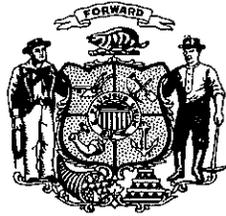


STATE OF WISCONSIN

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JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Alberta Darling
Representative John Nygren

Date: May 31, 2017

Re: DHS Report to JFC

Attached is an annual report for the Community Options Program (COP) and the COP Home and Community Based Waivers (COP-W/CIP II) from the Department of Health Services, pursuant to ss. 46.27(11g) and 46.277(5m), Stats.

This report is being provided for your information only. No action by the Committee is required. Please feel free to contact us if you have any questions.

Attachments

AD:JN:jm



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Linda Seemeyer, Secretary

May 23, 2017

The Honorable Alberta Darling
Joint Committee on Finance, Senate Co-Chair
317 East State Capitol
Madison, WI 53707-7882

MAY 31 2017
J. Finance

The Honorable John Nygren
Joint Committee on Finance, Assembly Co-Chair
309 East State Capitol
Madison, WI 53708

Dear Senator Darling and Representative Nygren:

The attached report is submitted to the Legislature pursuant to Wis. Stat. §§ 46.27 (11g) and 46.277 (5m), which require the Department of Health Services (DHS) to submit an annual report for the Community Options Program (COP) and the COP Home and Community-Based Waivers (COP-W/CIP II). The report describes persons served, program expenditures, and services delivered through the COP, COP-Waiver, and CIP II programs in calendar year 2015. The report is also available on the DHS website at www.dhs.wisconsin.gov/publications/p01288-2014.pdf.

COP provides services to people who are elderly or who have a physical, developmental, or mental disability. It is closely coordinated with all of Wisconsin's Medicaid Home and Community-Based Waiver Programs. With DHS oversight, county agencies ensure a comprehensive and individualized care plan is provided, while maintaining program flexibility and integrity, and maximizing federal matching funds.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Seemeyer".

Linda Seemeyer
Secretary

cc: Charles Morgan, Legislative Fiscal Bureau

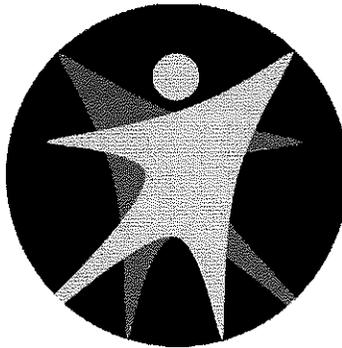
Enclosure: 2015 Community Options Program Report

Report to the Legislature

Community Options Program

Community Options Program Waiver

Calendar Year 2015



Department of Health Services
Division of Medicaid Services
Bureau of Adult Long Term Care Services
P-01288-2015 (04/2017)

Community Options Program

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Introduction: Community Options Program Overview

The Department of Health Services (DHS), Division of Medicaid Services, Bureau of Adult Long Term Care Services respectfully submits this report pursuant to Wis. Stat. §§ 46.27(11g) and 46.277(5m), which requires summary reporting on state funds appropriated by the Legislature for the Community Options Program (COP). Authorized in 1981, COP provides a home- and community-based alternative to nursing home care for frail elders and individuals with disabilities.

COP (also known as COP-Regular or Classic COP) is entirely state funded and has historically served frail elders (FE), people with physical disabilities (PD) or developmental disabilities (DD), and people with serious mental illness (SMI) or substance abuse (AODA). In 1986, Wisconsin received a federal Medicaid Home and Community-Based Services (HCBS) Waiver (MA Waiver) to support frail elders and people with physical disabilities, allowing Wisconsin to obtain federal Medicaid funds for COP at approximately 60% of every dollar spent. This is referred to as the COP-Waiver. This document reports on both the COP-Waiver and its companion program, the Community Integration Program II (CIP II).

DHS also administers Medicaid HCBS waiver programs for adults with intellectual and developmental disabilities and with traumatic brain injuries, as well as for children with disabilities. Specifically, the Community Integration Program 1A (CIP 1A) and the Community Integration Program 1B (CIP 1B), support long-term care needs of individuals with developmental and/or intellectual disabilities in the community, including those requiring brain injury rehabilitation. The three Children's Long-Term Support (CLTS) Waivers serve children and young adults under age 22 with developmental and/or intellectual disabilities, physical disabilities, and severe emotional disturbances living at home or in a foster care setting. Children with autism spectrum disorders may be served under the developmental disability waiver or the serious emotional disturbance waiver. Participation in these programs is reported in this document's tables, particularly when COP is a funding source.

With the implementation of Family Care and IRIS (Include, Respect, I Self-Direct), the COP program has been greatly reduced in counties where these programs are operational. In the 64 counties that have implemented Family Care and IRIS, COP funding is only available for eligible children and, through calendar year 2015, for adults with needs related to severe mental illness or substance abuse. Eligible frail elders and adults with physical or intellectual/developmental disabilities in those counties participate in Family Care or IRIS in lieu of COP. Data for Family Care and IRIS are not included in this report.

Highlights for calendar year 2015 include:

- COP and home and community-based waivers served 14,675 people.
- Of COP participants, 41% were diagnosed with a developmental or intellectual disability, 35.4% were elderly, and 14.3% had a physical disability. Of the approximately 9.3% remaining, nearly all received services related to mental illness with about 0.2% participating due to alcohol and/or drug abuse.
- There was \$273.3 million expended to serve people in COP and the related Medicaid HCBS waiver programs, excluding Family Care and IRIS.
- In 2015, 13 Wisconsin counties transitioned to Family Care and IRIS. Consequently, there was a decline in the numbers of COP, COP-W/CIP II, and CIP I participants in those counties.

Participants Served by Target Group

The table below illustrates participants served in 2015 with COP and Medicaid waiver funding, by target group.

Table 1 - Participants Served in 2015 with COP and HCBS Waivers

Client Characteristic	Elderly	PD	DD	MH	AODA/ Other	MA Waiver	Waiver w/ COP	Statewide Total
COP-W	489	205	7	4	4	709		709
COP-W w/ Supp COP	365	74	4	6			449	449
Total COP W	854	279	11	10	4	709	449	1,158
CIP II*	923	542	18	14	4	1,501		1,501
CIP II w/ Supp COP	526	239	4	16	3		788	788
Total CIP II	1,449	781	22	30	7	1,501	788	2,289
Total COP-W/CIP II	2,303	1,060	33	40	11	2,210	1,237	3,447
CIP 1A	30	2	207	3		242		242
CIP 1A w/ Supp COP			4				4	4
Total CIP 1A	30	2	211	3		242	4	246
CIP 1B**	115	10	568	1		694		694
CIP 1B w/ Supp COP	1		6				7	7
Sub Total CIP 1B (state matched)	116	10	574	1		694	7	701
CIP 1B w/ COP Match	15	2	145	2		164		164
CIP 1B/COP Match w/ Supp COP	1		3				4	4
Sub Total 1B COP match	16	2	148	2		164	4	168
CIP 1B/other match sources	180	23	2,180	15		2,398		2,398
CIP 1B other match w/ Supp COP	2	1	26	1			30	30
Sub Total CIP 1B all other local match	182	24	2,206	16		2,398	30	2,428
Total CIP 1B	314	36	2,928	19		3,256	42	3,298
Total CIP 1A, 1B	344	38	3,139	22		3,498	46	3,544
Total Adult Waivers	2,647	1,098	3,172	62	11	5,708	1,282	6,990
COP Only Participants	130	22	41	645	7		845	845
Total COP and Adult Waivers	2,777	1,120	3,213	707	18	5,708	2,127	7,835
Total COP and Adult Waivers (% of Total)	35.4%	14.3%	41.0%	9.0%	0.2%			100%
Total CLTS (based on CLTS Claims)						6,491	349	6,840
Total Participants Served in CY 2015								14,675

*CIP II counts include Community Relocation Initiative (CRI), CRI-Money Follows the Person (CRI-MFP), Nursing Home Downsizing (NHD), CIP II Tribal, CIP II FC Transfers

**CIP 1B includes Intermediate Care Facilities for Developmental Disabilities/Intellectual Disabilities (ICF-IDD), ICF-IDD/ MFP, CIP 1 Tribal, and CIP 1 Family Care Transfers. This data does not include Family Care and IRIS Medicaid Waivers. Source: 2015 HSRS.

As indicated in Table 1, the COP and Medicaid HCBS waivers included in the data, combined, served a total of 14,675 people. Below, Table 2 illustrates participants served in 2015 with COP and Medicaid HCBS waiver funding by target group. Similarly, Table 2A describes the number of participants receiving COP funding and the percentages of those populations by target group.

Table 2 - Summary of Total Participants Served by Program By Target Group

Client Characteristic	COP Only	COP-W, CIP II*	CIP 1**	Subtotal COP Only + Adult Waivers	CLTS (from TPA)	Total Clients
Elderly	130	2,303	344	2,777		2,777
PD	22	1,060	38	1,120		1,120
DD	41	33	3,139	3,213		3,213
MH	645	40	22	707		707
AODA/Other	7	11		18		18
CLTS from TPA					6,840	6,840
Statewide Total	845 6%	3,447 23%	3,543 24%	7,835 53%	6,840 47%	14,675 100%

*CIP II counts include Community Relocation Initiative (CRI), CRI-Money Follows the Person (CRI-MFP), Nursing Home Diversion (NHD), CIP II Tribal, CIP II FC Transfers.

**CIP 1 includes Intermediate Care Facilities for Developmental Disabilities/Intellectual Disabilities (ICF-IDD), ICF-IDD/MFP, CIP 1 Tribal and CIP 1 Family Care Transfers. These data do NOT include Family Care and IRIS Medicaid Waivers. See Table 1 for specific breakdown by waiver and those who also received support from COP. Sources: 2015 HSRS and WI Data Warehouse (for CLTS data).

TABLE 2A - Participants Receiving COP Funding by HCBS Waiver/Target Group

Target Group	COP Only	COP-W, CIP II Participants who also received COP	CIP 1 Participants who also received COP	Subtotal COP Only + Adult Waivers w/COP	COP for CLTS	Total People Receiving COP	Percent of Participants Receiving COP by Target Group
Elderly	130	886	4	1,020		1,020	41%
PD	22	313	1	336	45	381	15%
DD	41	8	39	88	220	308	12%
SMI	645	22		667	93	760	31%
AODA	7	3		10		10	0%
Children w/ COP					358	358	
Total Participants served in CY 14 who received COP by Program	845	1,232	44	2,121	358	2,479	100%
Percent of Total Participants (14,675) who received COP	6%	8%	0%	14%	2%	17%	
Total People Served by Program (Table 2)	845	3,447	3,543	7,835	6,840	14,675	

Source: 2015 HSRS.

- 11% of the total participants used COP funding for match.
- 6% of the total participants were served with COP only.
- 86% of the participants who received some COP funding were adults.
- 40% of adults who received some COP funding received COP only.
- 58% of adults who received some COP funding were served in COP-W/CIP II HCBS waivers.
- 2% of adults who received some COP were served in the CIP 1 HCBS waivers.
- 38% of the COP-W/CIP II participants received some COP assistance.
- 1% of the CIP 1 participants received some COP assistance.

Funding Paid for Community Long-Term Care by Target Group/Program in CY 2015

Table 3 - COP and HCBS Waivers

Target Group	COP- Regular	COP-W	Subtotal COP and CW	CIP II (CIP II, CRI, NH Div, CIP II FC transfer, CRI MFP)	Subtotal COP- Regular, COP-W, CIP II	CIP 1, CLTS	TOTAL
Elderly	1,309,104 5.14%	10,000,742 59.87%	11,309,846 26.80%	13,472,102 30.17%	24,781,948 28.53%		24,781,948 9.07%
PD	1,685,480 6.61%	6,702,834 40.13%	8,388,314 19.88%	31,187,177 69.83%	39,575,491 30.64%	4,743,016 2.1%	44,318,507 11.4%
DD	7,194,852 28.23%		7,194,852 17.05%		7,194,852 8.28%	165,973,320 89.01%	173,168,172 63.36%
SMI	15,217,739 59.70%		15,217,739 36.07%		15,217,739 17.52%	15,745,522 8.44%	30,963,261 11.33%
AODA/Other	82,628 0.32%		82,628 0.20%		72,628 0.10%		82,628 0.03%
Total*	25,489,803 9.33%	16,703,576 6.11%	42,193,379 15.44%	44,659,279 16.34%	86,852,658 31.78%	186,461,858 68.22%	273,314,516 100%

*Children's waivers serve children with a physical disability, a developmental disability, or a mental illness. Not included in this table is an additional \$231,394 of COP and MA FED (\$115,697) that was spent for adult waiver quality assurance and capacity building. Final actual COP funding that was paid to agencies in CY 15 was \$25,721,198. Source: 2015 HSRS and Reconciliation reports.

Table 3 includes all the dollars paid in CY 15 for COP regular, COP Waiver, CIP II waiver (which includes the CIP II Community Relocation Program and MFP, CIP II Nursing Home Diversion Program, CIP II Tribal and CIP II Family Care transfers), CIP 1 waivers (consisting of 1A, 1B regular/ICF-IDD/MFP, Family Care transfers, and CIP 1B Tribal), and the Children's Long-Term Support (CLTS) Waivers. Of the \$273,314,516 shown in this table, \$80,663,534 was paid for CLTS, \$105,798,324 was paid for CIP 1, and \$86,852,658 was paid for COP/COPW/CIP II.

Assessments, Care Plans, and Individuals Served

Table 4 - Use of COP Regular*

Target Group	COP Only	Supplemental COP (gap filling)	COP used as additional GPR match for waivers	Admin, Special Projects, Risk Reserve	Assessment/ Plans	Total COP Reported
Elderly	17,216 0.5%	1,029,168 43.7%	121,054 1.4%	5,167 0.5%	217,307 32.6%	1,443,912 5.2%
PD	259,649 1.7%	1,246,764 52.9%	270,016 3.2%	18,839 1.7%	63,779 9.6%	1,859,047 6.7%
DD	243,913 1.6%	81,818 3.5%	7,309,761 85.7%	33,855 3.1%	266,413 39.9%	7,935,760 28.6%
SMI	14,424,077 95.7%		826,295 9.7%	1,017,278 94.1%	113,479 17.0%	16,381,129 59.1%
AODA/Other	79,345 0.5%			5,756 0.5%	6,036 0.9%	91,137 0.3%
Total	15,078,200	2,357,750	8,527,126	1,080,895	667,014	27,710,985
% of total COP by category	54.4%	8.5%	30.8%	3.9%	2.4%	100.0%

*All amounts shown are in dollars. Source: 2015 HSRS and Reconciliation reports.

People expressing or demonstrating a need for long-term care services receive a functional assessment through the Long Term Care Functional Screen (LTCFS). DHS-certified screeners assess each person's unique characteristics, medical conditions, living environment, lifestyle preferences, and goals. The participant (or guardian, if applicable) and care manager, in response to the assessment data, develop a plan of comprehensive services that integrates formal services along with informal and unpaid supports from family, friends, and the community. The care plan also includes individual choices and preferences for the type and arrangement of services. The person's available income and assets are also assessed and the participant may be responsible for contributing toward some or all of the costs for care plan services.

Table 5 illustrates the age distribution within each target group for new adults served in 2015. In 2015, elderly individuals accounted for 428 of new participants. Wisconsin considers participants "new" if services and costs are incurred in the current year without receiving long-term support services of any type in the previous year. Individuals aged 65 and over, regardless of diagnosis, are coded as elderly.

Table 5 - New COP and Adult Waiver Participants by Age in 2015

Age Group	Elderly	PD	DD	SMI	AODA/Other	Total
<18 yrs.*		5	16	5		26
18 - 64 yrs.		140	129	107	6	382
65+ yrs.	533					428
TOTAL	428 51%	145 17%	145 17%	112 13%	6 <1%	836 100%

*Eight children turned age 18 during the reporting period. Source: 2015 HSRS.

Participant Case Closures

Table 6 illustrates the number of participants in each target group who were closed from CIP or COP programming in 2015. Death accounted for approximately 60% of elderly case closures, excluding the total closures due to transfer from COP and waiver services to Family Care, Family Care Partnership, or the IRIS program. The transfer of individuals from COP and waiver services to Family Care, Partnership, or IRIS due to transition of 13 counties from legacy waiver programs to Family Care, as well as movement of individuals statewide from legacy waiver counties to Family Care counties accounted for approximately 75% of case closures across all target groups.

Table 6 - Reasons for COP and Waiver Participant Case Closures

Reason for Closure	Elderly	PD	DD	SMI	AODA	Other	Total	% of Total
Person died	289	48	22	8			367	10.9%
Transferred to preferred nursing home care	111	10	4	4			129	3.9%
No longer income or level of care eligible	5	4	6	7			22	0.7%
Moved out of state	13	12	7	9			41	1.2%
Voluntarily ended services	14	12	14	9		1	50	1.5%
Other funding used for services	20	1	1	135	4		161	4.8%
Ineligible living arrangement	14	5	10	4			33	1.0%
Inadequate service/support	6	2	1	20			29	0.8%
Transferred to Family Care (FC), FC Partnership, or IRIS Program due to county move	912	369	1,188	31	4	4	2,508	74.7%
Other	10	5	2	1			18	0.5%
Total Cases Closed (all reasons)	1,394	468	1,255	228	8	5	3,358	100%

Source: 2015 HSRS.

COP Funding for Exceptional Needs

The statewide COP program also provides funds above county allocations for exceptional needs. Wis. Stat. § 46.27(7)(g) grants the Department the capacity to carry forward any COP and COP-W general purpose revenue (GPR) funds allocated but not spent by December 31 of each year into the next fiscal year. Counties can apply for these exceptional funds to support improvement or expansion of long-term community support services for COP-eligible individuals. Services may include:

- Start-up costs for developing needed services for people who are eligible.
- Home modifications for COP or HCBS waiver eligible participants, including ramps.
- Purchase of medical services, medical equipment or other specially adapted equipment.
- Vehicle modifications.

In 2015, funding was allocated to 11 waiver agencies for exceptional expenditures in order to serve adults with developmental and/or intellectual disabilities, physical disabilities, or frail elders. The funding was used for services and items such as home repairs and modifications, including ramps, mobility lifts, ceiling lifts, roll-in showers, raised toilets, wider hallways and doors, door openers, environmental control systems, adapted mobility equipment such as wheelchairs and scooters not covered by Medicaid, vehicular modifications, and awards for urgent dental work.

Participant Demographic and Service Profiles

Tables 7 through 12 provide participant demographic and service profiles.

Table 7 - COP and Waiver Participants Institutional Relocations and Diversions

Type of Relocation or Diversion	Number	Percent
Diverted from entering any institution	6,684	85%
Relocated from general nursing home	691	9%
Relocated from ICF/ID	422	5%
Relocated from brain injury rehab unit	38	<1%
TOTAL	7,835	100%

Note: Some totals may not equal 100% due to rounding. Source: 2015 HSRS.

Table 8 - COP and Waiver Participants by Gender

Gender	Elderly	PD	DD	SMI	AODA/Other	Total Participants	
Female	1,941	588	1,397	319	8	4,253	54%
Male	836	532	1,816	388	10	3,582	46%
TOTAL	2,777	1,120	3,213	707	18	7,835	100%

Note: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2015 HSRS.

Table 9 - COP and Waiver Participants by Age

Age	Elderly	PD	DD	SMI	AODA/Other	Total Participants	
Under 18 years*	0	5	18	10	0	33	<1%
18 to < 65 years	0	1,115	3,195	697	18	5,025	64%
65 to < 75 years	1,053	0	0	0	0	1,053	13%
75 to < 85 years	809	0	0	0	0	809	10%
85 years and over	915	0	0	0	0	915	12%
TOTAL	2,777	1,120	3,213	707	18	7,835	100%

Note: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. *Eight children turned age 18 during the reporting period. Source: 2015 HSRS.

Table 10 - COP and Waiver Participants by Source of Natural Supports

Natural Support Source	Elderly	PD	DD	SMI	AODA/Other	Total Participants	
Adult child	1,222	152	7	17	6	1,404	18%
Non-relative	385	230	424	155	4	1,198	15%
Other relative	480	194	375	99	2	1,150	15%
Spouse	394	171	25	22	0	612	8%
Parent	74	280	2,211	243	2	2,810	36%
No primary support	222	93	171	171	4	661	9%
TOTAL	2,777	1,120	3,213	707	18	7,835	100%

Note: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2015 HSRS.

Table 11 - COP and Waiver Participants by Living Arrangement

Living Arrangement	Elderly	PD	DD	SMI	AODA/Other	Total Participants	
Living with immediate family	650	431	1,481	96	3	2,661	34%
Living with immediate family with attendant care	31	35	38	3	0	107	1%
Living with extended family	17	11	25	3	0	56	<1%
Living with extended family with attendant care	3	1	3	1	0	8	<1%
Living with others	752	163	585	195	4	1,699	22%
Living with others with attendant care	537	136	669	201	4	1,547	20%
Living alone	632	250	228	186	6	1,302	17%
Living alone with attendant care	151	90	180	21	1	443	6%
Transient or other housing situation	4	3	4	1	0	12	<1%
TOTAL	2,777	1,120	3,213	707	18	7,835	100%

Note: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2015 HSRS.

Table 12 - COP and Waiver Participants by Type of Residence

Type of Residence	Elderly	PD	DD	SMI	AODA/Other	Total Participants	
Adoptive Home	0	0	9	0	0	9	<1%
Adult Family Home (AFH)	227	87	549	129	4	996	13%
Brain Injury Rehab Unit	1	4	1	0	0	6	<1%
Child Group Home	0	0	1	0	0	1	<1%
Community-Based Residential Facility (CBRF)	926	96	148	212	3	1,385	18%
Foster Home	4	1	36	8	0	49	1%
ICF/ID: Not State Center	0	0	0	0	0	0	0
Nursing Home	0	0	0	0	0	0	0
Other Living Arrangement	0	0	0	0	0	0	0
Own Home or Apartment	1,529	915	2,448	338	11	5,241	67%
Residential Care Apartment Complex (RCAC)	82	12	0	1	0	95	1%
Residential Care Center (RCC)	1	0	1	0	0	2	<1%
Shelter Care Facility	2	2	2	3	0	9	<1%
Supervised Community Living	5	3	17	16	0	41	1%
Unknown			1				
TOTAL	2,777	1,120	3,213	707	18	7,835	100%

Note: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% because of rounding. Source: 2015 HSRS.

Community Integration Program II and COP-W Services

Participants of CIP II and COP-W utilize services federally authorized in DHS-approved HCBS Medicaid waivers and receive services traditionally available to all Medicaid recipients through the Medicaid State Plan (e.g., card services). Whereas the Medicaid State Plan services generally include acute medical care and are provided to all Medicaid recipients eligible for Medicaid card services, waiver services generally focus on community-based supports. Because both types of services are required to support people in

Community Options Program

community settings, expenditures for medical and community-based supports are combined to determine the total public cost of serving waiver participants.

Federal and Wisconsin statutes require use of Medicaid waiver funds only for expenses not covered by the Medicaid State Plan. In Tables 13, 14, and 15, the Medicaid card services received, Medicaid HCBS waiver services received, total costs for each service, and service utilization rates are outlined. Costs of care, services, and environmental adaptations for waiver participants always include a combination of Medicaid State Plan benefits and Medicaid Home and Community-Based Services waiver benefits. The cross-coordination of benefit use is a key component of the COP and waiver programs.

The following tables reflect expenditures for calendar year 2014, the most recent year for which complete data are available:

Table 13 - 2014 Total Medicaid Costs for CIP II and COP-W Recipients

Total CIP II and COP-W Service Costs	\$64,577,248
Total Medicaid Card Service and Nursing Home Costs while in Waiver Status	\$33,451,114
Total 2013 Medicaid Expenditures for CIP II and COP-W Recipients	\$98,028,362

Source: 2014 Federal 372 Report.

Table 14 - 2014 CIP II and COP-W Service Utilization and Costs

CIP II and COP-W Service Categories	Rate of Participant Utilization (%)	Number of Participants	Cost	Percent of Total Waiver Costs
Care Management	97%	3,456	\$9,399,169	14%
Supportive Home Care/Personal Care	62%	2,201	\$19,249,330	29%
Adult Family Home	6%	229	\$6,440,404	10%
Residential Care Apartment Complex	4%	134	\$2,049,593	3%
Community Based Residential Facility	32%	1,136	\$22,326,927	33%
Respite Care	3%	104	\$398,819	1%
Adult Day Care	3%	113	\$391,121	1%
Day Services	2%	66	\$518,466	1%
Daily Living Skills Training	<1%	17	\$20,763	<1%
Counseling and Therapies	4%	137	\$291,972	<1%
Skilled Nursing	< 1%	33	\$83,251	<1%
Transportation	25%	900	\$965,333	1%
Personal Emergency Response System	33%	1,191	\$362,020	1%
Adaptive Equipment	15%	545	\$574,536	1%
Communication Aids	<1%	19	\$5,747	< 1%
Housing Start-up and Counseling	<1%	23	\$26,155	< 1%
Vocational Futures Planning	<1%	1	\$308	< 1%
Medical Supplies	32%	1,136	\$584,764	1%
Home Modifications	5%	170	\$781,138	1%
Home Delivered Meals	22%	783	\$1,110,348	2%
Financial Management Services	12%	435	\$188,354	<1%
Consumer Education and Training	<1%	2	983	<1%
Supported Employment	<1%	3	\$32,861	<1%
Prevocational Services	<1%	10	\$75,368	<1%
Self-directed Supports	<1%	28	\$1,041,220	2%
Total Medicaid Waiver Service Costs and Actual Number of Unduplicated Participants		3,561	67,218,950	100%

Note: Totals may not equal 100% due to rounding. Source: 2014 HSRS and Final Reconciliation.

Table 15 - 2014 CIP II and COP-W Medicaid Card Service Utilization

CIP II and COP-W Service Categories	Rate of Participant Utilization (%)	Number of Participants	Cost	Percent of Total Waiver Costs
Inpatient Hospital	2.4%	84	3,563,812	11%
Physician (Physician Services, Clinic Services – including outpatient Mental Health)	84%	2,996	2,948,622	9%
Outpatient Hospital	10%	340	899,512	3%
Lab and X-ray	12%	436	115,891	<1%
Prescription Drugs	52%	1,869	2,077,976	6%
Transportation (Ambulance and Non-Emergency Specialized Motor Vehicle)	10%	364	122,536	<1%
Therapies (Physical Therapy, Speech and Hearing Therapy, Occupational Therapy, Restorative Care Therapy, Rehabilitative Therapy)	4%	137	72,055	<1%
Dental Services	11%	387	81,138	<1%
Nursing (Nurse Practitioner, Nursing Services)	0 %	0	0	0%
Home Health, Supplies and Equipment (Home Health Therapy, Home Health Aide, Home Health Nursing, Enteral Nutrition, Disposable Supplies, Other Durable Medical Equipment, Hearing Aids)	57%	2,014	3,661,910	11%
Personal Care (Personal Care, Personal Care Supervisory Services)	31%	1,099	13,545,801	40%
All Other (Other Practitioners Services, Family Planning Services, HealthCheck/EPSTDT, Rural Health Clinic Services, Home Health Private Duty Nursing – Vent, Other Care, Hospice, Community Support Program)	43%	1,540	6,361,862	19%
Case Management			-	
Total Medicaid State Plan Benefit Costs for Waiver Recipients		3,561	33,451,114	100%

Note: Totals may not equal 100% due to rounding. Source: 2014 HSRS and Final Reconciliation.

Appendix A: Performance Standards

In order to ensure the goals of COP are met, person-centered performance outcomes valued by COP participants are 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 that 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 that 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.
- Most importantly, participants are able to maintain a home of their own choice and participate in community life.

Appendix B: Definitions

Community Options Program (COP):

The Community Options Program, administered by the Department of Health Services, is managed by local county agencies and delivers community-based services to Wisconsin citizens in need of long-term assistance. The program began as a demonstration in eight counties in 1982 and expanded, statewide, in 1986. (*Funding: 100 % GPR/state.*)

Community Options Program-Waiver (COP-Waiver or COP-W):

A Medicaid-funded waiver program that provides community services to the elderly and persons with physical disabilities demonstrating long-term needs and who would otherwise be eligible for Medicaid reimbursement in a nursing home. (*Funding: Approximately 40% GPR/state, budgeted separately with COP GPR/state funds; approximately 60% federal funding.*)

Community Integration Program 1A (CIP 1A):

A Medicaid-funded waiver program that provides community services to persons with developmental and/or intellectual disabilities who are relocated from the State Centers for the Developmentally Disabled. (*Funding: Approximately 40% GPR/state, budgeted separately with COP GPR/state funds; approximately 60% federal funding.*)

Community Integration Program 1B Regular (CIP 1B):

A Medicaid-funded waiver program that provides community services to persons with developmental and/or intellectual disabilities who are relocated or diverted from nursing homes and intermediate care facilities—intellectually/developmentally disabled (ICFs-I/DD) other than the State Centers for the Developmentally Disabled. (*Funding: Approximately 40% GPR/state, budgeted separately with COP GPR/state funds; approximately 60% federal funding.*)

Community Integration Program 1B (CIP 1B)/Local Match:

A Medicaid-funded waiver program that provides community services to persons with developmental and/or intellectual disabilities who are relocated or diverted from nursing homes and ICFs-I/DD other than the State Centers for the Developmentally Disabled. (*Funding: Approximately 40% GPR/state [Community Aids, county match, or COP funds]; approximately 60% federal Medicaid funding.*)

Community Integration Program II (CIP II)

A Medicaid-funded waiver program that provides community services to the elderly and persons with physical disabilities after a nursing home bed is closed. (*Funding: Approximately 40% GPR/state [state Medicaid funding]; approximately 60% federal Medicaid funding.*)

Children's Long-Term Support Waivers (CLTS-Waivers):

A Medicaid-funded waiver program that serves children and individuals under age 22 diagnosed with a developmental disability, physical disability, or a severe emotional disturbance. CLTS waivers provide funds that enable individuals to be supported in the community. (*Funding: Approximately 40% GPR/state [state Medicaid, Community Aids, county match, or COP funds]; approximately 60% [federal Medicaid funding].*)

Appendix C: Quality Improvement Activities and Outcomes

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

Program Integrity: Record Reviews

On-site county monitoring reviews were conducted for a random selection of 226 cases in 2015. Reviewers looked at records to ensure compliance with waiver requirements. Where errors were identified, corrective action plans were implemented. For all criteria monitored, percent compliance with the waiver requirements was verified. A summary of the monitoring categories and findings are as follows:

- **Financial Eligibility**

Monitoring Components:

- Medicaid financial eligibility as approved in State Plan
- Cost share calculated appropriately
- Spenddown calculated appropriately

Findings: 98 percent of the factors monitored indicated no deficiency. Errors were detected in more complex areas of calculation, specifically billing the waiver during hospital stays. The deficiencies were addressed by the agency developing a comprehensive tracking system.

- **Functional Eligibility**

Monitoring Component: Functional eligibility determined/re-determined on a timely basis

Findings: 96 percent of factors monitored demonstrated compliance with eligibility. No instances of incorrect eligibility determination were identified under this category; however, documentation errors were found and corrected.

- **Service Plan**

Monitoring Components:

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

Findings: 92 percent of factors were in compliance. In a small percentage of the cases, errors in billing were noted. Only the inclusion of nonallowable costs resulted in negative findings and a disallowance of state/federal funding.

- **Service Standards And Requirements**

Monitoring Components:

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

Findings: 82 percent of factors were documented as error free. Documentation deficits accounted for many of the negative findings under this category. Disallowances were taken when standards were not met.

- **Billing**

Monitoring Components:

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

Findings: 80 percent compliance was found in these categories. Disallowances were taken for areas of noncompliance.

- **Substitute Care**

Monitoring Component: Only waiver allowable costs calculated and billed

Findings: 99 percent of relevant files showed compliance with the documentation requirements.

Program Integrity: Home Visits

Of the 226 record reviews completed, 220 included home visits. Reviewers used the results of their record reviews, home visits, and interviews with participants to determine the extent to which the program was meeting the goals outlined within the RESPECT philosophy.

Care managers identify a participant's health status and care needs

Findings: Average 97% compliance. A certified screener met with the participant and his/her family or other support system to complete the functional screen at least annually. The care manager assured that the person was followed by a medical professional in the year reviewed.

Care managers create or arrange for appropriate services to support and not supplant the help available from family, friends, and the community.

Findings: Average 99% compliance. The Individual Service Plan (ISP) addresses all the participant's assessed needs and is reviewed and updated at least every six months, but more often as needed. The participant (and legal representative if applicable) was informed of their right to choose among waiver-allowable services (e.g., in-home vs substitute care services).

Care managers monitor the performance of service providers.

Findings: Average 91% compliance. Documentation exists in the record to show that providers were licensed or certified as required, met training requirements for services not requiring licensure/certification, had a signed Waiver Provider Agreement on file, and provided services that were on the ISP and met the standards as outlined in the Medicaid Waivers Manual.

Services respond to individual needs.

Findings: Average 98% compliance. The ISP addresses the individual's assessed needs as identified by the corresponding functional screen. The ISP is updated throughout the year as needed.

Participant preferences and choices are honored.

Findings: Average 99% compliance. Participants could choose their services. Knowledgeable care managers listened and responded to participant preferences and choices, and addressed participant concerns.

Participants are satisfied with the services delivered.

Findings: Average 99% compliance. Participants were satisfied with the care management services they received as well as with the in-home (e.g., supportive home care) services received.

Participants are able to maintain a home of their choice and participate in community life.

Findings: Average 100% compliance. Participants make their own decisions about their living arrangement and feel connected to their community.

Corrective Action

Following completion of the record reviews and home visits, site monitoring visits include a face-to-face summary meeting and submission of a written report to the local agency director responsible for waiver implementation. The report provides details to the agency about identified health or safety issues and whether action is needed at the local level. The report also cites errors or deficiencies, noting that corrective action must occur within a specified period of time. The monitoring includes follow-up visits to ensure compliance when written documentation insufficiently provides assurance. Results from consumer outcomes and satisfaction surveys are included in the written report with intent to present an overview of the county system and identify trends in service areas.

In instances where a deficiency correlated with ineligibility, DHS requires agencies to correct reimbursement requests. In addition, agencies develop a plan to modify their practice. Disallowances occur when retroactive corrections cannot be implemented.

Program Quality

During 2015, 220 randomly selected participants responded to 16 questions during in-person interviews regarding satisfaction with waiver services. Both direct responses and reviewer assessments of those responses were recorded.

- **Factors examined regarding care management services included:**
 - Responsiveness to consumer preferences
 - Quality of communication
 - Level of understanding of consumer's situation
 - Knowledge of resources
 - Timeliness of response

- **Factors examined for in-home care included:**
 - Timeliness
 - Dependability
 - Responsiveness to consumer preferences

- **Factors examined for individuals residing in substitute care settings included:**
 - Responsiveness to consumer preferences
 - Choices for daily activities
 - Ability to talk with staff about concerns
 - Comfort

Table 16 combines and summarizes the findings of the survey.

Table 16 - Program Quality Results

Satisfaction Category	Percentage of Positive Responses
Choice of services	99%
Connected to the community	100%
Care manager is responsive	98%
Feels safe	98%
Satisfaction with in-home workers	100%
Substitute care services are acceptable	97%
Satisfaction living arrangement	100%

Positive Responses include responses for which the Satisfaction Category was either achieved or in progress. Source: 2015 Quality Monitoring Reviews (based on CY15 participant interviews and a review of CY 14 records)

Continuous Quality Improvement Projects

DHS analyzed and combined quality improvement data that informs ongoing quality improvement projects:

- Quarterly validation of Medicaid numbers.
- Enhanced data collection and reporting formats that identify target areas for local monitoring, training and technical assistance.
- Production and distribution of case-specific fiscal reports containing potential, correctable reporting errors.
- Provision of training and technical assistance on the Long Term Care Functional Screen.
- Provision of training and technical assistance on the management of complex funding sources.
- Maintenance of a database of Hearings and Appeals decisions.
- Maintenance of a database of registered service providers with/without provider agreements.

We gratefully acknowledge the efforts of county COP lead agencies to report COP and waiver activities and expenditures completely and accurately, since this information is the foundation for the data compiled in this report. Questions may be directed to dhsdldmsbaltcs@dhs.wisconsin.gov.