number of cases closed during 1997 divided by the caseload size on January 1, 1997, for each target group for COP and COP-W.

Table 6: Regular Community Options and COP-W Turnover by Target Group, 1997

	Elderly	PD	DD	SMI	AODA	Other	Total
All Persons Served During 1997	10,098	2,508	2,967	1,173	40	276	17,062
Point-in-Time Number of Persons Served on December 31, 1997	8,157	2,020	2,391	1,053	30	261	13,912
Corrected Number of Persons Closed in 1997 (Turnover)	1,941	488	576	120	10	15	3,150
Point-in Time Number of Persons Served on January 1, 1997	7,695	1,824	2,214	988	40	212	12,973
Turnover Rate	**25%**	**27%**	**26%**	**12%**	**25%**	**7%**	**24%**

Source: HSRS COP 008 and 004A Sup. Reports

Institutionalization and Mortality

Approximately 19 percent of all participants' cases were closed during CY 1997. Table 7 shows the number of people in each target group who either died, or moved to a hospital, nursing facility or other institution during 1997. About 39 percent of elderly case closures and 32 percent of closures of persons with a physical disability were due to death. Approximately 41 percent of elderly case closures were due to moving to an institution whereas one-third of all case closures were due to such a move.

Table 7: Number of Participants Dying, or Moving to Institutions in 1997 Community Options Program

	Elderly	PD	DD	SMI	AODA	Unspecified	Total
Person Died	624	137	13	13	0	20	807
Moved to Hospital, Nursing Facility or Other Institution	649	59	9	28	0	33	778
All Other Reasons	228	229	132	90	0	18	797
Total Closed (all reasons)	**1,601**	**425**	**154**	**131**	**0**	**71**	**2,382**

Source: HSRS COP 008 Report

Participant Living Arrangements

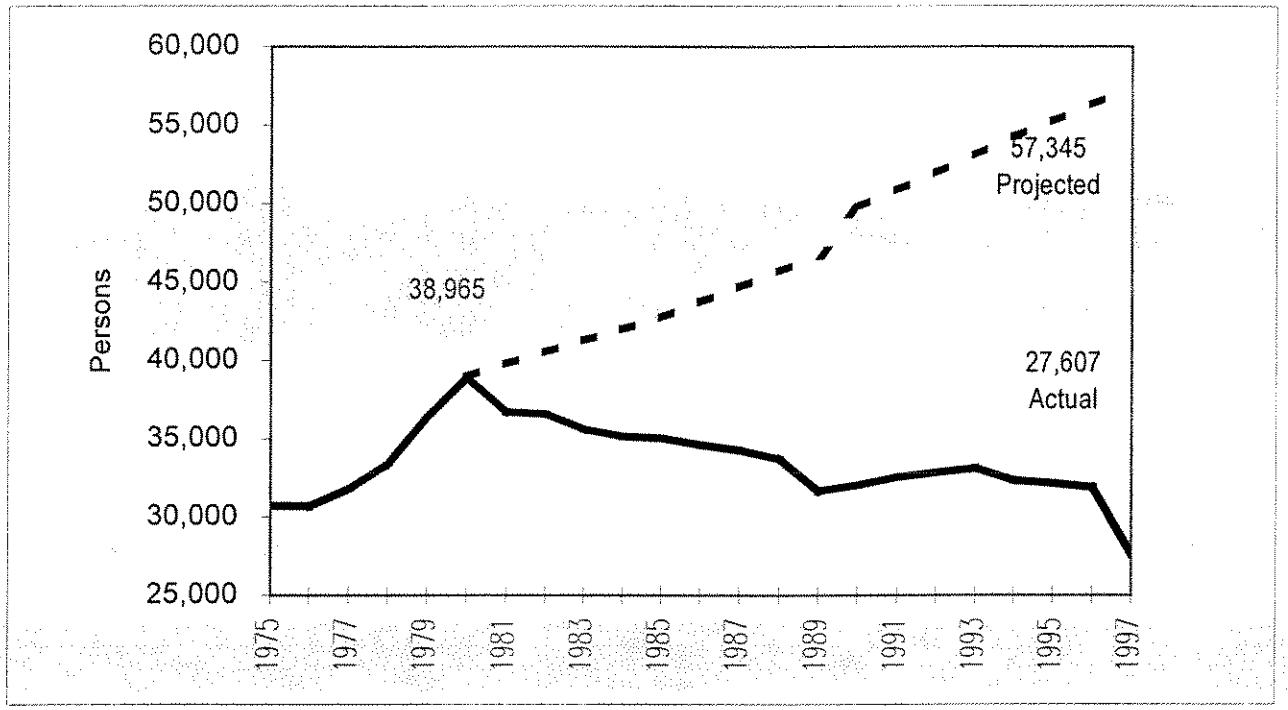
At the time of a COP or COP-W assessment, most participants reside either in their own home or in the home of family or friends. Community-based residential facilities (CBRF's) and nursing homes or other institutional settings are the next most common residence at the time of assessment. In 1997, the number of assessments conducted for people who lived in a CBRF decreased. In 1996, controls on CBRF expenditures were introduced for COP and COP-W participants.

Medicaid Nursing Home Use and Long Term Care Policy Changes

COP and the Medicaid home and community-based waivers have had a significant effect on the utilization of nursing home beds in Wisconsin by persons eligible for Medicaid. Figure 6 depicts the actual number of nursing home residents funded through Medicaid compared to a conservative projection of the number of nursing home residents if the Department of Health and Family Services did not implement COP and other long term support initiatives.

The difference between the number of persons projected to be served by Medicaid in nursing homes and the actual number of persons served can be attributed primarily to the three long term support initiatives implemented in the early 1980's. In 1981, Medicaid funding for ICF 3 and 4 levels of care was discontinued. A moratorium on new Medicaid-funded nursing home beds also went into effect in 1981. COP was enacted in the same year and was later joined by CIP I and CIP II. Spousal impoverishment provisions enacted in 1989 have increased the number of individuals financially eligible for Medicaid, resulting in an increase in both the projected and actual census of Medicaid-funded nursing home residents between 1989 and 1992.

Figure 6: Projected and Actual Census of Medicaid-Funded Nursing Home Residents



Source: Medicaid 543Q Report and LTC Use Rate Projection Methodology
Excludes Developmentally Disabled Centers; Includes Institutions for Mental Disease.

Program Activity and Expenditures

The following two tables provide information by county on specific program activities and expenditures.

Table 8 provides information by county on the number of persons receiving assessments, care plans, the number of persons served by program funding as well as those persons who received COP assessments and plans but who were served in the community *without* COP or COP-W funding.

Table 9 shows by county reported expenditures and actual payments for the COP and COP-W programs. These payments are broken out further by state and federal amounts.

Table 8: 1997 COP Program Activity by County

Source: COP 004 Supplement, 005 & Reconciliation Schedules

Lead Agencies		Assessments	Case Plans	Participants Served with COP (1)	Participants Served with COP-W (2)	CIP 1B/CSLA Participants COP Match (3)	All Participants Served with COP(4)	Participants Served without COP or COP-W (5)	Total Served in Community (6)
State Totals		**10,539**	**8,462**	**8,505**	**6,933**	**1,624**	**17,062**	**574**	**17,636**
ADAMS	DSS	23	15	53	19	2	74	1	75
ADAMS	USB	1	1	1	0	10	11	0	11
ASHLAND	HSD	71	62	34	61	30	125	0	125
BARRON	DSS	61	55	46	46	15	107	0	107
BAYFIELD	USB	29	4	61	61	16	138	0	138
BROWN	DSS	342	170	448	173	47	668	10	678
BUFFALO	HSD	53	26	74	29	8	111	7	118
BURNETT	DSS	55	48	108	15	15	138	1	139
CALUMET	HSD	85	72	23	47	3	73	50	123
CHIPPEWA	HSD	122	46	78	52	24	154	15	169
CLARK	DSS	95	68	27	126	23	176	6	182
COLUMBIA	HSD	60	56	126	30	14	170	0	170
CRAWFORD	HSD	45	34	34	51	24	109	0	109
DANE	CSHSD	405	377	713	359	0	1,072	0	1,072
DODGE	HSD	64	62	51	71	16	138	6	144
DOOR	DSS	17	10	11	35	0	46	0	46
DOOR	DCP	-	0	3	0	9	12	0	12
DOUGLAS	HSD	78	22	158	17	3	178	1	179
DUNN	HSD	27	20	41	57	11	109	2	111
EAU CLAIRE	HSD	114	67	232	94	24	350	5	355
FLORENCE	HSD	7	5	2	32	6	40	0	40
FOND DU LAC	DSS	98	59	96	138	33	267	2	269
FOREST	DSS	7	7	39	6	5	50	0	50
GRANT	DSS	91	86	78	101	33	212	3	215
GREEN	HSD	65	33	80	17	7	104	5	109
GREEN LAKE	HSD	17	12	12	23	5	40	0	40
IOWA	USB	27	13	30	27	14	71	2	73
IRON	HSD	33	28	16	19	6	41	2	43
JACKSON	HSD	53	51	80	33	25	138	0	138
JEFFERSON	HSD	60	54	51	56	44	151	1	152
JUNEAU	HSD	15	15	29	32	12	73	0	73
KENOSHA	AGING	350	328	146	166	10	322	8	330
KEWAUNEE	USB	66	66	98	91	13	202	0	202

Table 8: 1997 COP Program Activity by County

Source: COP 004 Supplement, 005 & Reconciliation Schedules

Lead Agencies		Assessments	Case Plans	Participants Served with COP (1)	Participants Served with COP-W (2)	CIP 1B/CSLA Participants COP Match (3)	All Participants Served with COP(4)	Participants Served without COP or COP-W (5)	Total Served in Community (6)
LACROSSE	HSD	187	159	175	235	35	445	10	455
LAFAYETTE	HSD	11	7	20	27	10	57	0	57
LANGLADE	DSS	49	42	54	54	16	124	2	126
LINCOLN	DSS	67	50	71	62	19	152	2	154
MANITOWOC	HSD	140	108	160	142	24	326	8	334
MARATHON	DSS	238	66	86	187	43	316	6	322
MARINETTE	HSD	133	51	79	80	46	205	10	215
MARQUETTE	DSS	31	24	28	33	9	70	2	72
MENOMINEE	HSD	29	8	24	25	7	56	0	56
MILWAUKEE	DHSS	1,175	1,155	697	389	325	1,411	246	1,657
MILWAUKEE	AGING	2,840	2,620	1,003	1,335	36	2,374	24	2,398
MONROE	HSD	62	60	99	48	15	162	1	163
NORTHERN PINES	USB	4	4	4	0	14	18	0	18
OCONTO	HSD	20	18	39	31	7	77	0	77
ONEIDA	DSS	68	62	152	16	17	185	1	186
ONEIDA	TRIBE	20	7	8	22	4	34	0	34
OUTAGAMIE	HSD	191	76	114	98	20	232	3	235
OZAUKEE	DSS	62	35	41	28	7	76	0	76
PEPIN	HSD	55	47	31	33	9	73	10	83
PIERCE	HSD	75	52	60	48	4	112	6	118
POLK	DSS	31	27	98	1	9	108	0	108
PORTAGE	HSD	115	77	100	93	29	222	1	223
PRICE	HSD	40	27	50	78	9	137	1	138
RACINE	HSD	248	141	322	92	34	448	33	481
RICHLAND	DSS	36	34	48	32	9	89	2	91
ROCK	HSD	197	178	323	83	0	406	6	412
ROCK	DD BD	26	26	10	0	52	62	0	62
RUSK	DSS	62	51	53	35	22	110	1	111
ST. CROIX	HSD	78	42	19	75	3	97	0	97
SAUK	HSD	109	94	85	78	3	166	3	169
SAWYER	HSD	42	42	43	85	2	130	1	131
SHAWANO	DSS	112	70	43	130	0	173	10	183
SHAWANO	DCP	11	10	18	0	20	38	0	38
SHEBOYGAN	HSD	160	97	118	117	23	258	5	263

Table 8: 1997 COP Program Activity by County

Source: COP 004 Supplement, 005 & Reconciliation Schedules

Lead Agencies		Assessments	Case Plans	Participants Served with COP (1)	Participants Served with COP-W (2)	CIP 1B/CSLA Participants COP Match (3)	All Participants Served with COP(4)	Participants Served without COP or COP-W (5)	Total Served in Community (6)
TAYLOR	HSD	34	34	32	54	24	110	5	115
TREMPEALEAU	DSS	59	39	68	80	20	168	1	169
VERNON	HSD	24	15	51	41	5	97	1	98
VILAS	DSS	3	3	53	41	11	105	0	105
WALWORTH	HSD	172	101	135	87	6	228	1	229
WASHBURN	DSS	89	63	53	55	0	108	7	115
WASHINGTON	DSS	109	93	88	95	9	192	7	199
WAUKESHA	HSD	260	219	253	145	57	455	1	456
WAUPACA	HSD	113	64	71	38	14	123	11	134
WAUSHARA	DSS	55	42	43	20	0	63	0	63
WAUSHARA	USB	3	3	10	0	1	11	0	11
WINNEBAGO	DSS	181	173	141	300	61	502	19	521
WOOD	DSS	77	74	153	101	27	281	0	281

[1] Includes all participants who are opened as a COP participant on the HSRS LTS module regardless of any other funding source.
[2] Counts those participants who receive only COP-W funds (no COP). Totals reflect unduplicated counts.
[3] COP provides only the GPR match. No other COP funding is provided during the year.
[4] All participants who received services with COP and/or COP-W funding.
[5] Participants who received a COP assessment and/or care plan, but who were served in the community with funding other than COP or COP-W.
[6] Total people served with COP, COP-W and/or funding other than COP or COP-W.

Lead agency designations:

DCP – Department of Community Programs. Administers funding for persons with developmental disabilities and persons with severe mental illness.
DOA – Department of Aging. Administers funding for elderly persons.
DSS – Department of Social Services. Administers funding for programs for elderly persons and persons with physical disabilities.
HSD – Human Service Department. Administers funding for programs for elderly persons and persons with disabilities.
USB – Unified Services Board. Administers funding for persons with developmental disabilities and persons with severe mental illness.
DD Board – Developmental Disabilities Board. Administers funding for persons with developmental disabilities.
Oneida Tribe – Administers funding for elderly persons, persons with physical disabilities, persons with developmental disabilities, and persons with severe mental illness.
Northern Pines USB – Provides services for persons with developmental disabilities and persons with severe mental illness in Barron, Burnett, Polk, Rusk and Washburn counties.

Table 9: CY 1997 Costs Reported and Reimbursed by County

Source: COP and COP-Waiver Reconciliation Schedules

Lead Agencies		Regular COP Costs Reported	Regular COP Dollars Paid	COP-W Costs Reported	COP-W GPR/State Funds Paid	Total GPR/State Funds Paid	COP-W Federal Paid	Additional Federal Dollars Earned when COP is used for CIP 1B Match & CIP II or CIP I Overmatch	Total All Federal Paid	Total
State Totals		**63,793,558**	**62,375,313**	**64,582,648**	**22,634,789**	**85,010,102**	**38,098,122**	**24,629,387**	**62,727,509**	**147,678,576**
ADAMS	DSS	122,018	122,018	308,151	105,655	227,673	181,686	14,749	196,435	424,108
ADAMS	USB	101,128	93,655	-	0	93,655	-	103,861	103,861	197,516
ASHLAND	HSD	269,502	268,633	440,976	162,718	431,351	259,999	127,179	387,178	818,529
BARRON	DSS	448,388	433,309	542,284	158,274	591,583	319,731	81,560	401,291	992,874
BAYFIELD	USB	276,665	250,819	669,335	147,202	398,021	394,640	140,291	534,931	932,952
BROWN	DSS	2,749,138	2,368,926	3,512,348	1,051,447	3,420,373	2,070,880	738,845	2,809,725	6,230,098
BUFFALO	HSD	233,790	230,875	279,818	114,837	345,712	164,981	69,618	234,599	580,311
BURNETT	DSS	264,829	247,136	265,705	109,045	356,181	156,660	90,316	246,976	603,157
CALUMET	HSD	268,329	268,093	247,578	101,606	369,699	145,972	132,809	278,781	648,480
CHIPPEWA	HSD	484,428	471,880	596,471	244,792	716,672	351,679	144,982	496,661	1,213,333
CLARK	DSS	427,227	421,432	560,620	230,078	651,510	330,542	158,771	489,313	1,140,823
COLUMBIA	HSD	597,328	579,505	631,567	238,577	818,082	372,372	177,528	549,900	1,367,982
CRAWFORD	HSD	247,966	246,470	288,665	116,976	363,446	170,197	75,134	245,331	608,777
DANE	CSHSD	5,977,522	5,975,062	4,148,975	1,702,739	7,677,801	2,446,236	1,472,048	3,918,284	11,596,085
DODGE	HSD	579,236	579,236	447,850	179,198	758,434	264,053	157,290	421,343	1,179,777
DOOR	DSS	68,046	68,046	160,967	66,061	134,107	94,906	-	94,906	229,013
DOOR	DCP	121,942	110,413	-	0	110,413	-	123,458	123,458	233,871
DOUGLAS	HSD	692,716	681,392	940,294	226,184	907,576	554,397	149,671	704,068	1,611,644
DUNN	HSD	447,571	419,383	290,518	119,228	538,611	171,289	184,822	356,111	894,722
EAU CLAIRE	HSD	1,645,423	1,593,103	907,315	368,229	1,961,332	554,953	418,072	973,025	2,934,357
FLORENCE	HSD	69,662	69,662	158,218	39,743	109,405	93,285	41,998	135,283	244,688
FOND DU LAC	DSS	928,477	911,317	666,880	273,688	1,185,005	393,193	359,170	752,363	1,937,368
FOREST	DSS	188,183	188,183	167,877	55,030	243,213	98,980	56,363	155,343	398,556
GRANT	DSS	628,101	604,371	199,308	165,738	770,109	296,540	202,275	498,815	1,268,924
GREEN	HSD	324,578	323,550	502,952	75,410	398,960	121,086	45,356	166,442	565,402
GREEN LAKE	HSD	163,086	161,775	205,369	47,556	209,331	74,210	93,175	167,385	376,716
IOWA	USB	204,055	198,452	125,865	80,861	279,313	117,512	66,819	184,331	463,644
IRON	HSD	137,535	135,044	114,964	43,921	178,965	67,783	39,778	107,561	286,526
JACKSON	HSD	344,642	287,983	301,085	123,565	411,548	177,520	335,846	513,366	924,914

Table 9: CY 1997 Costs Reported and Reimbursed by County

Source: COP and COP-Waiver Reconciliation Schedules

Lead Agencies		Regular COP Costs Reported	Regular COP Dollars Paid	COP-W Costs Reported	COP-W GPR/State Funds Paid	Total GPR/State Funds Paid	COP-W Federal Paid	Additional Federal Dollars Earned when COP is used for CIP 1B Match & CIP II or CIP I Overmatch	Total All Federal Paid	Total
JEFFERSON	HSD	542,867	537,786	522,881	210,908	748,694	308,291	307,114	615,405	1,364,099
JUNEAU	HSD	280,173	275,890	158,983	65,247	341,137	93,736	105,047	198,783	539,919
KENOSHA	DOA	1,669,828	1,663,598	1,777,017	558,494	2,222,092	1,047,729	481,643	1,529,372	3,751,464
KEWAUNEE	USB	274,523	273,581	511,942	150,434	424,015	301,841	49,347	351,188	775,203
LACROSSE	HSD	1,138,125	1,135,051	1,365,321	453,566	1,588,617	804,993	341,490	1,146,483	2,735,100
LAFAYETTE	HSD	203,030	195,269	196,422	80,612	275,881	115,810	95,712	211,522	487,403
LANGLADE	DSS	286,715	280,581	392,416	95,344	375,925	231,368	122,124	353,492	729,417
LINCOLN	DSS	303,409	298,992	337,156	94,620	393,612	198,787	71,403	270,190	663,802
MANITOWOC	HSD	749,966	743,565	737,451	302,650	1,046,215	434,801	159,706	594,507	1,640,722
MARATHON	DSS	1,243,503	1,239,188	1,554,448	422,896	1,662,084	916,503	695,938	1,612,441	3,274,525
MARINETTE	HSD	440,802	366,810	471,841	185,775	552,585	278,197	268,702	546,899	1,099,484
MARQUETTE	DSS	203,924	203,924	283,253	84,040	287,964	167,006	109,201	276,207	564,171
MENOMINEE	HSD	77,974	77,785	128,303	52,656	130,441	75,250	60,287	135,537	265,978
MILWAUKEE	DHSS	7,358,831	7,319,151	4,403,940	1,566,591	8,885,742	2,596,563	6,262,656	8,859,219	17,744,961
MILWAUKEE	DOA	7,929,845	7,929,845	14,454,014	4,855,573	12,785,418	8,522,676	1,257,682	9,780,358	22,565,776
MONROE	HSD	450,136	414,583	283,972	116,542	531,125	167,430	109,926	277,356	808,481
NORTHERN PINES	USB	111,479	111,479	-	0	111,479	-	96,192	96,192	207,671
OCONTO	HSD	269,355	267,200	323,051	84,962	352,162	190,471	181,990	372,461	724,623
ONEIDA	DSS	344,516	339,397	243,786	99,236	438,633	143,736	130,336	274,072	712,705
ONEIDA TRIBE		220,300	78,081	372,198	27,296	105,377	219,448	107,454	326,902	434,356
OUTAGAMIE	HSD	1,229,847	1,229,847	1,263,708	479,431	1,709,278	745,082	310,619	1,055,701	2,764,979
OZAUKEE	DSS	530,921	520,880	522,667	162,016	682,896	308,164	151,463	459,627	1,142,523
PEPIN	HSD	225,265	155,496	94,687	38,860	194,356	55,828	84,239	140,067	334,423
PIERCE	HSD	396,962	392,273	272,130	86,227	478,500	160,448	230,934	391,382	869,882
POLK	DSS	459,880	455,739	546,553	190,446	646,185	322,248	65,810	388,058	1,034,243
PORTAGE	HSD	748,266	670,047	639,550	262,471	932,518	377,079	306,802	683,881	1,616,399
PRICE	HSD	275,688	265,723	458,003	166,471	432,194	270,039	121,548	391,587	823,781
RACINE	HSD	2,632,519	2,600,441	680,836	279,415	2,879,856	401,421	829,079	1,230,500	4,110,356
RICHLAND	DSS	210,004	210,004	174,747	71,716	281,720	103,031	93,497	196,528	478,248
ROCK	HSD	1,579,524	1,565,158	1,111,664	456,227	2,021,385	655,437	-	655,437	2,676,822
ROCK	DD BD	692,236	690,719	-	0	690,719	-	921,838	921,838	1,612,557

Table 9: CY 1997 Costs Reported and Reimbursed by County

Source: COP and COP-Waiver Reconciliation Schedules

Lead Agencies		Regular COP Costs Reported	Regular COP Dollars Paid	COP-W Costs Reported	COP-W GPR/State Funds Paid	Total GPR/State Funds Paid	COP-W Federal Paid	Additional Federal Dollars Earned when COP is used for CIP 1B Match & CIP II or CIP I Overmatch	Total All Federal Paid	Total
RUSK	DSS	253,297	248,578	382,444	125,350	373,928	225,489	116,858	342,347	716,275
ST. CROIX	HSD	425,325	401,163	445,209	118,697	519,860	262,495	171,074	433,569	953,429
SAUK	HSD	488,926	479,548	507,407	199,473	679,021	299,167	107,234	406,401	1,085,422
SAWYER	HSD	245,787	238,301	439,844	82,823	321,124	259,332	107,750	367,082	688,206
SHAWANO	DSS	235,410	229,345	885,324	341,777	571,122	521,987	-	521,987	1,093,109
SHAWANO	DCP	177,227	171,096	-	0	171,096	-	128,057	128,057	299,153
SHEBOYGAN	HSD	1,218,336	1,210,926	835,906	337,805	1,548,731	492,850	557,306	1,050,156	2,598,887
TAYLOR	HSD	236,248	234,329	221,211	90,785	325,114	130,426	117,170	247,596	572,710
TREMPEALEAU	DSS	454,049	453,986	728,197	207,879	661,865	429,345	205,702	635,047	1,296,912
VERNON	HSD	321,561	318,231	271,658	107,198	425,429	160,169	121,312	281,481	706,910
VILAS	DSS	250,431	245,323	331,387	91,465	336,788	195,386	82,718	278,104	614,892
WALWORTH	HSD	597,994	576,794	797,088	327,125	903,919	469,963	232,638	702,601	1,606,520
WASHBURN	DSS	166,402	155,852	295,393	86,517	242,369	174,164	356	174,520	416,889
WASHINGTON	DSS	658,794	654,445	566,395	218,894	873,339	333,946	201,326	535,272	1,408,611
WAUKESHA	HSD	2,656,382	2,643,581	2,662,683	969,006	3,612,587	1,569,918	1,591,255	3,161,173	6,773,759
WAUPACA	HSD	525,500	523,146	393,833	156,677	679,823	232,204	237,304	469,508	1,149,331
WAUSHARA	DSS	159,069	159,069	367,311	150,745	309,814	216,567	-	216,567	526,381
WAUSHARA	USB	80,313	79,207	-	0	79,207	-	42,574	42,574	121,781
WINNEBAGO	DSS	1,762,776	1,749,995	1,689,333	693,302	2,443,297	996,031	464,276	1,460,307	3,903,604
WOOD	DSS	721,148	717,933	797,130	280,191	998,124	469,988	212,917	682,905	1,681,029
Managed Care Study		66,660	66,660	-	0	66,660	-	0	-	66,660

Lead agency designations:

DCP – Department of Community Programs. Administers funding for persons with developmental disabilities and persons with severe mental illness.

DOA – Department of Aging. Administers funding for elderly persons.

DSS – Department of Social Services. Administers funding for programs for elderly persons and persons with physical disabilities.

HSD – Human Service Department. Administers funding for programs for elderly persons and persons with disabilities.

USB – Unified Services Board. Administers funding for persons with developmental disabilities and persons with severe mental illness.

DD Board – Developmental Disabilities Board. Administers funding for persons with developmental disabilities.

Oneida Tribe – Administers funding for elderly persons, persons with physical disabilities, persons with developmental disabilities, and persons with severe mental illness.

Northern Pines USB – Provides services for persons with developmental disabilities and persons with severe mental illness in Barron, Burnett, Polk, Rusk and Washburn counties.

Glossary: Definitions of Community Long Term Care Programs

- **Community Option Program (COP):** The Community Options Program, or regular Community Options, uses state funds monitored by the Department of Health and Family Services and administered by local county agencies to deliver community-based services to Wisconsin citizens who need long term assistance in performing the activities of daily living. Any person regardless of age, who, due to chronic disabilities, needs a level of care for which Medicaid would purchase nursing home care is eligible for Community Options. The program began in some counties in 1983, and was expanded statewide in 1986.

  Funding: GPR/State = 100%.

- **Community Options Program Waiver (COP-Waiver, or COP-W):** Provides Medicaid funding for home and community-based care for elderly persons and persons with physical disabilities who have long term care needs and who would otherwise be eligible for Medicaid reimbursement in a nursing home. County participation was mandated effective January 1, 1990.

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

- **Community Integration Program IA (CIP IA):** A Medicaid-funded waiver program which provides community services to persons who are relocated from the State Centers for the Developmentally Disabled. County participation was mandated effective January 1, 1996.

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

- **Regular Community Integration Program IB (CIP IB):** A Medicaid-funded waiver program which provides community services to persons with developmental disabilities who are relocated or diverted from nursing homes and Intermediate Care Facilities – Mental Retardation (ICFs-MR) other than the State Centers for the Developmentally Disabled. County participation was mandated effective January 1, 1996.

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

- **Community Integration Program IB (CIP IB)/Local Match:** A Medicaid-funded waiver program which provides community services to persons with developmental disabilities who are relocated or diverted from nursing homes and Intermediate Care Facilities – Mental Retardation (ICFs-MR) other than the State Centers for the Developmentally Disabled. County participation was mandated effective January 1, 1996.

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

- **Community Integration Program II (CIP II):** A Medicaid-funded waiver program which provides community services to elderly persons and persons with physical disabilities *after a nursing home bed is closed*. County participation was mandated effective January 1, 1990.

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

- **Community Supported Living Arrangements (CLSA-Waiver):** A Medicaid-funded waiver program which serves the same target group as CIP IB (see above). CLSA provides funds that enable individuals to be supported in their own homes. The program began as a demonstration in some counties in 1992, and was expanded statewide beginning January 1, 1996.

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

- **Brain Injury Waiver:** A Medicaid-funded waiver program which serves a limited number of people with brain injuries who need significant supports in the community. Persons eligible for the brain injury waiver must be eligible for Medicaid and meet the definition of brain injury in HFS 51.01 (2g) of Wisconsin State Statutes. In addition, the person must be receiving or be eligible to receive post-acute rehabilitation services in a nursing home or hospital certified by Wisconsin Medicaid as a special unit for brain injury rehabilitation. The person must also have, as a result of the injury, significant physical, cognitive, emotional and/or behavioral impairments. This program began January 1, 1995.

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

This report was prepared by Sue Liegel and Debra Stone, with assistance from staff in the Bureau of Aging and Long Term Care Resources and HSRS programming staff. We gratefully acknowledge the efforts of County Community Options Program Lead Agencies to report COP activities and expenditures completely and accurately, since this information is the foundation for the data compiled in this report. Questions may be directed to:

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Report to the Legislature

Community Options Program

Community Options Program Waiver

For Calendar Year 1998

Making a difference.

Department of Health & Family Services
Division of Supportive Living
Bureau of Aging & Long Term Care Resources

April 2000

Introduction

This report is prepared annually to meet statutory requirements for two reports to the legislature, one on the Community Options Program (COP) and one on the Community Options Program Waiver (COP-W). Although not required by the Legislature, the report contains some data relating to waivers that serve persons with developmental disabilities (Community Integration Programs 1A and B, CSLA and Brain Injury Waiver) as COP funds are used as part of the funding for these waivers.

The total report contains four sections. The Overview contains selected highlights of interest to policy makers and the public. Part I provides more detailed information about the Community Options Program and COP-W. Part II is a more detailed explanation about the COP-Waiver program. The Cost Study Appendix contains the detailed analysis of the cost-effectiveness of the COP-Waiver. The full report or individual sections can be obtained from the Department of Health and Family Services.

Overview
Part I – Community Options Program
Part II – Medicaid Home and Community Based Services Waivers
Appendix A – CIP II and COP-Waiver Cost Study

OVERVIEW

Community Options Program

Community Options Program Waiver

Report to the Legislature

CY 1998

History

The Community Options Program (COP) was authorized in the 1981-83 biennial budget process to provide alternate care for persons at risk of nursing home admission. At that time, Wisconsin had the highest rate of nursing home utilization in the United States and the Medicaid nursing home appropriation was the fastest growing part of the budget. Originally COP was funded completely with state general purpose revenue (GPR) and had no relationship to the Medicaid program. During the 1987-89 biennium COP was expanded when the Legislature designated a "portion" of COP budgeted funds to be used to access federal Medicaid funds through the Home and Community Based Waiver Program. The expansion of COP with Medicaid funds became known as COP-Waiver (COP-W). This action linked the COP-Waiver funding to benefits, assurances and restrictions governing the spending of COP funds. COP and COP-W funds are monitored by the Department of Health and Family Services (DHFS) and are administered by local county agencies. These funds are usually allocated to counties based on the community aids formula.

The state-funded Community Options Program (also know as COP-Regular, COP-R, or Classic COP) serves all client groups who need long term care. COP-Waiver is a combination of state (COP GPR) and federal (Medicaid) funds and is limited to persons who are elderly and/or who have a physical disability. COP-Waiver includes Community Integration Program II (CIP II). Other Medicaid waiver programs are targeted to specific populations in need of long term care services. CIP 1A, CIP 1B/CSLA and Brain Injury Waiver serve the community needs for long term care participants with developmental disabilities. (COP GPR is often used as a match for these CIP federal waivers.)

In CY 1998, 14% of people served in the community Medicaid waivers and COP Program were relocated from a general nursing home, ICF/IMR facility or a Brain Injury Rehabilitation Unit. The remaining 86% were diverted from an institutional setting.

Closed Nursing Home Beds

CIP II is a Medicaid waiver program for individuals who are elderly or who have a physical disability. Unlike COP-Waiver where the state funding authority is generated at the legislative level as part of the COP budget, CIP II slots are authorized in Wisconsin only when nursing home beds are closed. The CIP II slot reimbursement is limited to $40.78 per day.

The funding authority for CIP II originates in the state Medicaid budget. The federal matching funds are "earned" as the CIP II slots are filled and expenditures are claimed. The CIP II slots are allocated to those counties in which the nursing home beds were closed.

During 1998, 160 nursing home beds were closed and converted to CIP II slots. At the end of 1998 there were 49,959 nursing home beds with an occupancy rate of 86.6%. There are approximately 6,694 vacant nursing home beds in Wisconsin. Vacant beds cannot be converted to CIP II slots unless the facility surrenders the beds and the slots are authorized in the budget.

Waiting List

At the end of calendar year 1998 there were 10,879 people on county waiting lists for the Community Options funding. Persons waiting for community long term care included:

- 5,266 elderly persons;
- 2,069 persons with physical disabilities (PD);
- 3,055 persons with developmental disabilities (DD);
- 328 persons with severe mental illness (SMI); and
- 161 persons with alcohol and/or drug abuse (AODA) related disabilities.

COP Funding and Overall Public Funding for Community Long Term Care Waiver Programs

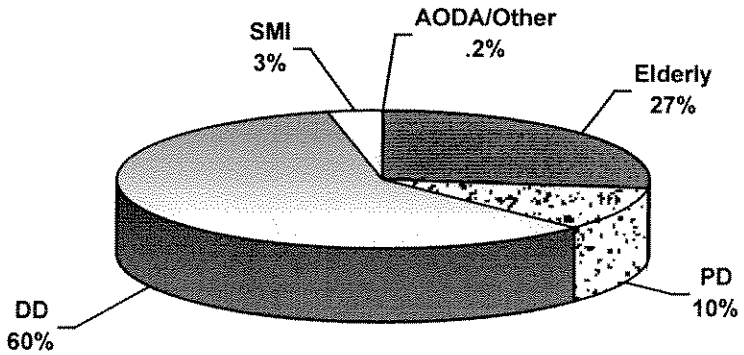
A total of $343,094,053 (federal and state funds) was spent in 1998 on Community Options and all the long term care Medicaid Home and Community Based Waivers. As a publicly funded managed program for community long term care, COP-Regular contributes about 19% of the overall total. COP-Regular and COP-Waiver together contribute 39% of the overall total.

Target Group	COP Regular	COP-W	Subtotal COP Regular, COP-W	CIP II	Subtotal COP Regular, COP-W, CIP II	CIP 1, CLSA, BIW	GRAND TOTAL
Elderly	25,471,405 38.3%	52,702,244 76.8%	**78,471,405 57.9%**	13,819,707 48.8%	**92,291,112 56.3%**	0 0%	**92,291,112 26.8%**
PD	4,876,290 7.3%	15,920,468 23.2%	**20,796,758 15.4%**	14,499,364 51.2%	**35,296,122 21.6%**	0 0%	**35,296,122 10.3%**
DD	24,560,784 36.9%	0 0%	**24,560,784 18.2%**	0 0%	**24,560,784 15.0%**	179,372,632 100.0%	**203,933,416 59.5%**
SMI	11,116,776 16.7%	0 0%	**11,116,776 8.2%**	0 0%	**11,116,776 6.8%**	0 0%	**11,116,776 3.2%**
AODA	208,054 .3%	0 0%	**208,054 .2%**	0 0%	**208,054 .1%**	0 0%	**208,054 .1%**
Other	248,573 .4%	0 0%	**248,573 .2%**	0 0%	**248,573 .2%**	0 0%	**248,573 .1%**
Total	**66,481,882 19.4%**	**68,622,712 20.0%**	**135,402,350 39.4%**	**28,319,071 8.3%**	**163,721,421 47.7%**	**179,372,632 52.3%**	**343,094,053 100.0%**

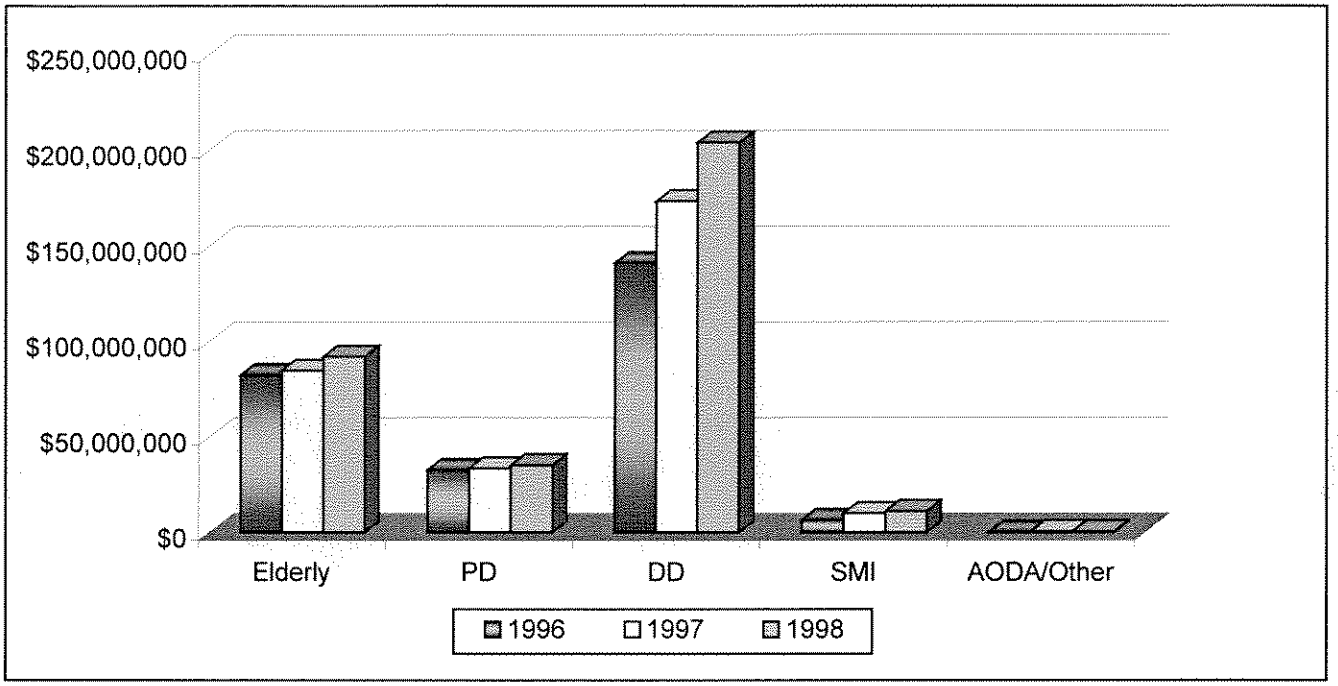
Source: Reconciliation Schedules and 9M report for disability breakdown for COP. Report includes all GPR/state and federal dollars paid.

- The **elderly** receive approximately 27% of funds;
- **persons with physical disabilities** received 10% of funds;
- **persons with developmental disabilities** received 60% of funds;
- **persons with serious mental illness** received 3% of funds; and
- **persons with alcohol and drug abuse conditions** received less than 1% of funds.

Spending by Target Group



Total Public Funds of Community Long Term Care Waivers by Target Group
1996 – 1998



Services for participants are grouped by client characteristics. The "elderly" category includes all persons age 65 or older regardless of type of disability. All other participants are younger than 65. All participants have a need for a level of care equivalent to a nursing home care level.

Participants in All Community Long Term Care Waivers Served by Target Group

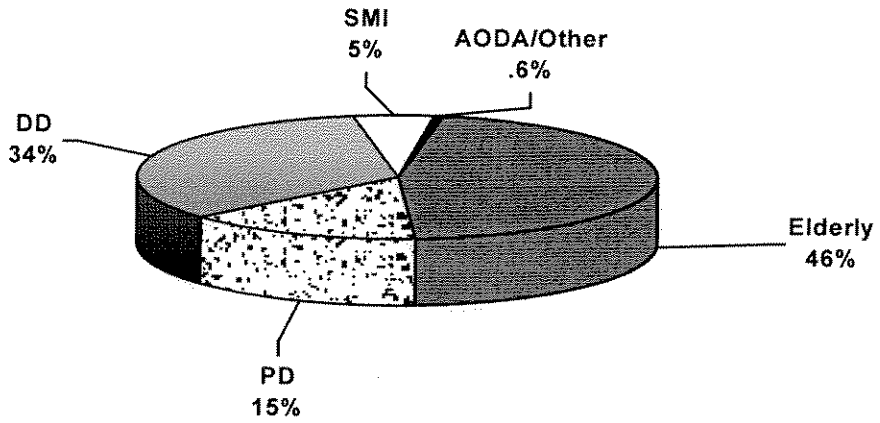
The Community Options Program and all the waivers served a total of 25,036 persons. The table below illustrates participants served with COP and Medicaid waiver funding by target group in 1998.

Target Group	COP Only	COP-W	Subtotal COP Only, COP-W	CIP II	Subtotal COP Only, COP-W, CIP II	CIP 1, CLSA, BIW	GRAND TOTAL
Elderly	2,269 57.6%	8,262 76.8%	**10,531** **71.6%**	1,045 48.8%	**11,576** **68.7%**	0 0%	**11,576** **46.2%**
PD	104 2.6%	2,492 23.2%	**2,596** **17.7%**	1,096 51.2%	**3,692** **21.9%**	0 0%	**3,692** **14.7%**
DD	172 4.4%	0 0%	**172** **1.2%**	0 0%	**172** **1.0%**	8,211 100.0%	**8,383** **33.5%**
SMI	1,234 31.3%	0 0%	**1,234** **8.4%**	0 0%	**1,234** **7.3%**	0 0%	**1,234** **4.9%**
AODA	32 .8%	0 0%	**32** **.2%**	0 0%	**32** **.2%**	0 0%	**32** **.1%**
Other	129 3.3%	0 0%	**129** **.9%**	0 0%	**129** **.8%**	0 0%	**129** **.5%**
Total	**3,940** **15.7%**	**10,754** **42.9%**	**14,694** **58.7%**	**2,141** **8.6%**	**16,835** **67.2%**	**8,211** **32.8%**	**25,046** **100.0%**

Source: HSRS 9D Report

- 11,576 or 46% were **elderly;**
- 3,692 or 15% were **persons with physical disabilities;**
- 8,383 or 34% were **persons with developmental disabilities;**
- 1,234 or 5% were **persons with serious mental illness; and**
- 161 or .6% were **persons with alcohol and drug abuse conditions or other conditions.**

Participant by Target Group



Quality and Compliance

The success of Community Options is measured both by how well the program is able to help contain the use and cost of Medicaid-funded nursing home care, and by producing positive outcomes for program participants. COP and the Medicaid Home and Community Based Waivers together provide complementary funding to enable the arrangement of comprehensive services for people, of all target groups, in their own homes based on the values of consumer direction and preference. The coordination of county resources is outlined in the local Community Options Plan, a description of the county policies and practices, which assures the prudent, cost-effective operation of the Community Options Program. Each County COP Plan is updated annually with approval by the local Long Term Support Planning Committee.

State level program management monitors local compliance with statutory program requirements, including:

- significant proportions;
- allowable residential settings;
- county COP plan approval; and
- the mandated use of the federally funded home and community-based Medicaid waivers prior to using the state funded Community Options Program.

A state leadership committee on quality laid out a framework for assessing quality in COP. In order to ensure the goals of COP are met, person-centered performance outcomes valued by COP participants were incorporated into the acronym RESPECT:

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

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

Services which are easy to access and delivered promptly, tailored to meet unique individual circumstances and needs are provided.

Physical and mental health services are delivered in a manner which helps people achieve their optimal level of health and functioning.

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

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

Tools for self-determination are provided to help participants achieve maximum self-sufficiency and independence.

RESPECT performance standards are measured by the extent to which:

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

Individual Satisfaction

Individualized service plans are developed with the assistance of a qualified, trained care manager, and in accordance with county policies, federal requirements and state mandated guidelines. Outcomes for individuals served with Medicaid waiver funds are monitored to ensure that the proposed plan of care meets federal specifications and guarantees the health, safety and welfare of each program participant. The state oversees the activities of an outside vendor, which monitors these safeguards and county agency compliance with program requirements.

During 1998, 418 waiver participants were interviewed and responded to 22 questions regarding satisfaction with waiver services. Both direct responses and reviewer assessments of those responses were recorded.

Questions and responses are summarized under the following seven categories:

Satisfaction Category	Percentage of Positive Responses
Good communication with care manager	98%
Case manager is effective in securing services	97%
Case manager is responsive	97%
Active participation in care plan	96%
Satisfaction with in-home workers	96%
Alternate care services are acceptable	90%
Satisfaction with alternate care living arrangement	85%

CIP II and COP-W Expenditures

CIP II and COP-W participants utilize services federally authorized through its Medicaid waiver application and services traditionally available to all Medicaid recipients through the State's Medicaid Plan (called card services or "fee for services"). State Medicaid Plan services are those provided to all Medicaid recipients eligible for a Medicaid card. The Medicaid card services are generally for medical care, including physician, drugs, home health or therapies. Waiver services are generally non-medical in nature.

State statutes require use of Medicaid waiver funds only for expenses not covered in the Medicaid program. The waiver services provided, their rate of utilization, and the total costs for each service are outlined in the table below. The total cost of Medicaid fee for service card costs for these waiver participants was $73,187,953.

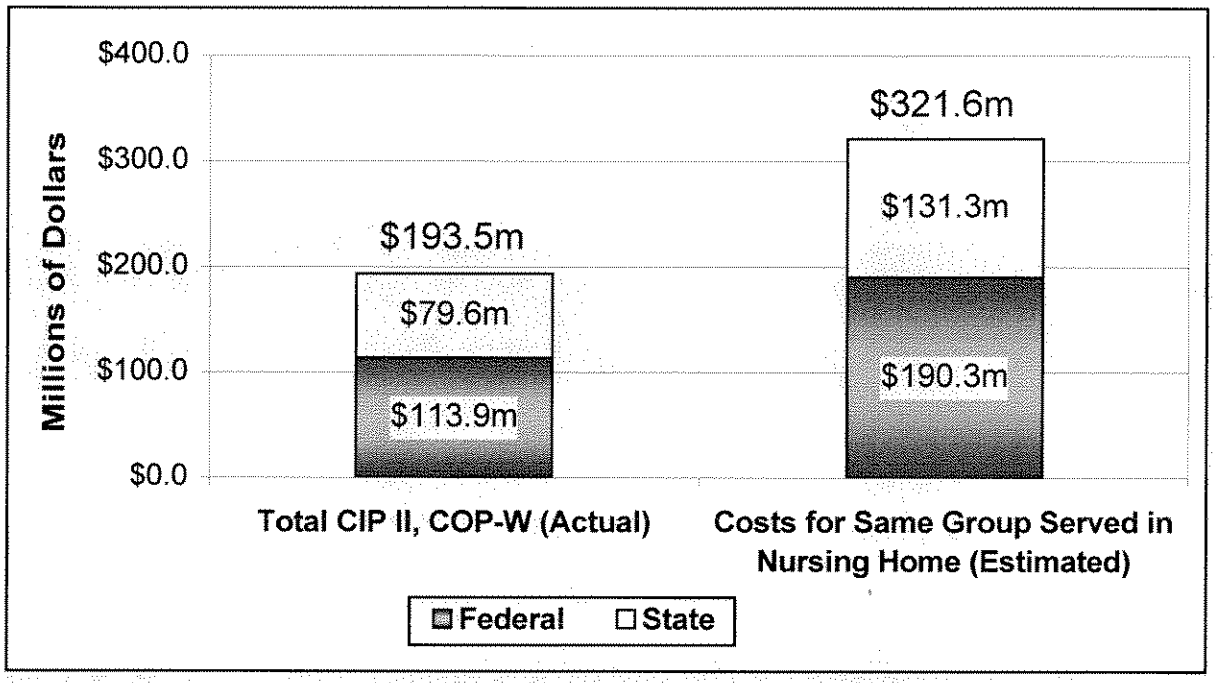
1998 CIP II and COP-W Service Utilization and Costs

CIP II and COP-W Medicaid Service Categories	Rate of Participant Utilization (%)	Cost	Percent of Total Waiver Costs
Case Management	97.8	$12,399,743	12.6
Supportive Home Care	85.9	72,585,436	73.9
Respite Care	4.6	1,496,622	1.5
Habilitation	5.1	1,508,993	1.5
Adult Day Care	7.9	3,755,176	3.8
Transportation	18.4	1,449,809	1.5
Home Modification, Adaptive Equipment and Communication Aids	50.8	4,995,875	5.1
Total Medicaid Waiver Service Costs		**$98,191,654**	
Total Medicaid Card Service Costs for Waiver Recipients		**$73,187,953**	

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

Comparing COP-Waiver Participants' Costs to their Costs if They Would Have Received Nursing Home Care

This graph illustrates the costs for participants served in the COP-Waiver and compares those costs for these same participants if they would have been served in a nursing home. If COP-Waiver participants at the same level of care were served in a nursing home the total state and federal costs are compared below.



Daily Costs

1998 Estimated Average Public Costs for CIP II and COP-W Participants and Nursing Home Residents, Adjusting for Level of Care Average Cost per Person per Day

The table below compares the average daily cost per participant including all public funds used for community care to the cost of individuals representing the same levels of care in nursing homes. In order to compare the costs of care for participants in the COP waivers (elderly and persons with physical disabilities) total cost must include additional Medicaid costs, additional COP costs, SSI and Community Aids.

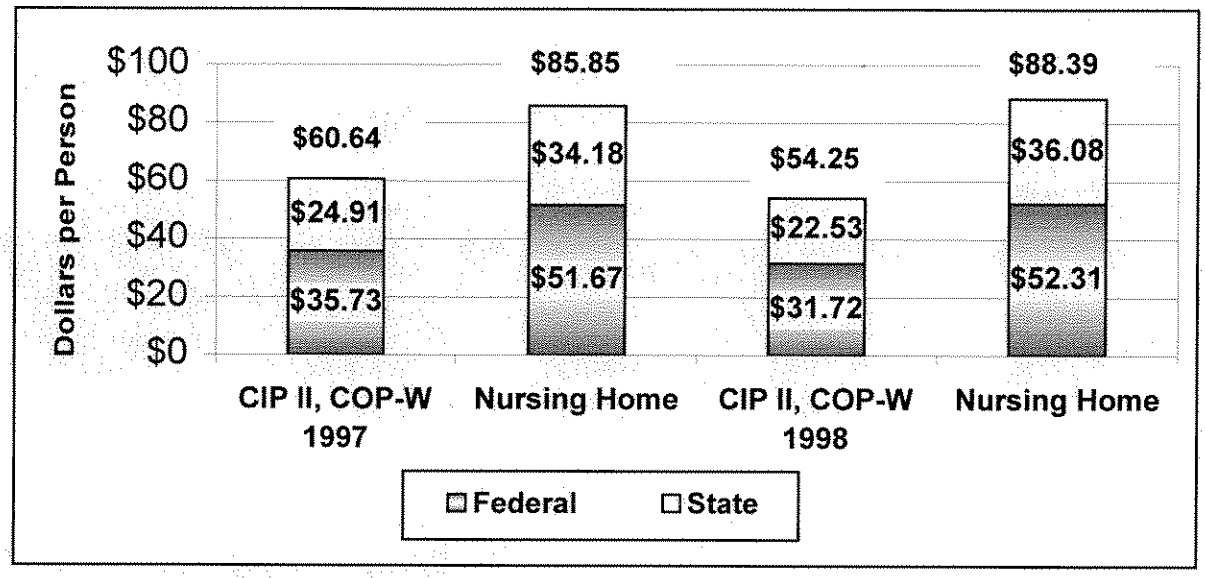
	Community Care Costs			Nursing Home Costs*[1]			Difference		
Cost Category	Total	State / County	Federal	Total	State / County	Federal	Total	State / County	Federal
Medicaid Program Per Diem	$27.51	$11.32	$16.19	$72.31	$29.76	$42.55			
Medicaid Card	20.51	8.44	12.07	9.38	3.86	5.52			
Other Medicaid[2]	n/a[4]	n/a[4]	n/a[4]	6.59	2.46	4.13			
Medicaid Costs Subtotal[3]	**$48.02**	**$19.76**	**$28.26**	**$88.28**	**$36.08**	**$52.20**	**$40.26**	**$16.32**	**$23.94**
COP–Regular	1.25	0.51	0.74	n/a[5]	n/a[5]	n/a[5]			
SSI	4.11	1.90	2.21	0.11	0.00	0.11			
Community Aids	0.09	0.04	0.05	unk.	unk.	unk.			
Other	0.78	0.32	0.46	n/a[6]	n/a[6]	n/a[6]			
Total	**$54.25**	**$22.53**	**$31.72**	**$88.39**	**$36.08**	**$52.31**	**$34.14**	**$13.55**	**$20.59**

* Nursing home program per diems have been calculated assuming that the proportion of residents rated at the SNF and ICF care levels was the same as that reported for Medicaid Waiver participants in each of the respective years. The figures shown thus represent not actual cost but the cost that would have been incurred had the assumed SNF/ICF proportions prevailed (e.g., in 1998, if SNF=37.6% and if ICF=62.4%). In nursing homes during 1997, 19% of residents were rated at an ICF level, and 81% were SNF.

1. IMD costs are omitted from the total nursing home cost because persons who require institutionalization primarily due to a chronic mental illness are not eligible for CIP II or COP-W.
2. Other Medicaid represents Intergovernmental Transfer (IGT) payments spread across all Medicaid nursing home patient days, although IGT payments are paid only to county and municipal nursing homes.
3. Medicaid reporting is subject to subsequent adjustments due to a 12-month claims processing period.
4. This category applies only to nursing home care.
5. Nursing home residents are not eligible for the Community Options Program.
6. This category applies only to community care.

1997-98 Average Public Costs Per Day
(Level of Care Adjusted)

This table compares the daily state and federal costs of community care (for the elderly and people with physical disabilities) with the costs of nursing home care for a similar population during the last two years. The table illustrates total combined costs as detailed on page 9.



The CIP II and COP-W average daily public cost decrease by $6.39 per day between 1997 and 1998. The majority of the decrease - $4.46 – was due to a change in the methodology used to determine the Medicaid card costs for CIP II and COP-W participants while they were in active waiver status.

COP-W and CIP II Participant Demographic Profile for 1998

- **72% are female**
- **50% are 75 years and older (and 50% are younger than 75 years)**
- **14% are racial/ethnic minorities**

Age	Percent
75 – 84 years	29
85 years and over	21
Total	**50**

Gender	Percent
Female	72
Male	28

Race/Ethnic Background	Percent
Caucasian	86
Minorities	14

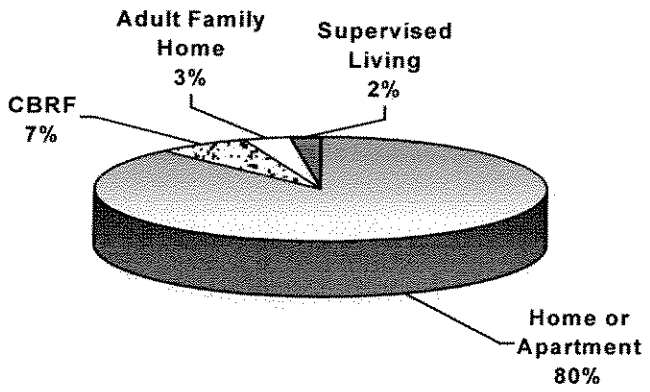
COP Waiver and CIP II Living Arrangement for Participants who are Elderly or Have a Physical Disability Served in 1998

Most elderly participants or persons with physical disabilities in the COP-Waiver live in their own home or apartment, which is consistent with the mission of COP.

- **80% Private Home or Apartment**
- **11% Alternate Living Arrangement**
- **9% Unknown/Not Reported**

Residence	Participants	% of Participants
Private Home or Apartment	10,331	80%
Community Based Residential Facility (CBRF)	822	7%
Adult Family Home	316	3%
Supervised Apartment, Supported Living, or Residential Care Apartment Complex (RCAC)	242	2%

Living Arrangement for Participants Served in 1998



COP-W and CIP II Participant Care: Location, Level and Source

- **90% received assistance from family or friends**
- **80% continued to live in their own homes**
- **62% received intermediate care**
- **38% received skilled nursing**
- **12% relocated from nursing homes**
- **10% have no primary support from family or friends**

Level of Care	Percent
Intermediate Care	62
Skilled Nursing	38

Prior Living Arrangement: New Waiver Recipients in 1998	Percent
Diverted from Nursing Facility	88
Relocated from Nursing Facility	12

Prior Living Arrangement: Waiver Recipients Enrolled before 1998	Percent
Diverted from Nursing Facility	92
Relocated from Nursing Facility	8

Current Living Arrangement	Percent
Private Home or Apartment	80
Alternate Living Arrangements	11
Unknown/Not Reported	9

Availability of Natural Support*	Percent
No Unpaid Support Available	10
Natural Supports	90

* Natural support is family, friends or volunteers.

Definitions of Community Long Term Care Programs

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

Funding: GPR/State = 100%.

Community Options Program Waiver (COP-Waiver or COP-W): A Medicaid-funded waiver program which provides community services to the elderly and persons with physical disabilities who have long term needs and who would otherwise be eligible for Medicaid reimbursement in a nursing home.

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

Community Integration Program II (CIP II): A Medicaid-funded waiver program which provides community services to the elderly and persons with physical disabilities *after a nursing home bed is closed.*

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

Community Integration Program IA (CIP IA): A Medicaid-funded waiver program which provides community services to persons with developmental disabilities who are relocated from the State Centers for the Developmentally Disabled.

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

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

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

Community Integration Program IB (CIP IB)/Local Match: A Medicaid-funded waiver program which provides community services to persons with developmental disabilities who are relocated or diverted from nursing homes and ICFs-MR other than the State Centers for the Developmentally Disabled.

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

Community Supported Living Arrangements (CSLA-Waiver): A Medicaid-funded waiver program which serves the same target group as CIP IB. CSLA provides funds that enable individuals to be supported in their own homes. The program began as a demonstration in some counties in 1992 and was expanded statewide January 1, 1996.

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

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

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

PART I

Community Options Program

Report to the Legislature

CY 1998

Background and Introduction

The following legislative report is submitted pursuant to s.46.27(11g), of the Wisconsin Statutes, which requires detailed reporting on state funds appropriated in the biennial budget process for the Community Options Program (COP) and the Community Options Waiver (COP-W). This report describes the persons served, program expenditures and services delivered through the COP and COP-W in calendar year 1998. COP serves all client groups in need of long term care and is entirely state-funded. COP-W is a combination of state (COP GPR) and federal (Medicaid) funds and is limited to persons who are elderly and/or persons with a physical disability.

This report outlines how state funds are used in administering the COP and COP-W. There are other Medicaid waiver programs that target specific populations. The Legislature, in an attempt to address the growing waiting lists for people wanting community long term care and to maximize the existing funds allowed COP-Regular funds to be used with more flexibility to expand all of the current Medicaid waiver programs.

There are four ways that COP-Regular service funds are currently used to enhance and/or expand services to COP and Medicaid waiver eligible people:

1) COP funds provide services to those persons who are eligible for COP, but who are not eligible for a Medicaid waiver program (COP only).
2) COP funds provide funding for non-waiver allowable services necessary for sustaining complete, quality care plans for current Medicaid waiver participants (COP Supplemental).
3) COP funds expand the CIP 1B Medicaid Waiver program and the COP-Waiver program by providing the state matching dollars in order to create more waiver slots (COP Match).
4) COP funds provide the portion of costs (state share) needed to "match" federal funds for waiver participants whose cost of care exceeds the daily allowable rate that may be reimbursed under the Medicaid program (CIP 1A, CIP 1B Regular, and CIP II) (Overmatch).

COP-Regular (GPR) funds were used in the following ways:

- 38% of the total COP funds were used for services for COP only participants;
- 11% were used for current waiver participants to provide services that could not be paid for with waiver funds;
- 29% were used as match to increase services to waiver eligible people by creating more waiver slots; and
- 8% were used to cover the matching share of expenses for those participants whose cost of care exceeds the waiver allowable rates (exceptionally high cost individuals).

4% of COP-Regular funds were used to conduct assessments and develop care plans for COP and Medicaid waiver eligible people. The remaining 11% was used for administrative costs which included: development and planning of resource centers under the new Family Care program, capacity building efforts, and efforts to retain and recruit supportive home care workers.

In 1998, $18,986,586 COP-Regular funds were used as the matching source for waiver eligible participants to expand the available funding pool. These funds were used as match in the following manner:

- 83% of funds was used for CIP 1B eligible participants; and
- 17% of funds was used for the elderly or persons with a physical disability

In 1998, an additional $5,345,000 COP-Regular dollars were used to fund the match so that counties could earn the additional federal funds for persons whose costs exceeded the allowable rate. When COP funding is used in this way it is referred to as "overmatch". These funds were used in the following manner:

- 93% of funds were used for persons with a developmental disability; and
- 7% of funds were used for the elderly or persons with a physical disability.

Maximizing COP Funds

Whenever possible, COP funds are used as match to capture federal Medicaid dollars. Wisconsin receives about 60% matching funds with 40% state dollars for eligible expenditures. This table illustrates the percent of COP-Regular funds available in the overall funding pool. Counties apply funds in the most cost-effective way to assure the maximum numbers of individuals are served and to capture all allowable federal dollars. The table also demonstrates that as the demand for community services continues to grow, the pool of funds available for COP applicants who are not eligible for a Medicaid waiver is decreasing and a greater demand is being placed on limited funds.

Target Group	COP-Regular Service for COP Only	COP used for Non-Waiver Allowable Services	COP-W Add. Match	CIP 1B/CSLA Match	CIP 1 Over-Match	CIP II Over-Match	COP Admin-istration	COP Assess/ Plans	Total
Elderly	13,508,608	3,892,906	2,499,779	0	0	171,644	3,854,622	1,543,846	25,471,405
PD	1,432,481	1,575,436	755,141	0	0	180,086	666,286	266,860	4,876,290
DD	1,270,804	1,656,811		15,731,666	4,993,270	0	648,498	259,735	24,560,784
SMI	8,484,600						1,879,430	752,746	11,116,776
AODA	158,792						35,174	14,088	208,054
Other	189,717						42,024	16,832	248,573
Total	**25,045,002**	**7,125,153**	**3,254,920**	**15,731,666**	**4,993,270**	**351,730**	**7,126,034**	**2,854,107**	**66,481,882***
	38%	**11%**	**5%**	**24%**	**8%**	**1%**	**11%**	**4%**	**100%**

* Includes COP funds designated for use as Family Care start-up.

Funding

In CY 1998, approximately $96.9 million in state GPR funds was allocated to the counties and one Tribe for the Community Options and Community Options Waiver Programs. All of these funds were either fully expended by the counties or carried forward to CY 1999 through statutory authority. No funds were lapsed to the state general fund.

In 1997-99 budget year approximately $20.8 million in new state funds was appropriated for the Community Options Program which funded 4,401 new slots for COP and COP-Waiver. These slots were phased in over the two-year period.

The new funds were used:

- for general expansion and increased cost of current COP and COP-Waiver participants;
- to directly address waiting lists;
- for Resource Center pilot counties; and
- for the Care Management Organization (CMO) demonstration pilot counties.

COP's Role in the Family Care Initiative

In July 1997, the Department submitted a special request to the Joint Committee on Finance, to redirect COP funding previously lapsed to the state general fund from year-end budget close out for CY 1996, back to the COP appropriation. This funding began July 1997 and ended December 1998. Between July 1997 to December 1997, $405,300 was available for the development and implementation of Resource Center pilots. An additional $811,700 was allocated for CY 1998 to continue this project. These funds are included in the above table.

The approval of this action began the first phase of the long term care redesign pilot. This phase was followed with the planning and implementation of the CMO (Care Management Organization) in counties in 1998. This demonstration project has become known as "Family Care". The Family Care pilot counties will begin serving clients under a new Medicaid waiver in CY 2000.

Participants Served in CY 1998 by Program

The following table will answer the frequently asked questions as to how COP in combination with Medicaid waiver funds is used to support individuals in the community. This table illustrates the COP waivers as well as the waiver programs which serve only people with developmental disabilities (CIP1A and 1B, CSLA and Brain Injury). As the table illustrates, a total of 25,046 people were served in calendar year 1998. There were 16,635 participants who received 100% funding through a Medicaid waiver. Only 3,940 participants were supported by 100% COP (GPR) funding. Another 4,471 people received their primary funding through a Medicaid waiver but needed additional COP to provide services that could not be paid for through a waiver. Funding combinations become complicated as counties effectively capture federal matching funds.

Program Category	Elderly	PD	DD	SMI	AODA	Other	Participants Served w/MA 100% Waiver or COP Funds	Waiver Participants who need Additional COP	Total Participants Served-Unduplicated
COP-W							7,775	2,979	10,754
Waiver Only funded	5,972	1,803							
Waiver/COP funded	2,290	689							
Sub total **all COP-W**	8,262	2,492							
CIP II							1,496	645	2,141
Waiver Only funded	730	766							
Waiver/COP funded	315	330							
Sub total **all CIP II**	1,045	1,096							
CIP 1A							927	110	1,037
Waiver Only funded			927						
Waiver/COP funded			110						
Sub Total **all CIP 1A**			1,037						
CIP 1B Regular							2,061	219	2,280
Waiver Only funded			2,061						
Waiver/COP funded			219						
Sub Total **CIP 1B Reg.**			2,280						
CIP 1B/CSLA COP Match							1,859	404	2,263
Waiver/COP for match only			1,859						
COP match waiver w/other COP			404						
Sub Total CIP 1 COP Match			2,263						
CIP 1B/CSLA Other Match							2,357	91	2,448
Waiver/other funds for match			2,357						
Waiver/COP funded			91						
Sub total **CIP 1 Other Match**			2,448						
Brain Injury Waiver							160	23	183
Waiver Only funded			160						
Waiver/COP funded			23						
Sub total **Brain Injury Waiver**			183						
COP Only Participants	2,269	104	172	1,234	32	129	3,940	0	3,940
Totals by Target Population	11,576	3,692	8,383	1,234	32	129	20,575	4,471	25,046
% Served by Target Population	46%	15%	33%	5%	0%	1%			

- Total unduplicated participants served in 1998 - 25,046.
- Total participants who were served by a Medicaid waiver only (no COP funds) - 16,635.
- Total waiver participants who also received COP funding in CY 1998 - 4,471.
- All participants who received either pure COP or COP supplementing funds - 8,401.

Approximately 46% of the participants served with COP and all waiver funds in 1998 were elderly, 15% were persons with a physical disability, 33.5% were persons with a developmental disability and 5% were persons with a severe mental illness.

While 46% of the total population served with COP and all waiver funds were elderly, only 27% of the total funds expended were for this target group. Persons with physical disabilities (15% of the total participants) received about 10% of the funding. Persons with severe mental illness (approximately 5%) received 3% of

funding available. Approximately 60% of the COP and waiver funds expended in 1998 were for persons with developmental disabilities. Persons with developmental disabilities represented about 34% of the people served.

COP is used as the state-matching source to capture federal funds in several waivers. Of the local matched CIP 1B/CSLA slots (1,859) 39% use COP-Regular as the matching funding source. Of all waiver participants 30% receive COP funding either to pay for non-waiver allowable services or to provide funding for a CIP 1B/CSLS matching slot.

General Information

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

In 1998:

11,708	**Assessments** were conducted.
9,304	**Care plans** were prepared.
5,028	**New persons** were served with COP-Regular and/or COP-W.
13,025	**Persons** continuing COP/COP-W services began services prior to 1998.
18,053	**Total persons** served with COP-Regular and/or COP-W funds in 1998.

Participants

On December 31, 1998, the distribution of COP participants by target group was as follows:

57.1%	Elderly persons
14.1%	Persons with physical disabilities
19.5%	Persons with developmental disabilities
7.3%	Persons with severe mental illness
1.8%	Persons with alcohol and drug abuse conditions
0.2%	Others