


To: Listserv

For: County Departments of Human Services Departments  
County Departments of Social Services Directors  
County 51 Directors  
County Fiscal Contacts  
County COP and Waiver Coordinators  
Human Service Area Coordinators  
Area Administrators  
Community Integration Specialists

From: Sinikka Santala   
Administrator

Subject: LTC Fiscal Update Memo #3

This memo addresses the following:

1. The Department of Health and Family Services' (DHFS) review and approval process for Community Options Program (COP) Exceptional Expense requests beginning CY 2008,
2. Enrollment of new individuals in Home and Community Based Waivers (HCBWs) immediately prior to and during a county's transition to managed long-term care, and
3. Development of community placements for individuals relocating from institutions (nursing homes, ICFs-MR, and State Centers) immediately prior to and during a county's transition to managed long-term care.

#### **COP High Cost Funds – Submitting Requests for Review**

DHFS is centralizing review and approval of COP Exceptional Expense requests beginning in CY 2008. This change is to simplify state administration of these requests. As of **January 1, 2008**, all COP Exceptional Expense requests should be sent to Kimberly Schindler in the Community Options Section. COP Exceptional Expense requests will no longer be accepted in the Childrens Section or Developmental Disabilities Services Section.

Counties should use the approved request form when submitting a request. Before a COP High Cost request will be reviewed at DHFS, the request must be approved by the County's Long Term care planning committee and, when applicable, the appropriate Community Integration Specialist, Children's Services Specialist or TMG Quality Assurance Consultant.

For more information on requesting COP Exceptional Expense funds, including information on how to obtain the required forms, please refer to the COP Information Memo #177 or contact the individuals listed below.

#### **Enrolling New Individuals in HCBWs Immediately Prior to and During Managed Long-term Care Transition**

A county may enroll new individuals into **existing** waiver slots up to the day the county begins its transition to managed care (transition to managed care begins the day current waiver participants begin enrolling in managed long term care). However the Department will stop approving new

waiver slots 90 days prior to the managed care start date, to better manage transition. The Department will consider exceptions to the 90 day freeze for emergency situations. In addition, there is an exception for slots created for approved relocations under CRI, ICF-MR restructuring and/or CIP IA (state center relocations). An individual relocating from an institution may get a new waiver slot up to the day a county begins its transition to managed care. No new individuals may enroll in the adult HCBWs after the county begins its transition to managed care.

When developing a HCBW plan for an individual, a county anticipating managed long-term care transition must coordinate and communicate with the MCO planning to operate in the county. This will increase continuity of care and limit disruptions to the community living plan developed for the individual.

### **Development of Community Placements for Individuals Relocating from Institutions Immediately Prior to and During Managed Long-term Care Transition**

The Department encourages counties planning a transition to managed long-term care to continue to assess, conduct person-centered plans and develop community placements for individuals residing in institutions (nursing homes, ICFs-MR and State Centers). Counties may place these individuals in community settings and enroll them into the waivers up to the day the county begins its transition to managed care.

Counties anticipating a managed long-term care transition must coordinate and communicate with the MCO when developing a community placement for an individual relocating from an institution. As similarly noted above for other HCBW care plans developed during the period a county is planning its managed long term care transition, coordination with the MCO will increase continuity of care and limit disruptions of the community living developed for the relocated individual.

Although no new individuals may enroll in HCBWs after a county begins its transition to managed long-term care, individuals relocating from nursing homes, ICFs-MR or State Centers during transition may enroll immediately in the MCO and do not count against a county's wait list enrollment limit. These individuals do not need to first be enrolled in a waiver placement to be prioritized for managed care enrollment.

We hope you find this information helpful. If you have questions or concerns, please contact the following individuals:

- Anne Olson, Supervisor Fiscal Unit – (608) 264-9870 or [olsonac@dhfs.state.wi.us](mailto:olsonac@dhfs.state.wi.us)
- Kimberly Schindler for COP Exceptional Expense Requests – (608) 266-1345 or [schinki@dhfs.state.wi.us](mailto:schinki@dhfs.state.wi.us)
- Sue Liegel for COP and COP-W – (608) 266-9755 or [liegesk@dhfs.state.wi.us](mailto:liegesk@dhfs.state.wi.us)
- Lisa Kelly for CIP II – (608) 267-3659 or [kellylm@dhfs.state.wi.us](mailto:kellylm@dhfs.state.wi.us)
- Erin Warner for CIP 1 or BIW – (608) 261-0646 or [warneem@dhfs.state.wi.us](mailto:warneem@dhfs.state.wi.us)

REGIONAL OFFICE CONTACT:

CENTRAL OFFICE CONTACT:

MEMO WEB SITE: [http://dhfs.wisconsin.gov/dsl\\_info/](http://dhfs.wisconsin.gov/dsl_info/)

Attachments

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