Community Options Program

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Introduction

The Community Options Program (COP) is a state-funded, county-operated program, available in all Wisconsin counties, which makes available long term supports, services, and funds to eligible individuals. COP is designed to divert or relocate individuals of target groups from nursing homes or other institutions. COP helps eligible people get the long term supports they need to live in the community instead of an institution. The eligible target groups include people with permanent or chronic disabilities in need of long term care or support who are elderly, have physical disabilities, developmental disabilities, chronic mental illness and/or chemical dependencies. COP funds are used to pay for needed services and supports not covered by other programs or resources.

Eligibility

A person with a disability may be eligible for COP if s/he:

1. Is seeking admission or is about to be admitted to a nursing home; or
   • currently lives in a State Center for people with developmental disabilities or a nursing home and would like to move out; or
   • has a chronic mental illness to the extent that long-term or repeated hospitalization is likely; or
   • has Alzheimer’s or another related irreversible dementia; and

2. Requires a level of care as determined on the COP Functional Screen that Medicaid would cover in a nursing home or state center for people with developmental disabilities; and

3. Has resided in Wisconsin for at least 180 consecutive days.

There is no income criteria for an assessment and care plan. However, there are income criteria in determining if COP will pay for part or all of the necessary costs of ongoing services. Also, counties can charge a fee to the individual for an assessment or development of a care plan.
Program Resources

Based on an individualized assessment of the person’s needs and abilities and the availability of services and supports to meet those needs, COP funds can be used for necessary goods and services not covered by other programs or resources. Any services, equipment or adaptive aid the person needs to live safely in the community could be funded through COP, such as home modifications, respite care, adaptive equipment and counseling.

All other sources of funding will be considered before COP funds are used to pay for needed services. Getting services through COP will also depend on availability of funds in the county where the person resides. Because the program is county-based, availability, type and quality of services may vary widely from county to county.

The legislature purposely designed COP to be very flexible. When counties offer a limited list of services, they may be denying consumers a service that is allowable under state statute. In that case, ask the county what their legal justification is for restricting COP’s flexibility.

Many counties have extensive waiting lists. Although there is no right to appeal placement on a waiting list, those placed on waiting lists have a right to know the waiting list policy and procedure, their status on the list and an estimate of the time when services will be made available.

How to Apply

You can contact your county directly or you could be referred for a COP assessment by a social service agency or a hospital. The county will arrange for COP staff to contact you to determine your eligibility for an assessment. The agency has 30 days from the date of receipt of your application to notify you of an approval or denial for an assessment. If the decision is made to proceed with the assessment, it must be completed within 45 days of the receipt of your application unless you are placed on a waiting list and agree to postpone the assessment. You, other family members, and anyone else you choose can be involved in the assessment process.

After the assessment is completed, a decision will be made about whether a care plan will be developed. If a care plan is developed, the plan should describe all the formal and informal supports and services you need to live in the community. These services and supports are to reflect your choices and preferences and include a description of who will provide the services and when the services will be provided. A care manager will be assigned to coordinate the services and to assure that the care plan objectives are met. The care plan will be reviewed periodically, and changes in services or supports will be made as needed (and if additional funding is available).
You have the right to appeal if you are denied eligibility for a COP assessment, care plan, or COP-funded services, or if the services you get are reduced or terminated. You may request a hearing from the Division of Hearings and Appeals.

State of Wisconsin
Division of Hearings and Appeals
5005 University Avenue, Suite 201
Madison, WI 53703-7875
608-266-3096
608-264-9853 (TTY)

Who to Contact

For more information on COP, contact your local county Department of Human Services (also called the Department of Community Programs or Unified Services Board) or contact your County Clerk.

At the state level, contact:

Bureau on Aging and Long Term Care Resources
Division of Supportive Living
Department of Health and Family Services
1 West Wilson, Room 472
P.O. Box 7851
Madison, WI 53707-7851
608-267-7284