

**2009
HSRS LONG-TERM SUPPORT
MODULE DESKCARD
MODULE TYPE A**

HISPANIC / LATINO (Field 7a)

Y = Yes

N = No

RACE (Field 7b)

Code up to five.

A = Asian

B = Black or African American

I = American Indian or Alaska Native

P = Native Hawaiian or Pacific Islander

W = White

CLIENT CHARACTERISTICS (Field 8)

NOTE: For COP, COP-W, and Locally Matched CIP IB the first Client Characteristic is used for monitoring significant proportions.

- 34 Developmental disability - brain injury - occurred at age 21 or earlier
- 35 Developmental disability - brain injury - occurred after age 21*
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability – autism spectrum
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 86 Severe emotional disturbance
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 07 Blind / visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability / mobility impaired
- 36 Other handicap
- 55 Frail elderly
- 57 Abused/neglected adults/elder
- 18 Alzheimer's disease / related dementia**
- 77 Challenging behavior - not for use as first client characteristic.
- 37 Fragile / frail medical condition - not for use as first client characteristic.
- 87 Prader Willi
- 88 Asperger Syndrome
- 89 Pervasive developmental disorder
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 93 Chapter 54/55 adults/elderly

* For COP purposes Code 35 clients are counted as physically disabled.

** For COP purposes Code 18 clients under 65 are counted as physical disability; clients 65 and over are counted as elderly.

LEVEL OF CARE (Field 9)

- 1 Highest function screen eligibility is Level I
- 2 Highest function screen eligibility is Level IIA
- 3 Highest function screen eligibility is Level IIB
- 4 Meets functional screen special eligibility Level III only. Has physician's diagnosis of Alzheimer's disease or a related disorder.
- 5 Meets functional screen special eligibility Level III only - special SPMI level or referred from an IMD and does not meet functional screen Levels I or II.
- 6 Meets functional screen special eligibility Level III only. Is referred under Interdivisional Agreement 1.67 or has lost level of care eligibility under the waivers.
- 7 Functional screen Level IV - does not meet any of the above level of care or is grandfathered in with ICF 3, 4, or ICF-MR4-level of care determination prior to 11-01-83.
- 8 Has been ongoing COP recipient since prior to 1-1-86 and is therefore COP eligible without a level of care determination.
- 9 Has not had a level of care assigned as yet; level of care will be determined **PRIOR** to service provision.

B Brain injury

Codes 4, 5, 6, 8, and 9 are not waiver eligible

For use with LTS Codes (Field 26) 1, 4, 8, and R

M DD1A

N DD1B

O DD2

P DD3

For use with children's waivers only

R DD – children all levels

S Psychiatric hospital – children - MH

T Nursing home – children - PD

U Hospital – children - PD

MARITAL STATUS (Field 10)

1 Married

2 Divorced

3 Separated

4 Widow / widower

5 Never married

6 Legally separated

9 Unknown / other

LIVING ARRANGEMENT (Field 11)

PRIOR AND CURRENT

- 06 State mental health institute - not a current living arrangement - may be used for COP assessment, plan, applicant register
- 07 ICF / MR: not state center - not a current living arrangement - may be used for COP assessment, plan, applicant register
- 21 Adoptive home
- 22 Foster home - nonrelative
- 23 Foster home - relative
- 24 Treatment foster home
- 27 Shelter care facility
- 30 Person's home or apartment

- 32 State center for developmental disabilities - not a current living arrangement - may be used for COP assessment, plan, applicant register.
- 33 Nursing home - not a current living arrangement - may be used for COP assessment, plan, applicant register.
- 37 Adult family home 1-2 beds
- 38 Adult family home 3-4 beds
- 43 Child group home
- 44 Residential care center (children)
- 50 Brain injury rehab unit - hospital
- 51 Brain injury rehab unit - nursing home
- 60 Supervised community living - not valid for CIP 1, BIW, CLTS-W.
- 61 CBRF 5 - 8 beds
- 63 CBRF independent apartment - not a current living arrangement for CIP 1, BIW, and CLTS-W.
- 64 CBRF 9 - 16 beds - not a current living arrangement for CIP I, BIW, and CLTS-W.
- 65 CBRF 17 - 20 beds - not a current living arrangement for CIP I, BIW, and CLTS-W.
- 66 CBRF 21 - 50 beds - not a current living arrangement for CIP I, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 67 CBRF 51 - 100 beds - not a current living arrangement for CIP I, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 68 CBRF over 100 beds - not a current living arrangement for CIP I, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 70 Residential care apartment complex- only for COP-W and CIP II participants - may be used for COP assessment, plan, applicant register.
- 98 Other living arrangement - only for COP assessment, plan, applicant register.

PEOPLE

- 05 Living alone
- 09 Living alone with attendant care
- 10 Living with immediate family
- 11 Living with immediate family with live-in attendant care
- 15 Living with extended family
- 16 Living with extended family with live-in attendant care
- 18 Living with others
- 19 Living with others with live-in attendant care
- 90 Transient housing situation

NATURAL SUPPORT SOURCE (Field 12)

- 1 Parent
- 2 Spouse
- 3 Child
- 4 Other relative
- 5 Nonrelative
- 6 None

TYPE OF MOVEMENT / PRIOR LOCATION (Field 13)

(Optional for COP assessment, plan, applicant register)

N = Relocated from general nursing home

F = Relocated from ICF / MR facility

D = Diverted from entering any type of institution

B = Relocated from brain injury rehab unit

SPECIAL PROJECT STATUS (Field 14)

I ICF-MR initiative

L Recipient of a CIP II loan slot

COUNTY OF FISCAL RESPONSIBILITY (Field 15)

01 Adams	26 Iron	51 Racine
02 Ashland	27 Jackson	52 Richland
03 Barron	28 Jefferson	53 Rock
04 Bayfield	29 Juneau	54 Rusk
05 Brown	30 Kenosha	55 St. Croix
06 Buffalo	31 Kewaunee	56 Sauk
07 Burnett	32 La Crosse	57 Sawyer
08 Calumet	33 Lafayette	58 Shawano
09 Chippewa	34 Langlade	59 Sheboygan
10 Clark	35 Lincoln	60 Taylor
11 Columbia	36 Manitowoc	61 Trempealeau
12 Crawford	37 Marathon	62 Vernon
13 Dane	38 Marinette	63 Vilas
14 Dodge	39 Marquette	64 Walworth
15 Door	40 Milwaukee	65 Washburn
16 Douglas	41 Monroe	66 Washington
17 Dunn	42 Oconto	67 Waukesha
18 Eau Claire	43 Oneida	68 Waupaca
19 Florence	44 Outagamie	69 Waushara
20 Fond du Lac	45 Ozaukee	70 Winnebago
21 Forest	46 Pepin	71 Wood
22 Grant	47 Pierce	72 Menominee
23 Green	48 Polk	84 Menominee Tribe
24 Green Lake	49 Portage	92 Oneida Tribe
25 Iowa	50 Price	

COURT ORDERED PLACEMENT (Field 16)

Y = Yes

N = No

MA WAIVER FINANCIAL ELIGIBILITY TYPE (Field 17)

A = Categorically eligible

B = Categorically financially eligible - special income limit

C = Medically needy

D = COP eligible

INDICATOR FOR WAIVER MANDATE (Field 18)

(Optional for COP assessment, plan, applicant register)

A = MA waiver eligible

B = Not MA waiver eligible

C = MA waiver eligible but exempt

CLOSING REASON (Field 20)

- 05 Moved out of state
- 06 Died
- 09 Service not available
- 11 Not or no longer income / asset eligible
- 14 Not or no longer level of care eligible
- 21 Services arranged without agency involvement
- 24 Insufficient funds in COP to provide services
- 32 Rejected individual service plan (ISP)
- 35 Private pay / other public funding sources used to pay for service
- 38 Voluntarily declined or terminated services
- 39 Transferred to or preferred nursing home care
- 41 Transfer to joint lead agency
- 43 Ineligible living arrangement

44	Moved out of county / closed on LTS	203	Children's foster/treatment home	Days
45	Moved out of county / still open on LTS	204	Group home	Days
46	Refused to supply needed financial documentation	205	Shelter care	Days
47	Transfer to Pace Program	301	Court intake and studies	Hours
48	Transfer to Partnership Program	401	Congregate meals	Meals
50	Not eligible - residency requirement (COP only)	402	Home delivered meals	Meals
51	Declined further services due to estate recovery	403 01	Recreation activities	Hours
52	Moved to and now resides in DD center	403 02	Alternative activities	Hours
53	Moved to and now resides in ICF-MR	403 03	Alternative / other	Items
54	Moved to and now resides in IMD	406	Protective payments/guardianship	None
55	Cannot support safe care plan / behavioral challenges	503	Inpatient stay	None**
56	Cannot support safe care plan / medical issues	506 61	CBRF 5 - 8 licensed beds	Days
57	No formal / informal supports available in community	506 63	CBRF independent apartment	Days
58	County has exceeded CBRF cap	506 64	CBRF 9 - 16 beds	Days
60	Transferred to IRIS or Managed Care/Family Care	506 65	CBRF 17 - 20 beds	Days
		506 66	CBRF 21 - 50 beds - need department approval	Days
		506 67	CBRF 51 - 100 beds - need department approval	Days
		506 68	CBRF over 100 beds - need department approval	Days
		507 03	Counseling and therapeutic Resources - hours	Hours
		507 04	Counseling and therapeutic Resources - items/services	Items/ services
		509	Community support	None
		510	Comprehensive community services	Days
		603 01	COP assessment	Hours
		603 02	COP plan	Hours
		604	Case management	Hours
		605	Advocacy and defense resources	Hours
		606	Health screening and accessibility	Hours
		610	Housing counseling	Hours
		615	Supported employment	Hours
		619	Financial management services	Hours
		704	Day treatment - medical	Days
		705	Detoxification - social setting	None
		706	Day services treatment	Hours
		710	Skilled nursing services	Hours

CIP IA, IB, IB-ICFMR and BIW SPC / SUBPROGRAM

CODE	SPC	UNITS
095 01	Participant cost share	None
102	Adult day care	Hours
103 22	Respite care residential	Hours
103 24	Respite care institutional	Hours
103 26	Respite care home based	Hours
103 99	Respite care other	Hours
104 10	Supportive home care / days	Days
104 11	SHC - personal care / days (opt)	Days
104 12	SHC - supervision services / days (opt)	Days
104 20	Supportive home care / hours	Hours
104 21	SHC - personal care / hours (opt)	Hours
104 22	SHC - supervision services / hours (opt)	Hours
104 88	Supportive home care - worker room and board	None
106 03	Housing start-up	None

107 30	Specialized transportation & escort	1 way trips
107 40	Specialized transportation & escort	Miles
107 50	Transportation specialized	Items
108	Prevocational services	Hours
110	Daily living skills training	Hours
112 46	Personal emergency response systems	None
112 47	Communication aids	Items
112 55	Special medical and therapeutic supplies	Items
112 56	Home modifications	Projects
112 57	Adaptive aids - vehicles	Items
112 99	Adaptive aids - other	Items
113	Consumer education and training	Hours
202 01	Adult family home 1 - 2 beds	Days
202 02	Adult family home 3 - 4 beds	Days
203	Children's foster/treatment home	Days
402	Home delivered meals	Meals
503	Inpatient ICF / MR stay	None**
506 61	CBRF 5 - 8 licensed beds	Days
507 03	Counseling and therapeutic services	Hours
507 04	Counseling and therapeutic services	Consults
604	Support and service coordination/ case management	Hours
604 01	Support and service coordination/ case management - face-to-face contact (optional)	Hours
604 02	Support and service coordination/ case management - collateral contact (optional)	Hours
604 03	Support and service coordination/ case management - face-to-face home contact (optional)	Hours
604 04	Support and service coordination/ case management - other contact (optional)	Hours
609 10	Consumer directed supports	Days*
610	Housing counseling	Hours
615	Supported employment	Hours
619	Financial management services	Hours
706 10	Day services - adult	Hours
706 20	Day services - children	Hours
710	Nursing services	Hours

CIP II, COP-W, and COMMUNITY RELOCATION INITIATIVE

CODE	SPC	UNITS
095 01	Participant cost share / spend down	None
095 02	Refunds, voluntary contributions	None
102	Adult day care	Hours
103 22	Residential respite	Hours
103 24	Institutional respite	Hours
103 26	Respite care - home based	Hours
103 99	Respite care - other	Hours
104 10	Supportive home care / days	Days
104 11	SHC - personal care / days (opt)	Days
104 12	SHC - supervision services / days (opt)	Days
104 20	Supportive home care / hours	Hours
104 21	SHC - personal care / hours (opt)	Hours
104 22	SHC - supervision services / hours (opt)	Hours
104 88	Supportive home care - worker room and board	None
104 12	SHC - supervision services / days (opt)	Days

104 13	SHC - routine home care services / days (optional)	Days
104 14	SHC - chore services / days (opt)	Days
104 20	Supportive home care / hours	Hours
104 21	SHC - personal care / hours (opt)	Hours
104 22	SHC - supervision services / hours (opt)	Hours
104 23	SHC - routine home care services / hours (optional)	Hours
104 24	SHC - chore services / hours (opt)	Hours
106 01	Energy assistance - when relocating from nursing home	None
106 03	Housing start-up - when relocating from nursing home	None
107 30	Specialized transportation and escort - trips	1 way trips
107 40	Specialized transportation and escort - miles	Miles
107 50	Specialized transportation	Items
110	Daily living skills training	Hours
112 46	Personal emergency response systems	None
112 47	Communication aids	Items
112 55	Specialized medical supplies	Items
112 56	Home modifications	Projects
112 57	Adaptive aids - vehicles	Items
112 99	Adaptive aids - other	Items
114	Vocational futures planning	Hours
202 01	Adult family home 1 - 2 beds	Days
202 02	Adult family home 3 - 4 beds	Days
402	Home delivered meals	Meals
503	Inpatient stay	None**
506 61	CBRF 5 - 8 licensed beds	Days
506 63	CBRF independent apartment	Days
506 64	CBRF 9 - 16 beds	Days
506 65	CBRF 17 - 20 beds	Days
506 66	CBRF 21 - 50 beds - need department approval	Days
506 67	CBRF 51 - 100 beds - need department approval	Days
506 68	CBRF over 100 beds - need department approval	Days
507 03	Counseling and therapeutic resources - hours	Hours
507 04	Counseling and therapeutic resources - items / services	Items/ services
604	Case management	Hours
604 04	Case management - other contact (optional)	Hours
619	Financial management services	Hours
706	Day services treatment	Hours
710	Skilled nursing services	Hours
711	Residential care apartment complex	Days

*Only used with Memorandum of Understanding (MOU)
 **HSRS days are calculated by counting the SPC Start Date but not the End Date

**CHILDREN'S LONG-TERM SUPPORT WAIVER
SPC / SUBPROGRAM**

CODE	SPC	UNITS
095	01 Participant cost share	None
103	22 Residential respite	Hours
103	24 Institutional respite	Hours
103	26 Home based respite	Hours
103	99 Respite care - other	Hours
104	10 Supportive home care / days	Days
104	11 SHC - personal care / days (opt)	Days
104	12 SHC - supervision services / days (opt)	Days
104	20 Supportive home care / hours	Hours
104	21 SHC - personal care / hours (opt)	Hours
104	22 SHC - supervision services / hours (opt)	Hours
104	88 Supportive home care - worker room and board	None
106	03 Housing start up	None
107	30 Specialized transportation and escort - trips	1 way trips
107	40 Specialized transportation and escort - miles	Miles
107	50 Transportation specialized	Items
110	Daily living skills training	Hours
112	46 Personal emergency response systems	None
112	47 Communication aids	Items
112	55 Special medical and therapeutic supplies	Items
112	56 Home modifications	Projects
112	57 Adaptive aids - vehicles	Items
112	99 Adaptive aids - other	Items
113	Consumer education and training	Hours
202	01 Adult family home, 1-2 beds	Days
202	02 Adult family home, 3-4 beds	Days
203	Children's foster/treatment home	Days
503	Inpatient stay	None**
507	03 Counseling and therapeutic services	Hours
507	04 Counseling and therapeutic resources	Items/services
512	Intensive in-home autism services	Hours
604	Support and service coordination	Hours
604	01 Support and service coordination - face-to-face contact (optional)	Hours
604	02 Support and service coordination - collateral contact (optional)	Hours
604	03 Support and service coordination - face-to-face home contact (optional)	Hours
604	04 Support and service coordination - other contact (optional)	Hours
609	20 Consumer and family directed supports	Days
610	Housing counseling	Hours
615	Supported employment	Hours
619	Financial management services	Hours
706	20 Day services - children	Hours
710	Nursing services	Hours

**COMMUNITY OPPORTUNITIES & RECOVERY (COR) WAIVER
SPC / SUBPROGRAM**

CODE	SPC	UNITS
095	01 Participant cost share	None
095	02 Refunds, voluntary contributions	None
103	22 Residential respite	Hours
103	24 Institutional respite	Hours
103	26 Respite care home based	Hours
103	99 Respite - other	Hours
104	10 Supportive home care - days	Days
104	11 SHC - personal care days (optional)	Days
104	12 SHC - supervision services/days (optional)	Days
104	13 SHC - routine home care services/ days (optional)	Days
104	14 SHC - chore services/days (optional)	Days
104	20 Supportive home care - hours	Hours
104	21 SHC - personal care/hours (optional)	Hours
104	22 SHC - supervision services/hours (optional)	Hours
104	23 SHC - routine home care services/ hours (optional)	Hours
104	24 SHC - chore services/hours (optional)	Hours
104	30 Short term supervision & observation	Days
106	01 Energy assistance - when relocating from nursing home	None
106	03 Housing start-up - when relocating from nursing home	None
107	30 Specialized transportation and escort - trips	1 way trips
107	40 Specialized transportation and escort - miles	Miles
107	50 Specialized transportation	Items
110	Daily living skills training	Hours
112	46 Personal emergency response systems	None
112	55 Specialized medical supplies	Items
112	56 Home modifications	Projects
112	57 Adaptive aids - vehicles	Items
112	99 Adaptive aids - other	Items
113	01 Natural supports training	Hours
114	01 Vocational recovery	Hours
202	01 Adult family home 1-2 beds	Days
202	02 Adult family home 3-4 beds	Days
402	Home delivered meals	Meals
403	04 Peer/advocates supports	Hours
506	61 CBRF 5-8 licensed beds	Days
507	03 Counseling & therapeutic resources - hours	Hours
507	04 Counseling & therapeutic resources	Items/service
604	Case management	Hours
605	01 Benefit counseling	Hours
609	20 Consumer & family directed supports	Days
609	30 Consumer & family directed support	Hours
610	Housing counseling	Hours
619	Financial management services	Hours
706	Day services treatment	Hours
710	Skilled nursing services	Hours
711	Residential care apartment complex	Days

ICF-MR RESTRUCTURING INITIATIVE

896	ICF-MR/NH resident`	None
REGISTER OF ELIGIBLE APPLICANTS		
897	Institutional resident	None
898	No publicly funded ongoing service to meet long-term care needs	None
899	Some publicly funded ongoing services but no COP or Waiver service	None
SPC End Date required when COP or waiver service begins, or removed from list.		
TARGET GROUP (Field 25)		
01	Developmental disability	
31	Mental health	
18	Alcohol and other drug abuse	
57	Physical or sensory disability	
58	Adults and elderly (age 65 and over)	
LONG-TERM SUPPORT CODE (Field 26)		
1	CIP 1A	
2	CIP II	
3	COP - waiver	
4	CIP 1B	
6	BIW	
7	COP	
8	CIP 1B - locally matched slot	
B	BIW - locally matched slot	
F	Children's autism - DD	
G	Children's autism - MH	
P	Children's autism - PD	
H	Children's long-term support - DD state match	
I	Children's long-term support - DD local match	
J	Children's long-term support - MH state match	
K	Children's long-term support - MH local match	
L	Children's long-term support - PD state match	
M	Children's long-term support - PD local match	
N	Community relocation initiative	
R	CIP1B - ICFMR	
S	Transfer - sending county cost	
T	COR Community Opportunities and Recovery waiver	
FUNDING SOURCE (Field 27)		
Required for LTS codes 8, B, I, K, M		
CP	COP match funding	
CA	Community aids match funding	
FS	Family support match funding	
RO	Conditional release	
FC	ACT-405	
AZ	Alzheimer's funding (only allowed with SPC 899)	
LO	County tax levy or sales tax	
FT	Family care transfer (only for LTS codes 2, 4)	
ND	Nursing home diversion (only for LTS code 2)	
MF	Money follows the person (only for LTS codes 1, N, R, T)	

SOS DESK (608) 266-9198

8:00 - 11:30 A.M. and 12:30 - 4:00 P.M.

or leave a voice mail message.

E-mail Address: dhssoshelp@wisconsin.gov

FAX (608) 267-2437

HSRS Handbook and Terminal Operator's Guide:

<http://www.dhs.wisconsin.gov/HSRS/index.htm>

WI Department of Health Services

Division of Enterprise Services

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