

AN EVALUATION

Community Options Programs

Department of Health and Family Services

99-8

May 1999

1999-2000 Joint Legislative Audit Committee Members

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May 10, 1999

Senator Gary R. George and
Representative Carol Kelso, Co-chairpersons
Joint Legislative Audit Committee
State Capitol
Madison, Wisconsin 53702

Dear Senator George and Representative Kelso:

We have completed an evaluation of community long-term care programs operated by local governments and administered by the Department of Health and Family Services. We focused our analysis on two Medical Assistance waiver programs whose participants are primarily elderly and physically disabled: the Community Integration Program II (COP-II) and Community Options Program Waiver (COP-W) programs, and on participants whose services were funded exclusively through the general purpose revenue-funded Community Options Program (COP-R). In 1997, 15,699 participants received services through these programs, for which reported expenditures were \$120,893,900.

Among local community long-term care programs, we found significant variation in the amount of time individuals wait for program services. As of June 1998, approximately 11,000 individuals statewide were waiting to receive program services. However, 11 counties reported no waiting lists, while 12 others had waiting lists of more than 100 individuals. The maximum wait for developmentally disabled individuals was nine years; for elderly individuals, it was four years.

In addition to variation in waiting times, we found variation in the types of services these local programs provide and in the per participant expenditures they report. For example, statewide expenditures averaged \$7,701 per participant in 1997, but local programs reported average per participant expenditures ranging from \$3,394 to \$17,195.

Variation among local programs is possible because community long-term care places primary responsibility for program management with local governments. The Family Care proposal currently before the Legislature as part of Assembly Bill 133 addresses some of the causes of the variation we found. To assist in analyzing the effect this proposal could have on community long-term care, we include questions the Legislature may wish to explore during its deliberations.

We appreciate the courtesy and cooperation extended to us by the Department and staff of local programs. The Department's response is Appendix IV.

Respectfully submitted,

Janice Mueller
State Auditor

JM/KM/jb

SUMMARY

Approximately 71,000 elderly and disabled Wisconsin residents receive publicly funded long-term care to maintain their health and provide for their daily needs. One-third of this group, or approximately 23,000 individuals, receive this care through community long-term care programs that allow them to live in their own homes or in other non-medical residential facilities, rather than in nursing homes.

The State's original community long-term care program, the Community Options Program (COP-R), was created in 1981 in response to a rapid expansion of nursing home use and related concerns about public spending and quality of care. Subsequently, the State established six other programs that are funded with general purpose revenue (GPR) and with federal funds made available under waivers of Medical Assistance program regulations. Each of 72 counties, as well as 1 tribe, has local program management responsibility. The Department of Health and Family Services administers the programs at the state level. In 1997, local programs reported expenditures of \$307,614,220 for community long-term care.

In response to concerns about variations in local program costs and services for elderly and physically disabled individuals, we analyzed local service expenditures, program policies, and waiting lists for the two Medical Assistance waiver programs that serve primarily elderly and physically disabled individuals—the Community Integration Program II (CIP II) and the Community Options Program Waiver (COP-W) program—as well as the GPR-funded COP-R program. In 1997, reported service expenditures for 15,699 participants in the three programs we analyzed were \$120,893,900.

Thirty services are reimbursable under COP-R and the Medical Assistance waiver programs we examined. In-home support services, including daily personal care and home-delivered meals, accounted for \$65.4 million, or more than half of all 1997 service expenditures. Other program services include alternative residential care, including care in community-based residential facilities and adult and family group homes; care management; day care; community support services, including specialized transportation; and recreation, legal, and medical services.

Funding for the three programs we reviewed supports these services, assessments, and program administration. Program funding has almost doubled since fiscal year (FY) 1991-92, increasing from an estimated \$80.2 million in that year to an estimated \$178.0 million in FY 1998-99. However, demand for services has consistently exceeded available funds, and as of June 1998, approximately 11,000 individuals were waiting to receive program services.

Individuals waiting for community long-term care may be in the care of friends or family, or they may be in nursing homes seeking to return to the community. Although 11 counties reported no waiting lists for community long-term care in December 1997, 12 counties had waiting lists of more than 100 individuals. The two largest counties, Milwaukee and Dane, had the largest waiting lists: 3,225 and 1,344, respectively. When the number of individuals waiting for community long-term care is compared to each county's entire elderly and disabled population, the county with the largest waiting list was Menominee, with 52.8 individuals reported to be waiting for every 1,000 elderly and disabled residents. Statewide, 11.8 individuals were reported to be waiting for community long-term care for every 1,000 elderly and disabled state residents.

Several factors, including the amount of outreach performed by local staff and local policies governing the maintenance of waiting lists, contribute to the variations in waiting list size and the amount of time eligible individuals must wait for program services. The maximum wait for developmentally disabled individuals was nine years; for elderly individuals, it was four years.

In addition, we found considerable variation in the range of services that local programs offer participants, as well as in the service expenditures they report. Statewide, reported service expenditures for 1997 averaged \$7,701 per participant. However, average expenditures per participant varied significantly. For example, Pepin County reported average expenditures of \$3,394 per participant, whereas the Oneida Tribe reported an average of \$17,195 per participant, and Ozaukee County reported an average of \$13,890 per participant. Such variations are caused, in part, by differences in individual participants' needs, differences in local service costs and reporting practices, and differences in the level of services provided.

More populous counties generally provided more services, but there was also significant variation in the number of services provided by counties of similar size. Statewide, the median number of services provided by the three programs in 1997 was 14. Milwaukee County provided 24 services, and Florence County provided 6.

Differing approaches to service delivery can also create local variations in the services available to program participants. For example, local programs vary in the extent to which they are willing to hire participants' family members to provide in-home support. The use of community-based residential facilities also varies widely among local programs. Statewide, 12.6 percent of program participants resided in such facilities, which provide treatment and services but only limited nursing care, at some point during 1997. However, five local programs placed more than 20 percent of their participants in community-based residential facilities. The use of these facilities has raised concerns because it accounted for nearly 20 percent of 1997 program expenditures, or \$23.5 million.

Variations in program costs and services result not only from differences in local program management, but also because of statutory requirements

that COP-R and COP-W must serve specific proportions of elderly, physically disabled, and other participant groups. As a result of the “significant proportions” requirements and the waiting lists that develop when demand for community long-term care exceeds available funds, individuals in some disability groups must wait longer for services. Staff from 53 local program management agencies indicated to us that because of the significant proportions requirement, some individuals received program services before others who had waited longer. When asked to identify any state policy that, if changed, would enable them to reduce waiting time or prevent more admissions to institutional care, 31 of the 63 local agencies responding to our survey question cited the significant proportions requirement as a source of difficulty.

Because statutes limit its ability to direct local program policies or practices, the Department has used program funding as an incentive to encourage local agencies to adopt practices it believes will improve community long-term care or benefit individuals eligible for that care. The Department has generally used the Community Aids formula as the basis for its COP-W and COP-R funding decisions. However, for calendar year 1997, five counties received more than twice the level of funding they would have if all funds had been distributed using the Community Aids formula. Several other counties received substantially less. The Department’s reasons for departing from the Community Aids formula—which considers the relative size of each county’s Medical Assistance population, whether the county is rural or urban, and the per capita value of taxable property—are not without justification. Staff in the Department believe more accurate indicators of the need for publicly funded community long-term care would include nursing home admissions, the number of elderly and disabled residents with low incomes, and waiting list size.

In addition to the significant proportions requirement specified in statutes and the Department’s funding allocation practices, variations in the availability and costs of local service providers help to explain why program services vary as they do statewide. Staff in 55 local programs indicated they had service availability problems. Problems were most frequently reported for overnight care. Some local program staff in rural areas indicate their population base is not large enough to sustain services such as residential care facilities or visiting nurses.

The Department began to re-examine the State’s long-term care system in 1995, and it proposed a comprehensive restructuring, known as Family Care, in July 1998. Currently, nine counties and one tribe are operating pilot projects to test elements of the proposed Family Care system. The 1999-2001 biennial budget, currently under consideration as 1999 Assembly Bill 133, proposes to expand the number and scope of the pilot projects and creates statutory provisions for full implementation of Family Care, although no authority or timetable is created for such an expansion.

As proposed in the budget bill, Family Care would have three main components:

- a single entry point in each service area would assess all individuals seeking care in a nursing home or alternative residential setting, identify their options, and determine whether they are eligible to receive publicly funded services;
- services would be arranged or provided by Care Management Organizations (CMOs), which could provide either institutional or community long-term care to individuals who choose to enroll; and
- payments to CMOs would be based upon capitated monthly rates established by the Department, rather than on a fee-for-service basis.

In its July proposal, the Department indicated that reimbursement rates would be related to participants' needs based on disability level. The Department's proposal includes elderly, physically disabled, and developmentally disabled adults, but not disabled children or adults with chronic mental illness or alcohol and other drug abuse problems. Under Assembly Bill 133, developmentally disabled adults would not be eligible for Family Care unless they lived in areas for which a CMO pilot project was established before July 1, 2001.

Structuring Family Care as an entitlement program for individuals who meet criteria specified in statutes and administrative rule would eliminate many local variations in service delivery. However, variations in the local availability of providers could continue under Family Care. In addition, individuals who do not meet the eligibility requirements that would allow them to receive services as an entitlement could continue to be assigned to waiting lists.

As it deliberates the Family Care proposal, the Legislature may wish to consider the following questions:

- What will constitute the "full range of services" that each CMO will be required to make available?
- How will service availability problems be addressed?
- Will the counties and disability groups that are not currently served by pilot projects have access to existing levels of funding for community long-term care?
- How will the Department evaluate the pilot projects and provide adequate information to support decisions about the future of Family Care?

INTRODUCTION

Publicly funded long-term care is provided in nursing homes and in community settings.

Approximately 71,000 elderly and disabled Wisconsin residents receive publicly funded long-term care to maintain their health and provide for their daily needs. Two-thirds of this group are cared for in nursing homes and other medical facilities; one-third receive long-term community care in their own homes or apartments or in other non-medical residential facilities, through locally operated programs that are administered by the Department of Health and Family Services. Both nursing home care and community long-term care are funded with federal Medical Assistance and state general purpose revenue (GPR). The State's fiscal year (FY) 1998-99 budget for nursing home care is approximately \$1.0 billion. The budget for community long-term care is approximately \$434.0 million.

Both nursing homes and community long-term care programs serve individuals with serious physical or mental impairments or disabilities and complex medical needs, and both provide services that are intended to ensure individuals maintain their health and their highest possible level of functioning. Eligibility for publicly funded community long-term care is limited to individuals with low incomes and few assets. In addition, to be eligible for community long-term care funded by Medical Assistance, individuals must need a level of care equal to that provided in nursing homes. The State's original community long-term care program, created in 1981, first known as the Community Options Program (COP) and now known as COP-Regular or COP-R, also serves individuals who do not need nursing home-level care but who have substantial long-term needs for supervision because of chronic mental illness or who have Alzheimer's disease or related disorders.

Statutes provide local governments, which have primary program management responsibility, with considerable flexibility to determine the extent and types of community long-term care services they will offer. Each of the 72 counties and 1 tribe with local program management responsibility is required to ensure that necessary services are provided within the limits of available state and federal funds. This responsibility is typically fulfilled through the county or tribal human or social services agency, which may contract with local service providers. Allowable services include care management; daily personal care; assistance with meal preparation, shopping, laundry, housecleaning, using the telephone, and other tasks of daily living; transportation; and recreation.

Demand for community long-term care services exceeds available state and federal funds.

Funding for community long-term care has increased in every biennium since COP-R was created, while demand for services has consistently exceeded available funds. As of June 1998, 11,000 individuals—including the elderly, physically disabled, developmentally disabled, and chronically mentally ill—were waiting to receive program services. Some of these individuals were residing in nursing homes. Others were being cared for by their families until community long-term care became available.

COP-R and six Medical Assistance waiver programs, which reimburse community long-term care and are described in Appendix I, were established primarily to limit the incidence of institutionalization among elderly and disabled individuals. However, since the inception of community-based programs, legislators and others have questioned whether they help to limit the public cost of long-term care. In addition, following recent reports that public funds had been used to provide unusual services, such as boarding and veterinary fees for participants' pets, some have questioned whether these programs are providing the least-costly service alternatives that will meet participants' needs. Others are concerned that variations in program access and services among counties and between participant groups create inequities for eligible individuals.

In response to these concerns, we reviewed existing studies of the comparative costs of nursing home and community long-term care. In addition, to help determine the degree of variation in services among programs that primarily serve elderly and disabled individuals, we analyzed:

- the length of local waiting lists and the time that individuals seeking services are required to wait before entering the programs, by disability group and by county;
- the types of services and service expenditures provided by each local program to elderly and physically disabled individuals receiving services funded by two of the Medical Assistance waiver programs or exclusively by COP-R; and
- the funding provided to local program management agencies and the means of allocating available funds among local programs.

In conducting our evaluation, we analyzed 1997 data from the Department's automated system, which local programs use to report service expenditures for which they are reimbursed under the community long-term care programs. These data reflect adjustments made by the

Department through May 1, 1998. We examined records for services provided to 15,699 participants: those who received services funded by the Community Options Program Waiver (COP-W) and/or the Community Integration Program II (CIP II), and those who received no waiver funding for their services but did receive funding for services through COP-R, which is funded with GPR. In addition, we conducted a comprehensive statewide survey to obtain information on local program policies, services, and waiting lists; interviewed officials from 30 counties, representatives from the nursing home and residential care industries, and representatives of program participants; and reviewed program guidelines, policy documents, and other information from the Department.

Community Long-term Care Programs

The COP program and six Medical Assistance waiver programs fund community long-term care.

COP-R was created in response to a rapid expansion of nursing home use and related concerns about public spending and quality of care. Before its creation, the only publicly funded long-term care option for most low-income individuals had been the federal Medical Assistance program, which normally funds long-term care only when provided in nursing homes or other medical facilities. Subsequently, the State established six other long-term care programs that are funded both with GPR and with federal funds made available under Medical Assistance program waivers. Table 1 shows reported service expenditures for COP-R and six waiver programs in 1997. The amounts shown are those reported by the counties and tribe as expenditures for services provided to community long-term care participants. They do not include costs for assessments of individuals seeking community long-term care, initial care plans, or all administrative costs. The three programs that are the subject of this report are highlighted.

Table 1

Community Long-term Care Programs

<u>Program Name</u>	<u>Year Created</u>	<u>Reported 1997 Service Expenditures</u>
Community Options Program (COP-R)	1981	\$ 35,182,760*
Community Integration Program IA (CIP IA)	1983	43,749,803
Community Integration Program IB (CIP IB)	1983	133,737,740
Community Integration Program II (CIP II)	1985	26,941,822
Community Options Program Waiver (COP-W)	1987	61,873,642
Brain Injury Waiver (BIW)	1995	5,531,185
Community Supported Living Arrangements (CSLA)	1996	<u>597,268</u>
Total		\$307,614,220

* Does not include COP GPR funds that are used as the state share of waiver-program costs. These funds are included with the costs reported for the six waiver programs.

As shown in Table 2, the GPR-funded COP-R program is available to low-income individuals in five groups, whereas each of the waiver programs is available to individuals in three or fewer groups. As the waiver programs were developed, COP-R became primarily a funding source for the state share of Medical Assistance expenditures under the waiver programs, and a “gap-filler” program to fund services not covered under the waivers. Staff who manage local programs are instructed to use COP-R funding to purchase only those services the federal government will not reimburse under Medical Assistance or Medical Assistance waivers, or to serve individuals with certain conditions that have been designated by the Legislature as eligible, such as individuals who have Alzheimer’s disease.

Table 2

Groups Covered by Community Long-term Care Programs

	<u>Elderly</u>	<u>Physically Disabled</u>	<u>Developmentally Disabled</u>	<u>Alcohol and Drug Abuse</u>	<u>Chronically Mentally Ill</u>
Community Options Program					
COP-R	X	X	X	X	X
Medical Assistance Waiver Programs:					
CIP 1A			X		
CIP IB			X		
CIP II	X	X	*		
COP-W	X	X	*		
BIW		X	X		
CSLA			X		

* Some participants who are developmentally disabled may receive services under these waivers, if they are not receiving active treatment related to the developmental disability.

Program Funding

Program funding has more than doubled since FY 1991-92.

As shown in Table 3, both federal and state funding to support COP-R and the two waiver programs we evaluated have increased in each year since FY 1991-92. Total program funding has more than doubled since FY 1991-92.

Table 3

Funding History for COP-R, COP-W, and CIP II* FY 1991-92 through FY 1998-1999

Year	COP-R**	COP-W		CIP II		Total
	GPR	GPR	Federal	GPR	Federal	
1991-92	\$39,628,156	\$ 8,445,344	\$12,886,345	\$ 7,618,262	\$11,614,917	\$ 80,193,024
1992-93	42,955,832	11,113,168	16,973,364	8,060,355	12,311,054	91,413,773
1993-94	46,876,149	15,433,651	23,446,941	8,670,481	13,172,272	107,599,494
1994-95	56,020,653	19,851,747	29,500,017	10,352,164	15,383,483	131,108,063
1995-96	56,339,298	22,927,302	33,686,682	10,892,338	16,004,315	139,849,935
1996-97	59,176,839	23,820,661	34,221,886	12,015,775	17,262,430	146,497,591
1997-98	60,650,609	24,183,191	34,574,486	13,150,167	18,479,820	151,038,273
1998-99	68,105,396	31,962,988	45,678,160	13,266,220	18,959,155	177,971,919

* Estimated

** Does not include GPR funds that are used as the state share of COP-W or CIP II waiver-program costs. These funds are included with the costs reported for the waiver programs.

Both the Department and the Legislature budget funding for COP-R, CIP II, and COP-W on the basis of service-delivery positions, or “slots.” However, the Department does not allocate COP-R and COP-W slots to the counties and tribe; instead, it allocates spending authority. To fund program administration costs, local program management agencies may use a maximum of 7 percent of their base allocation for waiver-funded and COP-R services.

Counties and tribes that manage the programs receive \$184 for each care plan completed.

Service-planning costs for these programs are funded by COP-R, local funds, and payments from individuals. The counties and tribe that manage local programs are reimbursed the lower of either a flat rate, which is established by the Department, or a county-specific rate established through a time-study process. During the 1997-99 biennium, the rate was increased from \$112 to \$147 per assessment, while care plans were reimbursed at a flat rate of \$184 per care plan. If a county or tribe's actual expenditures for individual assessments and care plans are less than the amount the local program has been allocated, excess funds may be used to support additional one-time service costs.

As shown in Table 4, 15,699 individuals received services funded exclusively through COP-R or through COP-W or CIP II. These individuals accounted for 68.5 percent of all publicly funded community long-term care participants.

Table 4

**Number of Participants* and Reported Service Expenditures
1997**

<u>Participant Type</u>	<u>Number of Participants</u>	<u>Reported Service Expenditures</u>
Elderly	10,554	\$ 76,948,856
Physically Disabled	3,194	28,560,200
Developmentally Disabled	475	4,463,524
Chronically Mentally Ill	1,160	8,978,538
Alcohol and Other Drug Abuse	42	336,000
Other or undefined	<u>274</u>	<u>1,606,754</u>
	15,699	\$120,893,872

* Includes only those participants whose primary source of funding was COP-W or CIP II, or whose services were funded exclusively through COP-R. Does not include participants who received services funded by other waiver programs.

Range of Services

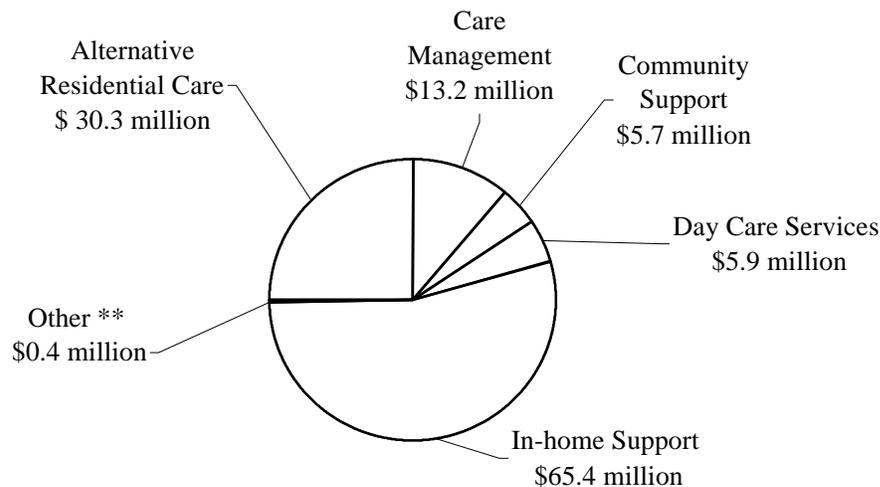
Community long-term care encompasses a wide range of publicly funded services. Each individual entering a community long-term care program is provided with a care manager, typically a county health or social worker, who assumes responsibility for arranging and monitoring his or her service needs. Under both the waiver programs and COP-R, local programs are reimbursed for the cost of care management and 29 other services that may be selected by care managers and their participants. These services are listed in Table 5 and described in Appendix II.

In-home support services accounted for more than one-half of 1997 service expenditures.

As shown in Figure 1, in-home support accounted for more than one-half of 1997 service expenditures for the three programs we analyzed. Alternative residential care, which includes community-based residential facilities (CBRFs), adult family homes, and group homes, accounted for one-quarter of services expenditures.

Figure 1

Expenditures for Community Long-term Care Services by Category* 1997



* Includes expenditures for services billed to COP-W, CIP II, and COP-R for clients receiving services under the waiver programs and under COP-R exclusively.

** Other services were recreational activities (\$238,708), medical support (\$154,031), and legal activities (\$9,764).

Table 5

**Service-Delivery Expenditures for CIP II, COP-W, and COP-R Only Participants
1997**

<u>Service Category</u>	<u>Available Services</u>	<u>Funding Source</u>		<u>Expenditures</u>
Care management	Care management	COP-R	Waivers	\$ 13,044,487
	Protective payments/guardianship	COP-R	Waivers	128,445
In-home support	Supportive home care	COP-R	Waivers	56,943,898
	Emergency alarms, aids, and home modifications	COP-R	Waivers	5,629,411
	Home delivered meals	COP-R	Waivers	2,031,537
	Housing energy assistance	COP-R	-	798,803
Alternative residential care	Community-based residential facilities	COP-R	Waivers	23,504,824
	Adult family home	COP-R	Waivers	5,970,464
	Group home	COP-R	-	800,612
	Residential care apartment complex	-	Waivers	34,407
	Foster home	COP-R	Waivers	27,844
Day care services	Adult day care	COP-R	Waivers	3,619,547
	Respite care	COP-R	Waivers	1,562,678
	Day center services treatment	COP-R	Waivers	729,889
	Child day care	COP-R	-	13,034
Community support	Specialized transportation and escort	COP-R	Waivers	1,822,183
	Daily living skills training	COP-R	Waivers	1,499,403
	Counseling/therapeutic	COP-R	Waivers	807,474
	Community support program	COP-R	Waivers	701,295
	Prevocational services	COP-R	-	513,932
	Supportive employment	COP-R	-	191,571
	Congregate meals	COP-R	-	67,682
	Shelter care	COP-R	-	47,949
Recreational activities	Recreational activities	COP-R	-	238,708
Legal activities	Advocacy and defense resources	COP-R	-	7,481
	Court intake and studies	COP-R	-	2,283
Medical support	Skilled nursing services	COP-R	Waivers	126,991
	Day medical treatment	COP-R	-	19,290
	Screening and access	COP-R	-	7,750
	Social-setting detoxification	COP-R	-	0
				\$120,893,872

Participants receive other publicly funded services that enable them to stay in the community.

In addition to the services that are reimbursable as community long-term care services, care managers often arrange, or ensure that participants receive, other publicly funded services. The costs of community long-term care billed to the waiver programs are estimated to be approximately 53 percent of the total Medical Assistance costs for community long-term care participants; the remaining 47 percent consists of non-waiver Medical Assistance costs such as prescription drugs, physician and hospital services, and other medical care. In addition, many community long-term care participants are eligible for federal disability benefits and may receive a variety of other services or benefits funded by federal, state, and local programs, including food stamps and services funded through Community Aids, local aging programs, or other sources, which enable them to remain in the community but are not considered to be long-term care services and are not reimbursed by those programs.

Comparisons to Institutional Long-term Care

Community long-term care programs were created to serve as an alternative to nursing home care. Consequently, comparing costs between community long-term care and nursing home care has been a subject of interest for nearly 20 years. In some individual situations, it can be relatively easy to determine the least-costly alternative, based upon such factors as:

- the willingness and ability of an individual's family and friends to provide needed support if he or she remains in the community; and
- the adequacy and cost of locally available institutional and non-institutional services.

Comparisons with the cost of nursing home care are difficult to make.

Cost comparisons are more difficult on a system-wide basis. Relatively simple comparisons of average daily costs often suggest that community care is less expensive than nursing home care. However, as representatives of the nursing home industry and others have pointed out, community long-term care participants as a group need lower levels of care than do residents of nursing homes, who are more likely to be medically unstable or recovering from conditions for which they have recently been hospitalized.

A more accurate cost comparison would take differences in care needs into account. However, such a comparison cannot be made because the system of determining community long-term care participants' needs is less precise than the system used for nursing home residents. The

Department has attempted to adjust for these differences when making cost comparisons, but it cannot fully correct the problem using available data.

Even if costs could be compared, changes in utilization are difficult to predict.

Some also point out that funding for nursing home care includes revenue collected from private-pay residents, so that the total cost of nursing home care, in public and private funds, exceed costs paid by Medical Assistance. However, even if community long-term care is less expensive for individuals currently receiving nursing home care, a comparison of past or current costs cannot demonstrate whether future public costs for long-term care would be reduced if community long-term care programs were expanded. The availability of publicly funded care in the community attracts some eligible individuals who might otherwise be cared for by their families. It is also possible that additional program capacity could cause the least-disabled to avoid nursing homes, leaving more-disabled individuals with greater care needs concentrated there. Nursing home rates are based on cost-averaging methods, so the presence of less-disabled residents reduces average nursing home costs. If only the most seriously disabled individuals sought long-term care in nursing homes, publicly funded costs for nursing home care would rise.

National research on comparative costs have been inconclusive.

Nationally, research on the comparative costs of nursing home and community long-term care has drawn varying conclusions. Some research has concluded that community care can reduce total public long-term care costs; other research has concluded that community care achieves no cost-savings. In one report that considered a few state demonstration projects, including Wisconsin, researchers found that total costs for community care were not reduced in comparison to nursing home costs, and the use of community care seemed to increase costs in every demonstration except one.

Other research indicates that focusing resources on the appropriate target groups improves cost-savings in community programs. This research suggests that individuals who are most at risk for nursing home care are expensive to maintain in their homes, while individuals with fewer needs can be provided with community long-term care at a comparative cost-advantage over nursing home care. In general, however, research that attempts to compare the costs of nursing home care with community long-term care has been inconclusive. Therefore, rather than attempt to make such comparisons, we focused our efforts on analyzing costs associated exclusively with community long-term care.

CONTROLS ON THE COST OF COMMUNITY LONG-TERM CARE

Expenditures reported for program services vary according to the number of participants served, participants' differing service needs, and differences in local service delivery costs. Statutory limits on individual case costs have been attempted in the past, but currently there are no limits on costs for individuals, although federal and state requirements limit the local programs' average costs. In response to public concerns about the appropriateness of some expenditures, the Department has issued guidelines that emphasize cost-effectiveness through use of the least-expensive services that will meet participants' needs.

Limits to Individual Case Costs

Local governments are not required to deliver services to a minimum or maximum number of participants. However, s. 46.27(5)(b), Wis. Stats., does require that they ensure necessary services are provided within the limits of available state and federal funds. When those limits are reached, local program management agencies restrict program enrollments and place individuals who are eligible for program services on waiting lists.

Community long-term care costs for some individuals may be more than \$100,000 annually.

Among program participants, both the number and the cost of services received vary depending upon individual need, locally available resources, and available funding. Some program participants have complex needs that may require supportive home care 24 hours per day, specialized transportation services, personal adaptive aids, and extensive training in daily living skills that can cost in excess of \$100,000 annually. For example, in 1997:

- a 58-year-old individual with developmental disabilities received \$115,643 in CIP II services that included \$75,865 to fund two supportive home care workers 24 hours per day, \$30,867 in services that helped him to perform daily living tasks, \$7,611 in care management, and \$1,300 in specialized transportation services;
- a 40-year-old individual with developmental disabilities received \$105,359 in CIP II services that included \$75,865 for supportive home care, \$22,908 for daily living skills training, and \$6,586 for care management; and

- a 42-year-old individual with physical disabilities received \$90,492 in CIP II and COP-R services that included \$75,132 in supportive home care services, \$10,057 in care management services, \$3,080 in housing and energy assistance, \$2,121 in personal adaptive aids, and \$102 in counseling.

Costs for other individuals are as low as \$1,000 per year.

In contrast, some participants need only minimal assistance: for example, a severely disabled individual may be able to remain in his or her home with the help of a relative and a few external services, such as home-delivered meals, at a cost to the waivers and to COP-R of less than \$1,000 per year. Cases involving only modest expenditures in 1997 included:

- a 16-year-old individual with physical disabilities who received \$1,978 in COP-W and COP-R services during a five-month period, including \$1,043 for home modifications, \$821 for care management, and \$114 for temporary respite for the individual's caretakers; and
- an elderly individual who received \$1,001 in COP-W services that included \$660 for home delivered meals, \$257 for care management, \$60 for supportive home care services, and \$24 for adaptive aids.

It should be noted that these participants' care managers may have arranged additional services that were provided at no cost or funded by a public or private source other than the community long-term care programs.

The Legislature created, then repealed, caps on individual case costs.

Statutes do not currently limit the amount of public funds that may be spent on any individual receiving long-term care; however, a limit on monthly COP-R and COP-W spending for individual cases was temporarily created in 1996. A provision in the 1995-97 biennial budget limited most participants' monthly costs to the average cost of nursing home care under Medical Assistance, with exceptions for participants with special needs and those for whom nursing home care was unavailable or more expensive than community care. These limits took effect on January 1, 1996. However, three months later, a court injunction prohibited implementation of the limits until the Department promulgated administrative rules. In December 1996, before these rules had been adopted, the Governor announced that he would seek to eliminate limits on individual case costs in favor of a separate managed care program for high-cost participants. The 1997-99 biennial budget eliminated the cap on spending for individual cases, but the envisioned managed care program was not implemented because the Department had begun to plan a more comprehensive redesign of the long-term care system.

In the absence of state guidelines limiting costs in individual cases, some local programs have adopted their own policies to control costs in individual cases. However, the Department's guidelines for all community long-term care programs prohibit local program management agencies from limiting their spending for individual cases except in rare circumstances. In addition, s. 46.27(7)(f), Wis. Stats., allows the Department to determine whether any county has demonstrated "a pattern of failure to serve individual participants whose cost of care significantly exceeds the average" for long-term community support services and to require any such county to reserve a portion of its COP-W and COP-R funds for high-cost participants. Based on this authority, the Department requires at least 20 percent of the cases in each local program with 25 or more COP-W and COP-R participants to be cases for which the total cost of community care exceeds an amount set by the Department. In 1997, this amount was \$23,952 annually.

Statutes and regulations restrict the average cost per participant.

Both federal and state program requirements govern the total amount that counties may receive in reimbursement for community long-term care services, so that the average costs among all participants in a county cannot exceed certain limits set by the Department. These average cost limits apply separately to COP-R, to COP-W, and to CIP II. However, the effect of these requirements on the cost of any single participant's services is limited because they are expressed as averages, so that counties can support some very high-cost cases if a sufficient number of low-cost cases is also included in the caseload.

Expenditures for Individual Services

In 1998, public concerns were raised about a report that described questionable expenditures.

Although the counties and tribe that manage local community long-term care programs are not permitted to serve only low-cost participants, they should be encouraged to consider cost-effectiveness when selecting among services that meet participants' needs. However, in the summer of 1998, training documents for care managers raised public concern about whether the Department was encouraging them to do so. One of these documents indicated that in addition to typical services, such as training for caregivers and home modifications to accommodate a disability, community long-term care funds had been used to purchase:

- boarding services for pets while their owners were hospitalized;
- veterinary fees to neuter multiple cats belonging to one participant;
- wedding and party expenses for two participants who married; and

- recreational equipment and supplies ranging from scrapbook supplies to modified fishing boats.

We attempted to review these reported expenditures but were unable to document many of them. Staff in the Department indicated that the controversial training document was not a strictly factual report, but rather had been intended to illustrate creative means of meeting participants' needs. Several items had been listed on the basis of oral reports of services that may have been provided ten years ago. Other reported expenditures, although unusual, could be justified as the least-expensive means of meeting a participant's needs. Nevertheless, the training materials suggested the Department might endorse similar program expenditures in the future, and other training materials did not direct care managers choosing among service alternatives to consider whether a certain service is a cost-effective means of meeting the participant's needs.

In response to concerns raised about its training materials, the Department amended program guidelines in November 1998. The guidelines now place additional emphasis on the need to select cost-effective service alternatives. In addition, the Department issued a memorandum and materials to care managers that reiterated the importance of making prudent use of limited public resources. The amended guidelines more specifically instruct responsible local governing authorities to review and approve funding for "extraordinary services," and they prohibit use of COP funds to support service or equipment costs that are not directly related to a participant's documented need or are not a cost-effective means of meeting that need.

VARIATIONS IN SERVICES

Some variation in program services can be expected as a result of local program control.

Because the statutes and federal waivers that govern community long-term care authorize local governments to determine the extent and types of services their programs will deliver, a degree of programming variation is to be expected from county to county. However, significant variation in the number of individuals who receive program services, the amount of time they wait for program services, or the value and range of services available to them may be a sign of an unintended degree of variation among counties.

To determine the extent of variations among programs that serve primarily elderly and physically disabled populations, we evaluated the size of local programs and gathered data on their waiting lists, surveyed county and tribal service delivery agencies, and reviewed 1997 expenditure records that indicate which services were provided to the 15,699 recipients of community long-term care that was funded by COP-R alone or by COP-W or CIP II. We identified significant variations in:

- the size of local programs relative to elderly and disabled populations;
- the number of individuals on waiting lists and the amount of time they are required to wait for community long-term care; and
- both the number and range of services provided by the local programs, as well as reported expenditures per program participant.

Variations in Program Size

Statewide, there were 20.2 program participants for every 1,000 elderly or disabled residents.

To determine the relative size of community long-term care programs that primarily serve the elderly and physically disabled, we compared the number of COP-R, COP-W, and CIP II participants in each county to that county's entire elderly and disabled population. Among all counties, there were 20.2 COP-W, CIP II, and COP-R-only program participants for every 1,000 elderly or disabled residents. However, participation rates varied significantly, as shown in Table 6. It should be noted that we were not able to exclude developmentally disabled individuals from the total population figures, although individuals being served by the waivers that primarily serve developmentally disabled individuals are not included in our analyses. To the extent that some counties serve larger or smaller

proportions of their local developmentally disabled populations under these waiver programs, the reported ranking could be altered.

Table 6

**Size of Local Programs in Relation to Size of Elderly and Disabled Population
1997**

Most Participants in Relation to Population		Fewest Participants in Relation to Population	
<u>County</u>	<u>Participants per 1,000 Elderly and Disabled Residents*</u>	<u>County</u>	<u>Participants per 1,000 Elderly and Disabled Residents*</u>
Menominee	105.5	Ozaukee	6.7
Pepin	49.5	Green Lake	9.6
Kewaunee	47.4	Dodge	9.7
Burnett	39.3	Door	10.3
Florence	38.6	Waukesha	10.4
Price	38.4	Outagamie	10.6
Washburn	37.9	Waupaca	11.8
Crawford	35.7	Oconto	12.5
Rusk	34.6	Calumet	14.1
Buffalo	33.3	Washington	14.2

* Includes participants who received services that were funded by COP-W or CIP II and those who received services funded only by COP-R.

The largest programs relative to local population are in Menominee County, which provides publicly supported community long-term care under COP-W, CIP II, or COP-R to approximately 10 percent of its entire elderly and disabled population, and Pepin and Kewaunee counties, which provide such care to approximately 5 percent of their entire elderly and disabled populations. The smallest programs relative to the size of the local population are in Ozaukee, Green Lake, and Dodge counties, which provide care to less than 1 percent of their entire elderly and disabled populations.

The causes of this variation could include the income levels of the local elderly and disabled populations: the Department has pointed out that of the ten counties reported here to be serving the largest proportions of their elderly and disabled populations, five are among the counties with the highest incidence of poverty among individuals age 75 and older, while

four of the counties serving the smallest proportion of their elderly and disabled population are among the counties with the lowest incidence of poverty among individuals age 75 and over.

Variations in Waiting Time for Services

Twelve counties had waiting lists of more than 100 individuals of all disability types.

The Department collected comprehensive data on local waiting lists for all community long-term care programs as of December 31, 1997. These data indicated that in all but 11 counties, elderly and physically disabled individuals, as well as individuals with developmental disabilities, the chronically mentally ill, and others, were waiting for services. Seven counties had fewer than 10 people on their waiting lists, but 12 counties had waiting lists of more than 100 individuals of all disability types. These 12 counties are shown in Table 7.

Table 7

Counties with the Largest Waiting Lists December 1997

Individuals on Waiting List

Milwaukee	3,225
Dane	1,344
Waukesha	906
Brown	443
Columbia	306
Kenosha	265
Walworth	242
Marathon	204
Douglas	167
Sheboygan	160
Ashland	118
Waupaca	101

* Waiting lists include individuals of all disability types who may be waiting for services under any community long-term care waiver or COP-R.

Table 8 shows the largest waiting lists when the number of individuals waiting for services is compared to each county's entire elderly and disabled population. Statewide, 11.8 individuals were reported to be waiting for services for every 1,000 elderly and disabled state residents (including those who do not need community long-term care or do not meet program eligibility requirements). However, the ratio in some counties is much higher. For example, in Menominee County, more than 5 percent of the entire elderly and disabled population is waiting for long-term care services.

Table 8

**Counties with the Largest Waiting Lists
Relative to Their Elderly and Disabled Populations**
December 1997

<u>County</u>	<u>Number Waiting*</u>	<u>Estimated Elderly/Disabled Population</u>	<u>Number Waiting per 1,000 Population</u>
Menominee	23	436	52.8
Ashland	118	3,063	38.5
Columbia	306	8,034	38.1
Dane	1,344	42,186	31.9
Waukesha	906	38,730	23.4
Douglas	167	7,250	23.0
Milwaukee	3,225	159,090	20.3
Walworth	242	12,260	19.7
Vilas	89	4,636	19.2
Brown	443	26,179	16.9

* Waiting lists include individuals of all disability types who may be waiting for services under any community long-term care waiver or COP-R.

Local outreach activities vary.

As noted, it is possible that income levels among local elderly and disabled populations could account for some of this variation. In addition, the number of individuals seeking community long-term care services is affected, to a certain extent, by local outreach activities. Some local programs actively publicize their community long-term care services, while others do not. We asked local staff both to describe and to explain the extent of their outreach efforts. Local programs that do not actively publicize their services believe it is unfair to raise individuals' hopes when services are not immediately available. Those that actively promote their services believe outreach activities provide local program managers

with a better understanding of local service needs and ensure that individuals who need services are aware that they exist even when they may not be immediately available.

Individuals waiting for community long-term care may be in the care of friends or family, or they may be in nursing homes but seeking to return to the community. Because these individuals are entitled to nursing home care under regular Medical Assistance, they could choose at any time to enter a nursing home while waiting for community long-term care.

Approximately one-half of the people on waiting lists eventually receive community long-term care.

We found no reliable data indicating why individuals leave waiting lists for community long-term care. However, local staff responding to our survey reported that approximately one-half of those who leave local waiting lists go on to receive community long-term care services. Others either die or need immediate institutional care because their conditions worsen, or they may leave the waiting lists without obtaining services because they obtain care from their families or make other arrangements.

The Department requires each local program to have a written policy concerning waiting lists for community long-term care programs. When we reviewed waiting list policies submitted to the Department, we found differences that affect who is placed on waiting lists and when they are removed from the lists. For example, some local programs immediately provide services to new residents who had been receiving community long-term care in another county. Other local programs place such individuals on waiting lists.

Local programs use different criteria to select people from waiting lists.

Other differing policies affect the order in which individuals on waiting lists are served. Twenty of the 35 counties whose policies we reviewed indicated they first served those individuals who had waited longest, although 17 also reported making exceptions, such as giving priority to individuals who are:

- terminally ill;
- in crisis situations and in need of immediate assistance;
- in situations of abuse or neglect;
- referred by hospital staff; or
- members of specific disability groups who must be served to meet certain statutory requirements.

Variations in Services Provided

Average expenditures per participant varied widely.

We found considerable variation in the range of services that local programs provide to participants and in the reported expenditures per participant for services. Statewide, reported service expenditures were \$7,701 per participant in 1997. However, as shown in Table 9, reported expenditures per participant varied significantly among local programs. The two local programs with the highest expenditures per participant—those operated by the Oneida Tribe and by Ozaukee County—reported per participant expenditures five and four times greater than those of Pepin County, which reported the lowest expenditures per participant.

Table 9

Reported Service Expenditures per Participant 1997

Highest Expenditures per Participant			Lowest Expenditures per Participant		
<u>County or Tribe</u>	<u>Participants</u>	<u>Per Participant Expenditures</u>	<u>County</u>	<u>Participants</u>	<u>Per Participant Expenditures</u>
Oneida Tribe	27	\$17,195	Washington	182	\$5,367
Ozaukee	69	13,890	Sawyer	116	5,351
Outagamie	202	10,541	Marinette	165	5,241
Waukesha	401	10,478	Taylor	89	4,999
Forest	43	10,429	Lincoln	139	4,917
Brown	592	10,344	Buffalo	83	4,753
Green	122	10,299	Florence	34	4,481
St. Croix	155	10,276	Menominee	46	4,278
Polk	102	10,216	Washburn	112	3,833
Bayfield	88	10,184	Pepin	70	3,394
Average		\$10,612	Average		\$4,827

The causes of the variation in reported service expenditures per participant include, but are not limited to, differences in the level of service provided to participants and the costs of those services. To the extent that a local program serves a higher proportion of participants with lower service needs or has a high turnover rate among its participants, its per participant expenditures will be lower than those of local programs that serve a higher proportion of severely disabled participants or that

maintain lower rates of turnover among participants. Other varying local practices that may contribute to differences in reported expenditures per participant include the use of different funding sources for needed services. As noted, care managers may arrange for participants to receive services from programs other than COP-R or the Medical Assistance waivers. Local programs that rely more heavily on other funding sources, such as non-waiver Medical Assistance, Community Aids, and local funding sources, will report fewer expenditures to the community long-term care funding sources.

More populous counties generally provide more community long-term care services.

Although 30 different types of service may be funded by COP-R, COP-W, and CIP II, no single county or tribe provided the entire array of services available to elderly and disabled program participants, and there was considerable variation in the number of services provided per county. In 1997, the median number of services provided by programs statewide was 14.0. The actual number of services provided ranged from a high of 24 in Milwaukee County to a low of 6 in Florence County. The services provided in each county and the amounts billed for those services are included in Appendix III. As shown in Table 10, more populous counties generally provided more services. However, there was also significant variation in the number of services provided by counties of similar size. For example, the 12 counties with populations from 100,000 to 500,000 provided from 13 to 21 services each.

Table 10

Service Variation by County Size*
1997

Counties		Number of Services Provided**		
<u>Population Range</u>	<u>Number</u>	<u>High</u>	<u>Low</u>	<u>Median</u>
More than 500,000	1	24	N/A	24.0
100,000 – 500,000	12	21	13	17.5
50,000 – 99,999	12	19	11	15.0
30,000 – 49,999	16	17	10	14.0
18,000 – 29,999	13	15	8	12.0
10,000 – 17,999	13	17	9	13.0
Less than 10,000	<u>5</u>	13	6	12.0
Statewide	72	24	6	14.0

* Includes all county residents, not only elderly and disabled residents.

** Includes only those services funded with COP-R, COP-W, or CIP II.

The practice of hiring family members to provide supportive home care varies locally.

The services provided by any local program will depend upon the needs of program participants and the services for which they are eligible. However, differing local approaches to service delivery can also create variations in the services provided to program participants. For example, every local program provides in-home support services that include personal assistance with activities of daily living. However, local programs vary in the extent to which they are willing to hire participants' family members to perform these supportive home care services. The Department has encouraged such hiring and state program guidelines place no limits on the use of family members as paid service providers, although local programs are permitted to adopt limitations.

Data are not available to document the extent to which family members are hired to provide supportive home care, or the amount they are paid. However, some local programs have imposed strict limitations on the hiring of family members, including requiring that the family member demonstrate he or she is foregoing other available employment options in order to attend to the participant. Other local programs are more willing to hire family members according to participants' preferences, and because they believe that family members are likely to be a lower-cost service option.

The provision of care in community-based residential facilities (CBRFs) also varies widely among local programs. CBRFs provide treatment and services, but only limited nursing care. Statewide, 12.6 percent of the participants whose services we reviewed resided in a CBRF at some point during 1997, and 19.4 percent of the expenditures we reviewed were for CBRF services.

As shown in Table 11, 5 local programs served more than 20 percent of their participants in CBRFs and devoted 35.6 percent of their total service expenditures to CBRF services; in contrast, 11 local programs served fewer than 5 percent of their participants in CBRFs, and devoted only 5.4 percent of their total service expenditures to CBRF services.

Among the five local programs that placed more than 20 percent of their participants in CBRFs, usage rates were:

- 29.7 percent of participants in Outagamie County;
- 26.4 percent of participants in Waukesha County;
- 24.0 percent of participants in Dodge County;
- 22.1 percent of participants in Vernon County; and
- 22.1 percent of participants in Jefferson County.

Table 11

Local Variations in CBRF Usage
1997

Percentage of Participants in CBRFs*	Number of Local Programs	CBRF Expenditures as a Percentage of All Service Expenditures
greater than 20%	5	35.6%
15.0% to 19.9%	22	22.5
10.0% to 14.9%	20	20.2
5.0% to 9.9%	15	15.3
0.0% to 4.9%	11	5.4

* Includes only COP-W, CIP II, and COP-R-only participants.

In contrast, no participants in Florence County, less than 1 percent of participants in Trempealeau County, and approximately 2 percent of the participants in Jackson and Menominee counties resided in CBRFs. While the largest counties generally had higher use of CBRFs, the State's two largest counties—Milwaukee and Dane—had CBRF usage rates of 8.8 percent and 12.6 percent, respectively.

The use of CBRFs has raised concerns for several reasons. Some believe their relatively high cost reduces available funds for other services, and that CBRFs might not provide the home-like settings intended for community long-term care. Others argue that CBRFs provide a less-restrictive environment than most nursing homes and are often the preferred alternative for participants and their families who are concerned about isolation if the participant were to live alone. Staff in one county indicated that CBRF services in that county for participants with Alzheimer's disease are more cost effective than either at-home care or nursing home care.

State policy regarding the use of CBRFs for community long-term care has evolved over time. In response to concerns that an increasing percentage of local budgets was dedicated to these facilities, including larger, more institution-like CBRFs, 1995 Wisconsin Act 27, the 1995-97 biennial budget, prohibited more than 25 percent of COP-R, COP-W, and CIP II funds from being spent for CBRF services, except in local programs that had been granted a waiver by the Department. In 1996, approximately 30 local programs had exceeded the 25 percent limit.

The statewide maximum percentage was eliminated by 1997 Wisconsin Act 27, although each local program must now establish its own limit. The Department has provided guidance that encourages local programs to restrict community long-term care participants' access to CBRFs and to obtain CBRF services at reasonable rates. In addition, COP-R funds may not be spent for services in CBRFs with 9 or more beds unless the local program provider is granted an exception by the Department, and no exceptions are granted for CBRFs with more than 20 beds. COP-W and CIP II funds may not be spent for services in any CBRF with nine beds or more, unless the CBRF consists entirely of individual apartments.

REASONS FOR VARIATIONS IN PROGRAM SERVICES

Causes of local variation include statutory provisions and funding allocation practices.

The State's community long-term care programs were designed to have a decentralized structure that places primary responsibility for program management with local governments so that they can address local needs. The variations we found result not only from this general design, but also from statutory requirements that services funded by COP-R and COP-W must serve specific proportions of the statewide population of certain participant groups. In addition, because statutes limit the Department's ability to direct local program policies or practices, the Department has used program funding as an incentive to encourage behavior it believes will improve community long-term care or benefit individuals eligible for that care. Over time, its practices have resulted in local funding allocations that do not always relate to indicators of need and may have contributed to program waiting lists. Finally, both the availability and the cost of local service providers account for variations in services from program to program.

Structural and Statutory Reasons

Some disability groups wait longer for services than others do.

In addition to providing the local programs considerable flexibility in the extent and types of services offered, statutes specify that local programs must serve specific proportions of the statewide population of certain participant groups. As a result of this "significant proportions" requirement, and as a result of the waiting lists that result when demand for community long-term care exceeds available funds, individuals in some disability groups may wait longer than others for admission into a community long-term care program. In addition, some state and local staff have suggested that variations in local practices for determining eligibility and assessing care needs may contribute to variations in access to community long-term care programs and services.

Significant Proportions Requirement

Under s. 46.27(3)(e), Wis. Stats., programs are required to serve specific minimum proportions of individuals in the five targeted groups shown in Table 12. To help to ensure that community long-term care serves as an alternative to nursing home care, rather than people who would not otherwise seek publicly funded long-term care, the statute requires the Department to determine the minimum proportions of each disability group to be served, based on the statewide proportion of persons from each group receiving Medical Assistance in nursing homes.

Table 12

Significant Proportions Requirement
1997

<u>Condition or Disability</u>	<u>Minimum Required Proportion</u>
Elderly	57.0%
Developmental Disability	14.0
Physical Disability	6.6
Chronic Mental Illness	6.6
Alcohol or other Drug Abuse	*

* Programs are required to serve individuals in this disability group, although no minimum proportion has been established.

County staff have indicated that attempts to comply with the significant proportions requirement have contributed to differences in the time that individuals must wait to receive program services. For example, in response to our survey, they reported that:

- in Dane County, an individual who is 65 or older may wait 2½ years for community long-term care services, whereas a physically disabled individual under age 65 may wait 3½ years;
- in Douglas County, an individual who is 65 or older may wait 4 months, whereas a physically disabled individual under age 65 may wait 4 years; and
- in Waukesha County, an individual who is 65 or older may wait 4 years, whereas a physically disabled individual under age 65 may wait 6 years.

Differences in waiting times for all local community long-term care programs are shown in Table 13. Local staff attributed these differences primarily to the significant proportions in the requirement, but it is possible that other factors influence waiting time. Staff in the Department attributed some of the variation to the fact that elderly individuals are less likely to be able to wait for long periods because of rapidly declining health.

Table 13

Reported Length of Wait by Group Type for Counties with Waiting Lists
June 1998

<u>Group Type</u>	<u>Maximum Wait</u>	<u>Median Wait</u>
Elderly	4 years	8 months
Developmental Disability	9 years	2 years
Physical Disability	8 years	1.5 years
Chronic Mental Illness	5 years	1 year
Alcohol or Other Drug Abuse	5 years	1 year

Counties delay serving some disability groups in response to statutory requirements.

When reviewing December 1997 data, the Department determined that under the significant proportions requirement, 41 counties needed to serve a greater proportion of individuals in one or more disability groups in 1998. The Department expects these counties to increase outreach efforts for the underserved group. However when waiting lists exist, many local staff prefer instead to delay services to members of a group that is over-represented in active caseloads, until members of the under-represented group seek program services. In our survey, staff of 53 local programs reported that consideration of the significant proportions requirement caused them to move some individuals ahead of others who had waited longer for program services. Even so, local staff indicated to us that compliance with the significant proportions policy is difficult and burdensome. When asked to identify any state policy that, if changed, would enable their programs to reduce waiting time or prevent more admissions to institutional care, representatives of 31 of the 63 local programs responding cited the significant proportions requirement.

Local Assessment Practices

Statutes require local programs to determine the eligibility of each individual seeking community long-term care and to assess each individual's need for services. The Department requires each local program to use a standard form to determine eligibility and recommends the use of a model assessment tool to determine each individual's care needs. However, local practices vary.

Although both state and local staff indicated to us that eligibility determinations may not be consistent among all local programs, local screening procedures have not been evaluated. Variation in these practices could create variations in access to community long-term care, but the degree to which this has occurred cannot be determined from available data.

The use of nurses is encouraged but not required in assessing participants' functional needs.

However, it is apparent that procedures for assessing the care needs of eligible individuals vary. Some local programs use the Department's assessment tool or a modified version of it; many indicated to us that they have developed their own assessment tools. In addition, local programs report differing responses to s. 46.27(6)(e), Wis. Stats., which encourages the use of nurses to perform assessments. Staff in some local programs indicated that funding constraints prevented them from using nurses to complete assessments. Staff in other local programs reported always using nurses, or using nurses to assess individuals with complex needs and non-nursing staff to complete assessments of other individuals.

Funding Allocation Decisions

The Community Aids formula is the starting point for COP-W and COP-R allocation decisions.

Each local program's current allocation level for COP-R, COP-W, and CIP II funding is a result of numerous funding decisions made over time. Once an allocation is made, it becomes the local program's base-level allocation for future program funding, so that the county or tribe will continue to receive at least that amount in each subsequent year. Although statutes do not mandate any one particular method of allocating funds among local programs, the Department has generally allocated CIP II funding to counties in which nursing home beds have been closed and used the Community Aids formula to determine allocations of COP-R and COP-W funding. This formula takes into account each county's share of the population eligible for Medical Assistance, its classification as urban or rural, and the per capita market value of its taxable property. However, in order to provide financial incentives for specific purposes, the Department has departed from the formula for some allocations and has made some allocation decisions by other means.

COP-R Base Allocations - Original base budgets for COP-R funding were determined from 1982 to 1986, as each local program was initiated. Because varying amounts of funding were available during each program's initial years, there were some variations in initial funding levels. Our analysis of 1997 funding indicates those counties that entered the program earlier received more COP-R funding: the median allocation for local programs that were initiated before 1986 was approximately \$8,000 per participant, while for programs initiated in 1986 it was approximately \$6,900 per participant.

COP-W Base Allocations - To obtain maximum federal participation under the terms of the original COP-W waiver agreement, the Department encouraged local programs to submit individual case plans quickly and allocated program slots as acceptable plans were submitted, with some arrangements to ensure that Milwaukee County received a reasonable proportion of COP-W slots. Local programs that were more successful in identifying eligible individuals and completing the necessary case plans typically received relatively greater initial COP-W allocations; those that were less successful received smaller initial allocations. Staff in the Department report that this strategy did enable the State to earn the maximum program capacity the federal government was willing to provide in 1987, when COP-W was initiated. However, as noted, it also affected each local program's base level for future program funding.

Adjustments to Base-Level Allocations

Adjustments to local base-level allocations have generally been limited to increases when the Department received increased appropriations. These allocations were often made with the intent of encouraging or discouraging certain local practices. For example, concern had been expressed in recent years about local programs that were not making full use of the spending authority provided to them. Section 46.27(7)(fm), Wis. Stats., authorizes counties to carry over up to 10 percent of their COP-R and COP-W spending authority each year, to be used during the next year. Any unused spending authority in excess of that amount lapses to the Department, which may reserve up to \$500,000 for one-time, high-cost program-related expenses. Any amount exceeding \$500,000 lapses to the General Fund. In 1996, \$1.8 million was returned to the General Fund from unused appropriations for community long-term care; in 1997, no funds were returned to the General Fund.

The Department has withheld new funding from local programs that have underspent their allocated funds.

To encourage improvements in local fiscal management among local programs that had consistently underspent their allocated funds, the Department decided in 1996 to withhold allocations of additional COP-W funding from those programs for calendar year 1997, and to withhold additional allocations of COP-W and COP-R funding for 1998 and 1999. The additional funding was distributed instead among the remaining local programs. The Department has adjusted the proportions of other allocations in order to help local programs with long waiting lists, or to support implementation of special projects with specific purposes, such as relocating or diverting individuals from nursing homes.

CIP II Allocations - In contrast to COP-R and COP-W funding allocations, allocations of CIP II program funding are not based on the Community Aids formula, but are instead based on local reductions of

nursing home beds. When a nursing home bed in a county facility is permanently closed, it is replaced with a CIP II program slot; 60 percent of permanently closed beds in private facilities are replaced with CIP II program slots. These slots have been, with a few exceptions, allocated to the county in which the nursing home bed was closed. Although this may be a reasonable method of obtaining county cooperation to reduce nursing home capacity, it also allows counties with large, outdated public nursing homes to more easily capture CIP II funding than those with few or no public or private nursing home beds suitable for closure. As a result, some local programs have large CIP II allocations in relation to the size of their elderly and disabled populations; other local programs have no CIP II program capacity.

We compared the difference between actual allocations for calendar year 1997 and the allocations that would have resulted if all funds, including base budgets, had been distributed using the Community Aids formula. In practice, distribution of all funds based on the Community Aids formula would likely have caused disruptions in services in some local programs, while the local programs that would have received increases might not have been able to expand their capacities rapidly enough to use the funds efficiently. However, our comparison reveals that funding for community long-term care is not, as some might believe, related to the indicators of local need that are addressed by the Community Aids formula. As shown in Table 14, five local programs currently receive more than twice the level of funding they would have received if the Community Aids formula had been applied to all funds distributed, while other local programs currently receive substantially less funding than they would have under the Community Aids formula alone.

The Department's reasons for departing from the Community Aids formula are not without justification. It is possible that indicators of need other than those on which the Community Aids formula is based could better justify the distribution of community long-term care funds. As more accurate indicators of need for publicly funded community long-term care, staff in the Department have suggested:

- nursing home admissions;
- elderly and disabled residents with low incomes;
- individuals waiting for community long-term care services; or
- individuals receiving supplemental security income for long-term disabilities.

Table 14

**Actual Allocations Compared to Allocations Indicated by Community Aids Formula
1997**

Local Programs with the Greatest Proportion of Funding in Excess of Formula Amounts

	<u>Actual Allocation*</u>	<u>Amount Indicated by Community Aids Formula**</u>	<u>Allocation in Excess of Formula</u>
Crawford County	\$ 1,012,500	\$ 445,586	127 %
Oneida County	1,633,000	719,300	127
Green County	1,465,500	657,154	123
Vilas County	648,900	304,055	113
Sauk County	2,099,300	1,020,700	106

Local Programs with the Greatest Funding Shortfalls Compared to Formula Amounts

	<u>Actual Allocation*</u>	<u>Allocation Indicated by Community Aids Formula**</u>	<u>Shortfall</u>
Washington County	\$1,151,900	\$2,193,700	(47.5 %)
Oconto County	498,700	755,400	(34.0)
Ozaukee County	928,200	1,404,300	(33.9)
Dodge County	1,212,700	1,770,600	(31.5)
Barron County	831,662	1,197,600	(30.6)

* Includes allocations for COP-R, COP-W, and CIP II.

** Community Aids proportions for calendar year 1997, provided by the Department of Health and Family Services.

Availability of Local Service Providers

**Adequate numbers of
service providers are
often not available.**

In explaining why program services vary as they do statewide, local staff reported that the availability of service providers strongly influences which services are available to local residents. In July 1998, staff in 55 local programs indicated to us that they had service availability problems, including both the absence of service providers and a lack of sufficient capacity in existing services. Availability problems affecting the elderly and physically disabled were most frequently reported for:

- overnight care (34 local programs);
- personal care attendants (25 local programs);
- adult family homes (23 local programs);
- respite care (18 local programs); and
- transportation (15 local programs).

Department, county, and tribal staff report that a lack of providers for some services in some counties has limited service availability since the inception of community long-term care programs. Some local programs in rural areas indicated that their service areas did not have a population base sufficient to sustain some services, such as residential care facilities or visiting nurses.

Funding for the development of local services directly associated with community long-term care programs has been limited. Medical Assistance waiver funds are limited exclusively to reimbursement for services provided and so cannot provide start-up funding for new local services. The Department reports that under the authority provided in s. 46.27(7)(g), Wis. Stats., COP-R funds have been made available in the past to fund the development of new services. The Department is authorized to reserve up to \$500,000 in allocated but unspent local program funds from the previous calendar year, which it may then distribute based on proposals from local programs. However, most of these funds are awarded to fund high-cost, one-time services for individual participants.

Among the other efforts undertaken by the Department to improve service availability have been:

- assigning a position to assist local programs in becoming certified as Medical Assistance personal-care providers, to alleviate the shortage of private or nonprofit agencies willing to provide this typically low-wage service;
- assisting local agencies in developing and maintaining volunteer networks through a foundation grant;
- working with another foundation to train and assist local program staff in seeking their own grants; and
- providing direct training and technical assistance to local program staff in developing services such as adult day care and residential services.

Local staff report that personal care attendants are difficult to recruit.

Department and local program staff also explained that the low unemployment rate in recent years has made it increasingly difficult to recruit needed staff, especially for positions in personal care. In our survey and interviews, local programs reported having adopted several strategies to meet the needs of their participants, including working with local contracting agencies or the local technical college to make training more accessible to potential workers, and securing the assistance of participants in identifying and recruiting in-home personal care aides.

FUTURE CONSIDERATIONS

The Department began to re-examine the State's entire long-term care system in 1995, and it proposed a broad restructuring of both community and institutional long-term care in July 1998. Some elements of the proposed system, which is known as Family Care, were initiated as pilot projects during the 1997-99 biennium. Nine counties and one tribe are currently participating in these projects. Proposals to expand the number and the scope of the pilot projects are included in the 1999-2001 biennial budget, which is currently under consideration as 1999 Assembly Bill 133. The proposed legislation contains no authorization or timetable for project expansion beyond the pilot program; however, the biennial budget bill does include statutory provisions the Department believes will be necessary if Family Care is to become a permanent statewide program. We believe legislative attention to these provisions will be necessary both to ensure that concerns described in this report are adequately addressed in future attempts to provide community long-term care, and to reduce the likelihood that other problems will arise.

The Proposed Family Care Program

The Family Care proposal is an integrated long-term care system.

Because the existing long-term care system includes a variety of local providers with differing eligibility criteria and service restrictions, individuals who need long-term care—regardless of whether they depend on public or private funding—must now contact nursing homes, other residential care facilities, and community long-term care programs separately to determine which programs suit their needs and for which programs they are eligible. A distinguishing feature of Family Care is reorganization of the many separate programs, agencies, and institutions that currently provide long-term care into one integrated system.

Program Components

As proposed in the budget bill, Family Care would have three main components:

- A single point of entry in each service area, known as a resource center, would assess the needs of all individuals entering the system, administer pre-admission screening for all individuals seeking long-term care in a nursing home or alternate residential setting, identify their options for receiving long-term care, and determine whether they are eligible to receive publicly funded services.

- Care management organizations (CMOs) would provide services—including nursing home care and the services now provided by local community long-term care programs—to individuals who choose to enroll in them. CMOs could be organized to serve only one type of disability group, but they would be required to serve any participant entitled to the Family Care benefits they provide. CMOs and their enrollees would determine the services and care settings to be provided to each individual. CMO services would be delivered as entitlements to enrollees who meet financial and other program requirements; however, CMOs could provide care management services on a fee-for-service basis to individuals who are not financially eligible.
- Reimbursement for Family Care services would be paid to CMOs according to capitated monthly rates established by the Department, rather than on a fee-for-service basis.

Resource Centers would screen individuals seeking long-term care.

Resource centers could be operated by counties, tribes, the Great Lakes Inter-tribal Council, or a new type of special-purpose government proposed in the budget bill: a Family Care district, which would be authorized and created by a county board, either singly or in cooperation with contiguous counties. Family Care districts would be governed by 15-member boards of directors that would be appointed by participating county boards or county executives. Under contract with the Department, resource centers would:

- provide any citizen with information about services for elderly or disabled individuals, including referrals;
- make a preliminary determination of the functional needs and financial and other resources of any individual seeking long-term care; and
- determine eligibility for enrollment in a CMO and for certain other benefits, including Medical Assistance.

CMOs would provide or contract for services.

The CMOs that provide long-term care under Family Care would also function under contracts with the Department, subject both to requirements that are included in the budget bill and to other requirements that would be developed by the Department. CMOs would be required to:

- enroll all individuals entitled to the Family Care benefit, based on a determination by a resource center;

- conduct a comprehensive assessment for each enrollee and use it to develop a complete care plan that reflects his or her needs and preferences; and
- provide or contract for services that would be required to include care management and that could, as noted, include either nursing home care or the array of services now provided by local community long-term care programs.

Like resource centers, CMOs could be operated by counties, tribes, the Great Lakes Inter-tribal Council, or Family Care districts. To prevent conflicts of interest, a resource center and the CMO to which the center makes referrals could not be operated by the same entity, although some provisions would allow tribal governments to establish separate corporations to operate each.

Financial eligibility for Family Care would be similar to current Medical Assistance requirements.

The Department proposes to restrict financial eligibility for Family Care to low-income individuals with few available assets, as eligibility is restricted under existing publicly funded long-term care programs. Resource centers would use the financial criteria that are used to establish eligibility for Medical Assistance, except that individuals who exceed Medical Assistance income or asset limits could qualify for Family Care if the monthly cost of their required care plans exceeded their income plus one-twelfth of the value of their assets, less certain deductions and allowances. As under existing publicly funded long-term care programs, individuals with sufficient income and assets would be required to contribute to the cost of their care, with some protections against divestment of assets and spousal impoverishment, and with provisions for recovery of costs from the estates of deceased participants.

Unlike the current long-term care system, which reimburses providers on a fee-for-service basis, CMOs would receive a fixed amount of funding each month for each enrollee. The proposed legislation would require the Department to prescribe and implement a monthly rate structure for the Family Care benefit. Although the proposed legislation does not require it, the Department indicated in its July proposal that this amount would be related to the participant's level of need based on his or her disability.

Proposed Program Services

As noted, CMOs are intended to provide a wide range of long-term care services, including both community and nursing home care, but individuals eligible for Family Care would not be required to enroll in CMOs. They could, instead, choose to receive nursing home care and

other Medical Assistance services on a fee-for-service basis outside of the program, under Medical Assistance.

Under Family Care, individuals with long-term, irreversible conditions that create a need for ongoing assistance from another person, and whose health and safety would be in serious jeopardy without them, would be entitled to receive “comprehensive” program benefits through a CMO. Other individuals whose long-term or potentially long-term conditions place them at risk of more serious problems without long-term care would be designated as being in need of “intermediate” care, which the Department anticipates will typically involve only limited services. Individuals in need of intermediate care would be entitled to Family Care only if they were also found to be in need of protective services or eligible for Medical Assistance.

Aspects of Family Care are currently being tested on a pilot basis.

Eight counties, including Milwaukee County, and one tribe are currently operating Family Care pilot project resource centers, and five counties, including Milwaukee County, are in the process of creating pilot project CMOs. Language in the budget bill does not commit the Department to a specific number of pilot projects or specify a date for statewide implementation of Family Care. However, by June 30, 2001, the Department indicates that it intends to have implemented nine pilot projects in 11 counties. It expects these programs to be providing full Family Care services to 10,054 individuals through CMOs.

The Department’s July 1998 Family Care proposal included elderly, physically disabled, and developmentally disabled adults, but not disabled children or adults with chronic mental illness or alcohol and other drug abuse problems. The current Family Care proposal also includes elderly and physically disabled adults, but developmentally disabled adults would not be eligible unless they lived in areas for which a CMO pilot program was established before July 1, 2001. However, the Department believes this population could be included in later program expansions.

Community Care Under the Proposed Plan

Family Care could eliminate some variations in services but could allow others to remain.

Structuring Family Care as an entitlement program for individuals who meet functional and financial criteria that will be specified in statutes and administrative rules would eliminate local variations in assessment practices, as well as many of the local variations in service delivery that this report has shown. However, variations in the local availability of providers and the local labor force for community long-term care services could continue regardless of the changes proposed by the Family Care legislation. In addition, the proposed legislation specifically requires only one service—care management—although it requires CMOs to ensure the availability of other, unspecified services.

Addressing Variations in Spending for Services

Under a program funding method that would reimburse CMOs using capitated rates developed by the Department, the financial consequences of unnecessary or questionable services would remain with the CMO, as would the consequences of providing care in settings that cost more than necessary. Therefore, to ensure that CMOs are able to provide the necessary services to their enrollees at a reasonable cost, it will become important to ensure capitated rates are fairly and adequately determined.

The Department's July 1998 program proposal noted that Family Care would increase the number of people entitled to publicly funded long-term care. However, the Department has predicted that increased enrollments will not greatly increase the State's costs of providing long-term care because of anticipated per person cost savings that would result from:

- removal of what the Department believes is a current bias toward institutional care, which is expected to reduce the proportion of individuals served in the most expensive settings and to increase the role of family and community support;
- removal or reduction of current barriers to participants earning income;
- a requirement that all participants share in the cost of services to the extent of their ability to pay;
- provision of services to individuals at the intermediate level of need, which could prevent or delay their progression to higher, more expensive levels of need; and
- efficiency incentives that will be created by the capitated payment structure for CMOs.

Critics of the Family Care proposal are concerned about the potential for CMOs to deny necessary services in order to keep costs within allowable reimbursement levels. It is likely that CMOs' expenditures for some of their enrollees will exceed capitated payments. Thus, CMOs, like other managed care organizations, will find it necessary to provide care to other enrollees at a lower cost than the capitation rate. To address concerns that CMOs might be reluctant to provide services to program participants with complex needs, to develop comprehensive service plans for all participants, or to deliver adequate services in all cases, the budget bill includes provisions that require CMOs not only to accept as enrollees all who are entitled to the Family Care benefit, but also to:

- accept the Family Care capitated payment as full payment for services;
- provide a mechanism by which enrollees or their representatives can arrange for, manage, or monitor their own services; and
- meet performance standards that the Department is required to prescribe and enforce.

CMOs would be prohibited by statute from refusing services to program participants except under circumstances specified by their contracts with the Department. In addition, the budget bill includes provisions that are intended to give participants rights to appeal:

- denial of eligibility;
- their cost-sharing requirements; and
- any failures to provide timely services or support items in their plans of care, any reductions in services, and any terminations of Family Care benefits.

The budget bill also includes additional funds and new responsibility for the Board on Aging and Long-Term Care, which will be required to contract to provide advocacy services to potential or actual recipients of the Family Care benefit or their families or guardians.

Addressing Variations in Services

Waiting lists should be eliminated for individuals entitled to receive Family Care.

Waiting lists are possible under existing community long-term care programs because individuals who are eligible for publicly funded long-term care currently are entitled to nursing home services but not to services in the community. Under a Family Care proposal that would make both nursing home care and CMO enrollment an entitlement for those individuals, waiting lists for entry into programs should be eliminated. The budget bill also includes a provision requiring the Department to ensure that within 24 months of the effective date of its contract, each CMO has sufficient capacity to provide the Family Care benefit to everyone in the county and client group it serves who is entitled to the benefit.

If no waiting lists exist for those who are entitled to the Family Care benefit, there will be no need to require CMOs to serve a certain proportion of each disability group. As noted, the significant proportion requirement currently in effect under s. 46.27(3)(e), Wis. Stats., has

contributed to variations in waiting times for services under existing community long-term care programs. The Family Care proposal does not require or allow either resource centers or CMOs to give different priority to eligible individuals on the basis of primary disabling condition, although it does allow CMOs to be organized to serve only one type of disability group.

Some who need intermediate care could be assigned to waiting lists.

However, under the provisions of the budget bill, individuals who have been determined to need an intermediate level of care but who are not in need of protective services or financially eligible for Medical Assistance could be assigned to waiting lists. The Department would be authorized to prescribe criteria for assigning priority among individuals on waiting lists and to require interim plans of care for those waiting for program services. Such an approach would allow waiting lists to be managed more consistently under Family Care than they are under existing community long-term care programs.

Other provisions of Family Care could reduce the variations we observed in local assessment practices under existing community long-term care programs. The budget bill would direct the Department to establish criteria and procedures and to define terms used in determining functional eligibility for program services. The new criteria would be required to be substantially similar to existing statutory criteria for community options programs, which local governments may choose to adopt. Under new rules that would be applied statewide, assessment practices would become more consistent than they have been under existing long-term care programs.

Family Care specifically requires only care management to be provided to participants.

However, additional consistency in service availability may be more difficult to ensure. Like the existing statutes and regulations governing community long-term care, the proposed Family Care legislation specifically requires only one service to be provided to each participant: care management. Proposed program statutes would require CMOs to “demonstrate or ensure . . . adequate availability” of:

- providers with the expertise and ability to provide services that are responsive to the disabilities, conditions, preferences, and needs of the proposed participants;
- providers that can meet preferences and needs for services at various times of day and, when applicable, on a 24-hour basis;
- providers able and willing to perform all of the tasks that are likely to be identified in participants’ care plans; and

- residential and day services that are geographically accessible to participants’ homes, families, or friends.

In addition to these requirements, agencies seeking contracts to serve as CMOs would be required to demonstrate or ensure the ability to manage and deliver the “full range of benefits to be included in the monthly benefit amount,” either directly or through subcontracts or partnerships with other organizations.

CMOs would be required to meet performance standards developed by the Department.

The budget bill does not enumerate the services to be included in this full range, but it does contain several provisions intended to ensure that CMO services meet program participants’ needs. For example, participants are given rights to file grievances and appeals if their plans of care do not include the services necessary to meet their needs or if the plans are not adequately carried out. In addition, as noted, the Department is directed to maintain continuous quality assurance and improvement by:

- prescribing and enforcing performance standards for the resource centers that make eligibility determinations and for the CMOs that deliver program services;
- making performance expectations that are related to participants’ outcomes a part of its contracting practices;
- requiring quality assurance and quality improvement efforts to be included throughout the Family Care system; and
- conducting ongoing evaluations of the long-term care system under Family Care.

Questions for Legislative Consideration

As it deliberates the Family Care proposal, the Legislature may wish to consider the following:

What will constitute a “full range of services”?

Although provisions in the budget bill anticipate that the Department and CMOs will ensure the availability of a full range of enrollee benefits in each area, the proposed language would appear to allow for continued variation of services among local areas because, among other reasons, no minimum set of services that would be made available has been specified. The Department has developed a list of the services that CMOs will be

required to make available to their enrollees as part of the draft contract language for CMOs. The Legislature may wish to examine this list and to consider whether inclusion of these requirements in standard contract language will be sufficient to ensure that the services are consistently available to residents throughout the state.

How will service availability problems be addressed?

The current system of community long-term care does not succeed in providing all necessary services to all eligible individuals, in part, because of service-availability problems. To the extent that these availability problems stem from an inadequate labor force or from insufficient capacity in agencies willing and able to provide needed services, these problems could continue to exist regardless of the changes made in the system of organizing and financing community long-term care.

The Department predicts changes in utilization of some services if Family Care is adopted.

It is possible that some service-availability problems could be exacerbated under the Family Care proposal. For example, if Family Care results in a larger proportion of the long-term care population seeking in-home care rather than institutional care, it cannot be assumed that the labor force currently employed in nursing homes will seek employment in home-care positions. Although the Department anticipates that Family Care will change the current utilization patterns of long-term care services, the budget bill includes no new funding for development of capacity in services for which use can be expected to increase. As it reviews the pilot projects, the Legislature may wish to monitor whether labor market problems are adversely affecting services and to ensure the Department estimates service capacity that will be required to meet the needs of CMO enrollees.

Will the counties and disability groups that are not served by Family Care pilot projects have access to existing levels of funding for community long-term care?

Funding for the Family Care program would come largely from reallocations of funds from the existing Medical Assistance, Community Options, and Community Aids programs. However, instead of reducing those appropriations and providing a separate appropriation for the Family Care pilot projects, the budget bill proposes to amend statutes so that existing appropriations would support Family Care and related services. This raises questions about how Family Care might affect funding or operations of programs for groups that are not served by Family Care. For example, if demand for Family Care exceeds expectations, or if the anticipated per person cost savings are not realized, the Department could face pressure to reallocate funds from the existing programs to Family Care.

The Legislature may therefore wish to review how the operations of current programs will be affected if Family Care pilot projects proceed as expected, and how Family Care obligations will be met if demand for services in the pilot projects exceeds expectations.

How will the Department evaluate the pilot projects and provide adequate information to support decisions about the future of Family Care?

If experience with the pilot projects is intended to enable the Legislature to determine whether or not to implement Family Care on a statewide basis, program evaluation will be needed. However, we have noted that effective comparisons between institutional and community long-term care are currently limited by inadequate data regarding participants' needs, services provided, and service costs. The Department's ability to evaluate the pilot projects will be similarly limited if comparable data are not collected from both Family Care pilot projects and current programs during the operation of the pilot projects. Therefore, the Legislature may wish to require that adequate information be collected to facilitate the evaluation of the pilot projects. This information could include:

- the full range of services provided to participants, regardless of funding source;
- reliable and comparable information on levels of disability for participants in the various programs; and
- more accurate indicators of the number of individuals seeking services through Family Care and the existing long-term care system, their disability levels, and the types of services sought.

APPENDIX I

Community Long-term Care Programs

Community Options Program-Regular (COP-R) is funded with GPR. It provides the most flexible funding source for community long-term care services and serves the broadest clientele with the fewest limitations on the types of services that can be funded. Local program staff are instructed to use COP-R funds as “gap-filler,” that is, to provide necessary services that are not eligible for reimbursement by any other funding source and to serve some, as directed in statutes, who are not eligible for waiver-funded community long-term care. COP-R funds are allocated to local programs to fund administration, assessments and care plans, and services provided through community long-term care programs.

The services funded through COP-R are categorized into 30 service types that were shown in Table 5. Local care managers may use COP-R funds to provide any service necessary to allow a participant to remain in his or her residence and prevent the need for institutionalization, if no other funding source is available. To allow this highly flexible use of COP-R funds, Wisconsin statutes define COP-R services broadly as “long-term care support services,” rather than as a set of specifically enumerated allowable services. Only a few services are prohibited uses of COP-R funds. These include the purchase of land, construction of buildings, institutional care, and care in certain types of CBRFs.

COP GPR funds are also used to provide the required match (approximately 40 percent) for services that are eligible for federal reimbursement under COP-W and CIP IB up to certain limits.

Individuals are determined to be eligible for COP-R services based upon the extent and type of their long-term illnesses or disabilities and their financial status, as set forth in s. 46.27(6r), Wis. Stats. Individuals with long-term illnesses or disabilities are eligible for COP-R services if one of the following apply.

- Their illness or disability is such that they would be eligible for nursing home care under the Medical Assistance program. At a minimum, this would include the need for simple nursing procedures in order to maintain stability and which can be provided safely only by or under the supervision of a licensed practical nurse who works under the supervision and direction of a registered nurse.
- They meet statutory requirements for receipt of care in an institution for mental diseases.
- They have chronic mental illness affecting mental health to the extent that long-term or repeated hospitalization is likely unless the person receives long-term community support services.
- They are nursing home residents receiving Medical Assistance, who have been identified as appropriate for relocation to the community as a result of a federally required review of nursing home placements of individuals with mental illness or mental retardation.

- They have been diagnosed by a physician as having Alzheimer’s disease and require a level of care equivalent to either non-institutional personal care (personal assistance, supervision and protection, and periodic medical services and consultation with a registered nurse, or periodic observation and consultation for physical, emotional, social, or restorative needs, but not regular nursing care) or care in a residential facility under the daily supervision of a licensed nurse with consultation from a registered nurse at least 4 hours per week.

Individuals are eligible for services funded through COP-R if their primary disabling condition is related to aging, physical disability, developmental disability, chronic mental illness, or alcohol and other drug dependency.

In addition, individuals must meet some financial requirements in order to be eligible for COP-R services. COP-R funding for ongoing services may be used only for persons who meet financial requirements for Medical Assistance eligibility or who have a level of income and assets that would cause them to become indigent within 6 months if they were to privately purchase institutional long-term care. Participants who receive COP-R funded services may be required, based on their level of income and assets, to share in the cost of services they receive.

Medical Assistance Waiver Programs

Six programs provide funding for community-based services that would not ordinarily be provided under the Medical Assistance program, under the terms of agreements with the U.S. Department of Health and Human Services that waive certain federal requirements. Two of these programs—the Community Options Program-Waiver (COP-W) and the Community Integration Program II (CIP II)—serve primarily elderly and physically disabled individuals, while the other four specifically target services to persons with developmental disabilities or brain injuries.

Each program provides a wide variety of community-based services that support participants’ needs while they live outside institutions, but that are not reimbursable under the regular Medical Assistance program. Services provided by COP-W and CIP II have been listed in Table 5; services reimbursed by the other waivers are similar to these.

Aged or disabled individuals may be determined to be eligible for Medical Assistance on the basis of their income and assets, or on the basis of their eligibility for supplemental security income (SSI) benefits for people with permanent disabilities.

COP-W eligibility is limited to elderly and physically disabled individuals whose long-term illnesses or disabilities are sufficient to require nursing home care. Although they are not the primary disability group served by COP-W, some developmentally disabled individuals who need nursing care receive services through COP-W. These individuals, however, do not receive active treatment related to their developmental disability.

CIP II serves the same clientele and reimburses the same services as COP-W. The differences between the programs are administrative, stemming from the process by which program capacity is created. The terms of the waiver agreement allow creation of CIP II “slots” (the capacity to serve one participant) only when licensed nursing home beds are permanently closed; in contrast, COP-W service capacity is, in practice, limited only by available funds.

Community Integration Program IA (CIP IA) provides community-based services to developmentally disabled individuals relocated from one of three State Centers for the Developmentally Disabled (Northern Falls, Chippewa Falls, Central Center in Madison, and Southern Center in Union Grove). State law requires that following a CIP IA placement, a center bed must be held vacant for one year and then closed.

Community Integration Program IB (CIP IB) provides community-based services to developmentally disabled individuals relocated or diverted from facilities licensed as nursing homes and intermediate care facilities for the mentally retarded (ICF-MR), other than State Centers for Developmentally Disabled. For some CIP IB placements, counties provide the matching funds required for federal funding from county COP-GPR allocations, community aids, or local property taxes.

Community Supported Living Arrangements (CSLA) provide community-based services to developmentally disabled individuals. This program differs from the other waiver programs in that counties, rather than the State, provide the required match to federal funds. Individuals served by CSLA may reside in their own homes and do not need to have been relocated or diverted from institutional care.

Brain Injury Waiver (BIW) provides funding for community-based services for a limited number of people with brain injuries who, as a result of the injury, have significant physical, cognitive, emotional, or behavioral impairments. In addition, individuals must also be eligible for post acute rehabilitation services in a nursing home or hospital designated as a special unit for brain injury rehabilitation.

APPENDIX II

Service Categories for Community Long-term Care

The following standard service definitions are those used by local community long-term care programs to report services, for billing purposes, to the Department of Health and Family Services through the Human Services Reporting System, known to its users as HSRS.

Care Management

Care management – The provision of services by providers to enable participants and their families, when appropriate, to gain access to and receive a full range of appropriate care services in a planned, coordinated, efficient, and effective manner. Care managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by participants and their families. Services may include assessment/diagnosis, case planning, monitoring and review, advocacy, and referral.

Protective payments/guardianship – An individual or authorized agency is responsible for managing a participant's money or supervising the participant's use of funds when that participant has an agency as a guardian and/or has demonstrated a lack of ability to use funds appropriately. Services to ensure that the money is used in the best interests of the beneficiary may include, but are not limited to, case planning, monitoring, and review and supervision. Services may also include recruitment and development of protective payees as an agency resource; providing reimbursement to individuals and authorized agencies for related services and administrative expenses; providing services of an individual or corporate conservator, temporary guardian, guardian of the person, and/or guardian of the estate; and provision of a representative payee in SSI/Social Security Administration cases in which representative payees are required.

In-home Support

Supportive home care – The provision of services to maintain participants in independent or supervised living at home to help them meet their daily living needs, address needs for social contact, ensure well-being, and/or reduce the likelihood of alternate living arrangements. Services may include household care, personal care, and supervision. This category also includes supervised apartment living, senior companion activities, telephone reassurance, friendly visiting, home health care, and independent living arrangements.

Emergency alarms, aids, and home modifications – The provision of services to participants with limited ability to access, participate, and function in their community or homes because of physical, sensory, or speech impairments or inability to communicate in English. Services include purchase or direct provision of bilingual interpreters or interpreters capable of facilitating communication for persons with hearing impairments; providing funds for services or items such as medically related equipment, adaptive aids, or communication

devices. This category may also include the development and recruitment of interpretation resources, reader services, and other forms of communication assistance.

Home-delivered meals – The provision of meals to homebound persons to maintain or improve nutrition. Services include provision of food and transportation when necessary.

Housing and energy assistance – The provision of services to help individuals obtain safe, healthful, and affordable housing. Services may include advocacy, assessment/diagnosis, and referral; working with landlords and others to upgrade substandard housing; assessing housing needs; locating appropriate housing; referring to existing resources for housing repairs; and making arrangements for moving and paying for moving expenses. This category may also include repairs and remodeling, winterization/weatherization, and the costs of fuel or utilities.

Alternative Residential Care

Community-based Residential Facility - The provision of services to participants in a community-based residential facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug abuse disorders. CBRFs provide food and housing and may also provide services such as supervision, dietary, and counseling/psychotherapy. This category also covers services to plan for, arrange, and monitor CBRF placements, and the provision of non-medical AODA extended care in CBRFs.

Adult Family Home – The provision of a structured residential living arrangement to provide care and support to adult participants whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Services in the family home include the provision of food and housing and may include, but are not limited to, supervision, dietary, personal care, and education/training. This category may also cover homes serving three or four residents that are licensed as CBRFs in certain instances, and provision of services to recruit and certify adult family homes, as well as locating, arranging for, and monitoring an adult family home placement.

Group Home (COP-R only) – The provision of services in a community-based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Group homes provide food, housing, items, and clothing, and may also provide services such as supervision, dietary, personal care, and transportation. This category may also include services to recruit and license group home placements by persons other than group home providers.

Residential Care Apartment Complex (waivers only)– Services provided in a facility consisting of separate living units and providing no more than 28 hours per week of supportive, personal, or nursing services.

Foster Home – The provision of a loving, caring, and supportive substitute family to children for a short-term period (or long-term in approved situations). Foster parents will provide food, housing, personal items, and clothing and may also provide services such as

supervision, dietary, personal care, and transportation. This category also includes services to recruit and license foster homes; to locate, arrange for, and monitor a foster home placement; and to assist in situations involving pending adoptions.

Community Support

Specialized Transportation and Escort – The provision of transportation and related supervision to elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash to obtain safe, comfortable, and accessible conveyance, but is limited to transportation that improves a person’s general mobility and ability to perform daily tasks independently, including activities such as shopping, visiting with friends, and competitive employment.

Daily Living Skills Training – The provision of services to participants whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a participant’s or caretaker’s ability to perform routine daily living tasks and utilize community resources and may include education/training; assessment/diagnosis; and case planning, monitoring, and review. Other training may include teaching child-rearing skills; teaching parenting skills to parents of children with special needs; and training about how to prepare and manage a household budget, how to maintain and care for the home, and how to prepare food. This category also includes the provision of daily living skill training for parents and other family members, foster parents, adult family home members, and persons involved in apartment living programs, and it may include recruitment and development of additional training resources.

Counseling/Therapeutic –The provision of services to participants needing treatment for a personal, social, behavioral, mental, or alcohol and drug abuse disorder. Services typically may include assessment/diagnosis; case planning, monitoring, and review; counseling/psychotherapy; physical health services; and medical support services. Services may also include divorce and family counseling and counseling for students experiencing behavioral problems at school. This category may also include intensive home and community treatment services and methadone maintenance activities.

Community Support Program – This category of services provides a network of coordinated care and treatment services to adults with serious and persistent mental illness and to chronic alcoholic participants by an identified provider and staff. Services may include case planning, monitoring, and review and general care management/service coordination activities; assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral; and transportation. This category may cover other services, including identifying potentially needy individuals; assisting with and training participants in all aspects of community functioning; providing crisis consultation; assisting with learning and performing daily living tasks; supervising community work or educational related activities; assisting with obtaining health care; helping individuals acquire and maintain adequate housing; providing opportunities for social/recreational activities; and coordinating services delivered by both CSP and other human service programs such as the Division of Vocational Rehabilitation, General Relief,

and Supplemental Security Income. Activities covered under this category must be provided by designated CSP providers.

Prevocational Services (COP-R only) – Services are provided in integrated community work settings, specialized facilities (e.g., sheltered workshops), or other settings to help participants develop work and related abilities, improve work performance, and remove obstacles to gainful employment. Services may include education/training; work-related transportation; marketing of products; assessment/diagnosis; case planning, monitoring and review by work-related service providers; and supervision. Services may also include the development and recruitment of and contracting with work resources. This category may also include wages paid for work performed, training stipends, incentives for employers to provide on-the-job supervision, or items needed for employment. It may include sheltered employment, work activities, and supervision of work in community settings.

Supportive Employment (COP-R only) – The provision of competitive work in an integrated work setting, described as one with no more than eight individuals with disabilities in one area, for individuals who need ongoing and/or intensive support services to find and perform this work because of disabilities. Supported employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) or for individuals whose employment has been interrupted or intermittent as the result of a severe disability. This category includes transitional employment for persons with chronic mental illness.

Congregate Meals (COP-R only) – The provision of meals and services related to meal provision to individuals to promote socialization and adequate nutrition. Services may include education and training.

Shelter Care (COP-R only) – The provision of short-term services, often under emergency conditions, in an alternative living setting or home of another person to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services include food and housing and may also include supervision, dietary, and counseling/psychotherapy. This category also includes locating, arranging for, and monitoring placement in shelter care facilities; care provided in unlicensed settings that serve as shelters (e.g., for victims of domestic or child abuse) and in licensed facilities; and 24-hour care in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (e.g., hospitalization of a parent).

Recreational

Recreational Activities (COP-R only) – The provision of services to persons who are socially or physically inactive, or whose activities are socially inappropriate, to increase participation in constructive leisure time activities. Services may include supervision, education/training, and transportation. This category also covers activities such as recruiting and developing recreational opportunities, providing physical education or senior citizen exercises, and other group activities.

Day Care Services

Adult Day Care – The provision of services to adults in a group setting to enrich their social experience, provide protection and supervision during part of the day to assist families under stress, prevent abuse and neglect, and/or prevent placement into alternate living arrangements. Services include the provision of meals and may include personal care and supervision. This category also includes activities such as recruiting and developing resources and regulation/certification, services such as transportation for day care access, and certified adult care in senior centers.

Respite Care – The provision of services to participants who are either caregivers or their dependents, to provide the primary caregiver temporary relief while providing the dependent participant adequate care and supervision in a home-like environment (unlicensed) and reducing the need for placement of the dependent person outside of the home. Services may include case planning, monitoring, and review; personal care; and supervision. The respite care program includes only care delivered in the home of the primary caregiver, dependent person, friend or relative; the home of the respite care provider; or those free-standing facilities that primarily serve as respite care centers.

Day Center Services Treatment – The provision of a nonresidential, nonmedical supervision that includes care management, counseling, medical care, and therapies for portions of a 24-hour day for a certain number of days per week.

Child Day Care (COP-R only) – The provision of services to children that includes care in settings such as a day care center, the home of another, or their own homes, to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family, or preserve the family unit. Services include recruiting and developing resources and regulation/certification activities.

Legal Activities

Advocacy and Defense Resources (COP-R only) – The provision of services by persons whose principal responsibility is to ensure rights to fair and just treatment. Services provided by lay advocates or persons with legal training include education, training, and advocacy; assistance with applying for needed services or benefits; assistance with grievance procedures; representation at hearings and court; provision of legal advice; legal research; and education and counseling regarding legal rights and responsibilities.

Court Intake and Studies (COP-R only) – The provision of services essential to reporting and making recommendations to courts. Services may include assessment/diagnosis and case planning, monitoring, and review; custody studies, mediation and monitoring pursuant to divorce actions; and Chapter 51 commitment evaluations other than those done by inpatient facilities.

Medical Support

Skilled Nursing Services – Services listed in the plan of care that are within the scope of Wisconsin’s Nurse Practice Act. Services will be provided by an Advanced Practice Nurse, a Registered Nurse, or a Licensed Practical Nurse under the supervision of a registered nurse licensed to practice in the state.

Day Medical Treatment (COP-R only) – A day treatment program (DTP) is a nonresidential program in a medically supervised setting that provides care management, counseling, medical care, and therapies on a routine basis for a scheduled portion of a 24-hour day and a scheduled number of days per week. Services include individual, family, and group counseling.

Health Screening and Access (COP-R only) - The provision of services to persons at risk for health problems, for early identification of health care needs and improved accessibility to needed health care services. Services may include case finding; assessment /diagnosis; case planning, monitoring, and review; referral; and advocacy.

Social-Setting Detoxification (COP-R only) – A social-setting detoxification program provides treatment-oriented service. This non-medical program observes and monitors intoxicated individuals who are ambulatory and not in need of major emergency medical or psychological care.

APPENDIX III

Selected Information on Local Programs

Data are reported for each county and for the Oneida Tribe. For those counties served by more than one local agency, data for reported service expenditures were sorted by participant and assigned to the county financially responsible for the participant's care.

Allocations

Allocation information for 1997 and 1998 represents funding authority in both federal and state funds allocated to each county for COP-W and CIP II services. These amounts may be used for eligible services to Medical Assistance waiver participants, including a 7 percent allowance for administrative expenses. Services for the participants whose services we examined in this report are also supported by COP-R, which also provides funding for other purposes: long-term care assessments; care planning; administration; and services for participants in CIP IA, CIP IB, CSLA, and BIW waiver programs.

Reported Service Expenditures and Participants for 1997

The number of participants reported for each county represents an unduplicated number of individuals for whom reimbursable services were reported during calendar year 1997. These individuals include those who received services under either COP-W or CIP II and those whose reported services were funded exclusively by COP-R. Expenditures reported for COP-W and CIP II participants include COP-R funds.

Individuals receiving services funded by any other waiver program are not included. Individuals who had been determined eligible for services but who received no services that were billed to these programs are not included.

Amounts represent the total reported expenditures for services reimbursable under COP-W, CIP II, or COP-R that were delivered in 1997 to the participants identified above and that were reported to the Department of Health and Family Services' Human Services Reporting System, as reconciled by staff in the Department as of May 1, 1998. Amounts do not reflect any reductions for participants' payments in compliance with cost-sharing requirements. Amounts do not include services purchased through funding sources other than the Medical Assistance waivers or COP-R; these sources include regular Medical Assistance services and locally funded programs. Amounts do not include services purchased with COP-R funds for participants in other waiver programs.

Waiting Lists

Figures represent the number of individuals waiting for long-term care as reported by local programs to the Department for December 1997. The estimated waiting times were reported by local programs in a June 1998 Legislative Audit Bureau survey, for which 70 responses were received. If the local program did not return the survey or if no answer was provided for the question, the response is designated n/a. Local staff were asked to estimate how long an eligible individual placed on the waiting list would need to wait before reaching the top of the waiting list.

Adams County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$257,695	\$270,928
CIP II (federal and GPR)	14,925	14,885

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	66	\$363,971	\$5,515
COP-R	<u>8</u>	<u>52,935</u>	<u>6,617</u>
Total	74	\$416,906	\$5,634

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 79,778	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	24
Home delivered meals	14,999	Counseling/therapeutic	23,121
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	69,661	Shelter care	0
Supportive home care	140,361	Transportation & escort	2,605
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	8,550
Alternative Residential Care		Child day care	0
Adult family home	10,629	Day center services treatment	0
Foster home	0	Respite care	1,796
Group home	0	Medical support	
CBRF	63,136	Skilled nursing services	2,174
Residential Care Apartment Complex	0	Screening & access	71
Recreational activities		Day medical treatment	0
	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	8	0 Months
Physically Disabled	5	1 Year
Developmentally Disabled	18	2 Years
Chronically Mentally Ill	3	2 Years
Alcohol and Other Drug Abuse	0	2 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Adams County also received COP-R allocations of \$212,537 in 1997 and \$205,197 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Ashland County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$396,873	\$410,051
CIP II (federal and GPR)	74,627	89,308

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	80	\$559,269	\$6,991
COP-R	<u>13</u>	<u>132,607</u>	<u>10,201</u>
Total	93	\$691,876	\$7,440

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 82,787	Daily living skills training	\$ 12,416
Protective payments/guardianship	75	Community support program	854
In-home Support		Congregate meals	0
Home delivered meals	10,590	Counseling/therapeutic	0
Housing & energy assistance	2,625	Prevocational services	4,309
Emergency alarms, aids & home modifications	31,020	Shelter care	0
Supportive home care	419,480	Transportation & escort	12,154
Legal activities		Supportive employment	4,227
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	13,756
Alternative Residential Care		Child day care	0
Adult family home	10,397	Day center services treatment	0
Foster home	0	Respite care	14,733
Group home	0	Medical support	
CBRF	72,364	Skilled nursing services	90
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities		Day medical treatment	0
	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	42	2 Years
Physically Disabled	30	2 Years
Developmentally Disabled	34	1 Year
Chronically Mentally Ill	11	1 Year
Alcohol and Other Drug Abuse	1	2 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Ashland County also received COP-R allocations of \$240,534 in 1997 and \$228,862 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Barron County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$386,034	\$415,805
CIP II (federal and GPR)	29,851	29,769

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	99	\$619,018	\$6,253
COP-R	<u>41</u>	<u>237,919</u>	<u>5,803</u>
Total	140	\$856,937	\$6,121

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 207,200	Daily living skills training	\$ 0
Protective payments/guardianship	8,624	Community support program	0
In-home Support		Congregate meals	129
Home delivered meals	12,177	Counseling/therapeutic	3,498
Housing & energy assistance	0	Prevocational services	3,014
Emergency alarms, aids & home modifications	15,611	Shelter care	0
Supportive home care	471,513	Transportation & escort	1,425
Legal activities		Supportive employment	18
Advocacy & defense resources	0	Day care services	
Court intake & studies	1,599	Adult day care	13,189
Alternative Residential Care		Child day care	0
Adult family home	4,089	Day center services treatment	0
Foster home	0	Respite care	3,626
Group home	0	Medical support	
CBRF	110,396	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	830	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	17	n/a
Developmentally Disabled	16	n/a
Chronically Mentally Ill	1	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Barron County also received COP-R allocations of \$415,777 in 1997 and \$402,717 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Bayfield County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$359,029	\$368,459
CIP II (federal and GPR)	149,255	148,847

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	85	\$875,356	\$10,298
COP-R	<u>3</u>	<u>20,807</u>	<u>6,936</u>
Total	88	\$896,163	\$10,184

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 108,345	Daily living skills training	\$ 5,254
Protective payments/guardianship	376	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	15,287	Counseling/therapeutic	4,737
Housing & energy assistance	4,384	Prevocational services	0
Emergency alarms, aids & home modifications	46,102	Shelter care	0
Supportive home care	577,590	Transportation & escort	29,565
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	47,162	Day center services treatment	0
Foster home	0	Respite care	16,149
Group home	0	Medical support	
CBRF	41,212	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	7	6 Months
Physically Disabled	9	9 Months
Developmentally Disabled	0	6 Months
Chronically Mentally Ill	0	6 Months
Alcohol and Other Drug Abuse	0	6 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Bayfield County also received COP-R allocations of \$244,390 in 1997 and \$231,689 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Brown County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$2,564,505	\$2,707,534
CIP II (federal and GPR)	835,827	833,543

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	445	\$4,956,249	\$11,138
COP-R	<u>147</u>	<u>1,167,468</u>	<u>7,942</u>
Total	592	\$6,123,717	\$10,344

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 760,191	Daily living skills training	\$ 108,478
Protective payments/guardianship	24,136	Community support program	0
In-home Support		Congregate meals	9,592
Home delivered meals	66,076	Counseling/therapeutic	37,891
Housing & energy assistance	44,296	Prevocational services	9,190
Emergency alarms, aids & home modifications	229,804	Shelter care	0
Supportive home care	2,735,343	Transportation & escort	123,566
Legal activities		Supportive employment	1,969
Advocacy & defense resources	687	Day care services	
Court intake & studies	0	Adult day care	153,242
Alternative Residential Care		Child day care	6,253
Adult family home	499,508	Day center services treatment	173,404
Foster home	0	Respite care	53,161
Group home	0	Medical support	
CBRF	1,070,216	Skilled nursing services	15,797
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	919	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	122	9 Months
Physically Disabled	95	2 Years
Developmentally Disabled	196	2 Years
Chronically Mentally Ill	22	2 Years
Alcohol and Other Drug Abuse	8	2 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Brown County also received COP-R allocations of \$2,336,711 in 1997 and \$2,263,753 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Buffalo County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$289,541	\$300,153
CIP II (federal and GPR)	14,925	14,885

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	51	\$320,425	\$6,283
COP-R	<u>32</u>	<u>74,047</u>	<u>2,314</u>
Total	83	\$394,472	\$4,753

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 35,852	Daily living skills training	\$ 9,028
Protective payments/guardianship	0	Community support program	475
In-home Support		Congregate meals	0
Home delivered meals	1,270	Counseling/therapeutic	400
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	49,963	Shelter care	0
Supportive home care	228,796	Transportation & escort	506
Legal activities		Supportive employment	1,055
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	7,508
Alternative Residential Care		Child day care	0
Adult family home	0	Day center services treatment	0
Foster home	0	Respite care	7,436
Group home	0	Medical support	
CBRF	40,719	Skilled nursing services	11,464
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	0 Months
Physically Disabled	0	0 Months
Developmentally Disabled	1	0 Months
Chronically Mentally Ill	0	0 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Buffalo County also received COP-R allocations of \$209,197 in 1997 and \$199,986 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Burnett County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$274,498	\$265,965
CIP II (federal and GPR)	89,553	89,308

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	74	\$525,745	\$7,105
COP-R	<u>45</u>	<u>124,132</u>	<u>2,758</u>
Total	119	\$649,877	\$5,461

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 108,709	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	20,271	Counseling/therapeutic	1,627
Housing & energy assistance	8,195	Prevocational services	836
Emergency alarms, aids & home modifications	47,697	Shelter care	0
Supportive home care	434,738	Transportation & escort	2,275
Legal activities		Supportive employment	0
Advocacy & defense resources	24	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	18
Adult family home	1,416	Day center services treatment	0
Foster home	0	Respite care	11,716
Group home	0	Medical support	
CBRF	9,354	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	3,002	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	3	2 Months
Physically Disabled	18	2 Years
Developmentally Disabled	6	1.5 Years
Chronically Mentally Ill	7	2.5 Years
Alcohol and Other Drug Abuse	0	1 Year

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Burnett County also received COP-R allocations of \$215,996 in 1997 and \$200,467 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Calumet County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$271,798	\$277,144
CIP II (federal and GPR)	14,925	14,885

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	54	\$265,502	\$4,917
COP-R	<u>11</u>	<u>121,365</u>	<u>11,033</u>
Total	65	\$386,867	\$5,952

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 79,526	Daily living skills training	\$ 46,768
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	6,335	Counseling/therapeutic	0
Housing & energy assistance	0	Prevocational services	2,021
Emergency alarms, aids & home modifications	13,787	Shelter care	0
Supportive home care	102,316	Transportation & escort	6,152
Legal activities		Supportive employment	3,073
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	1,847
Alternative Residential Care		Child day care	0
Adult family home	4,800	Day center services treatment	0
Foster home	0	Respite care	614
Group home	0	Medical support	
CBRF	119,627	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	0	n/a
Developmentally Disabled	0	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Calumet County also received COP-R allocations of \$234,245 in 1997 and \$228,600 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Chippewa County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$611,788	\$648,103
CIP II (federal and GPR)	119,404	74,424

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	84	\$675,684	\$8,044
COP-R	<u>49</u>	<u>298,767</u>	<u>6,097</u>
Total	133	\$974,451	\$7,327

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 106,449	Daily living skills training	\$ 1,189
Protective payments/guardianship	105	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	17,361	Counseling/therapeutic	0
Housing & energy assistance	0	Prevocational services	8,550
Emergency alarms, aids & home modifications	17,885	Shelter care	0
Supportive home care	708,863	Transportation & escort	5,466
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	5,743	Day center services treatment	0
Foster home	0	Respite care	1,980
Group home	0	Medical support	
CBRF	100,859	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	16	1 Month
Physically Disabled	2	6 Months
Developmentally Disabled	0	1 Month
Chronically Mentally Ill	0	1 Month
Alcohol and Other Drug Abuse	0	1 Month

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Chippewa County also received COP-R allocations of \$574,750 in 1997 and \$557,398 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Clark County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$591,151	\$613,120
CIP II (federal and GPR)	179,106	178,616

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	141	\$724,361	\$5,137
COP-R	<u>19</u>	<u>210,669</u>	<u>11,088</u>
Total	160	\$935,030	\$5,844

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 62,495	Daily living skills training	\$ 10,376
Protective payments/guardianship	521	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	40,887	Counseling/therapeutic	4,944
Housing & energy assistance	0	Prevocational services	21,425
Emergency alarms, aids & home modifications	27,400	Shelter care	0
Supportive home care	282,548	Transportation & escort	27,684
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	108,033
Alternative Residential Care		Child day care	0
Adult family home	157,532	Day center services treatment	3,660
Foster home	0	Respite care	4,367
Group home	0	Medical support	
CBRF	183,158	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	9 Months
Physically Disabled	0	9 Months
Developmentally Disabled	2	9 Months
Chronically Mentally Ill	1	9 Months
Alcohol and Other Drug Abuse	0	9 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Clark County also received COP-R allocations of \$403,502 in 1997 and \$385,667 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Columbia County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$501,298	\$524,578
CIP II (federal and GPR)	134,329	178,616

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	108	\$904,761	\$8,377
COP-R	<u>28</u>	<u>268,692</u>	<u>9,596</u>
Total	136	\$1,173,453	\$8,628

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 188,497	Daily living skills training	\$ 5,731
Protective payments/guardianship	0	Community support program	20,040
In-home Support		Congregate meals	0
Home delivered meals	29,437	Counseling/therapeutic	20,520
Housing & energy assistance	0	Prevocational services	15,612
Emergency alarms, aids & home modifications	65,946	Shelter care	0
Supportive home care	527,254	Transportation & escort	6,860
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	6,114
Alternative Residential Care		Child day care	0
Adult family home	13,797	Day center services treatment	0
Foster home	0	Respite care	13,328
Group home	0	Medical support	
CBRF	245,763	Skilled nursing services	789
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	13,766	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	101	2 Years
Physically Disabled	49	5 Years
Developmentally Disabled	137	6 Years
Chronically Mentally Ill	16	5 Years
Alcohol and Other Drug Abuse	3	4 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Columbia County also received COP-R allocations of \$513,191 in 1997 and \$494,298 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Crawford County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$293,056	\$296,054
CIP II (federal and GPR)	492,541	491,195

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	94	\$560,798	\$5,966
COP-R	<u>15</u>	<u>145,849</u>	<u>9,723</u>
Total	109	\$706,647	\$6,483

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 33,224	Daily living skills training	\$ 3,189
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	17,349	Counseling/therapeutic	14,400
Housing & energy assistance	72	Prevocational services	0
Emergency alarms, aids & home modifications	69,295	Shelter care	0
Supportive home care	316,575	Transportation & escort	5,134
Legal activities		Supportive employment	5,320
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	13,262
Alternative Residential Care		Child day care	0
Adult family home	88,164	Day center services treatment	0
Foster home	0	Respite care	972
Group home	0	Medical support	
CBRF	139,694	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	2	0 Months
Physically Disabled	1	6 Months
Developmentally Disabled	5	3.5 Years
Chronically Mentally Ill	0	0 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Crawford County also received COP-R allocations of \$226,947 in 1997 and \$217,076 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Dane County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$4,390,232	\$4,890,311
CIP II (federal and GPR)	3,029,872	2,962,055

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	894	\$8,404,605	\$9,401
COP-R	<u>244</u>	<u>2,253,280</u>	<u>9,235</u>
Total	1,138	\$10,657,885	\$9,365

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 1,444,618	Daily living skills training	\$ 175,514
Protective payments/guardianship	4,028	Community support program	0
In-home Support		Congregate meals	31,256
Home delivered meals	137,812	Counseling/therapeutic	161,790
Housing & energy assistance	147,674	Prevocational services	0
Emergency alarms, aids & home modifications	308,958	Shelter care	0
Supportive home care	4,173,964	Transportation & escort	251,649
Legal activities		Supportive employment	35,323
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	332,082
Alternative Residential Care		Child day care	5,315
Adult family home	939,969	Day center services treatment	26,672
Foster home	0	Respite care	36,043
Group home	0	Medical support	
CBRF	2,377,058	Skilled nursing services	11,030
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	57,130	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	665	3 Years
Physically Disabled	240	3.5 Years
Developmentally Disabled	272	4 Years
Chronically Mentally Ill	46	4 Years
Alcohol and Other Drug Abuse	121	5 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Dane County also received COP-R allocations of \$5,533,414 in 1997 and \$5,218,520 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Dodge County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$437,068	\$435,390
CIP II (federal and GPR)	194,031	208,386

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	88	\$583,210	\$6,627
COP-R	<u>37</u>	<u>365,244</u>	<u>9,871</u>
Total	125	\$948,454	\$7,588

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 44,321	Daily living skills training	\$ 0
Protective payments/guardianship	2,711	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	8,837	Counseling/therapeutic	9,180
Housing & energy assistance	0	Prevocational services	15,848
Emergency alarms, aids & home modifications	102,776	Shelter care	0
Supportive home care	260,980	Transportation & escort	15,580
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	81,213
Alternative Residential Care		Child day care	0
Adult family home	25,060	Day center services treatment	20,000
Foster home	0	Respite care	6,162
Group home	0	Medical support	
CBRF	355,785	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities		Day medical treatment	0
	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	7 Months
Physically Disabled	0	7 Months
Developmentally Disabled	39	4 Years
Chronically Mentally Ill	0	7 Months
Alcohol and Other Drug Abuse	0	7 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Dodge County also received COP-R allocations of \$581,591 in 1997 and \$570,291 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Door County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$174,017	\$184,075
CIP II (federal and GPR)	29,851	29,769

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	40	\$197,297	\$4,932
COP-R	<u>11</u>	<u>91,488</u>	<u>8,317</u>
Total	51	\$288,785	\$5,662

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 2,971	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	861	Counseling/therapeutic	7,545
Housing & energy assistance	0	Prevocational services	4,974
Emergency alarms, aids & home modifications	13,703	Shelter care	0
Supportive home care	156,224	Transportation & escort	0
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	18,141	Day center services treatment	23,237
Foster home	0	Respite care	13,691
Group home	0	Medical support	
CBRF	47,438	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities		Day medical treatment	0
	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	1 Month
Physically Disabled	0	1 Month
Developmentally Disabled	34	2 Years
Chronically Mentally Ill	8	1 Year
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Door County also received COP-R allocations of \$183,332 in 1997 and \$177,575 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Douglas County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$551,668	\$585,008
CIP II (federal and GPR)	0	0

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	118	\$932,833	\$7,905
COP-R	<u>37</u>	<u>293,978</u>	<u>7,945</u>
Total	155	\$1,226,811	\$7,915

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 134,018	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	21,486	Counseling/therapeutic	900
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	36,520	Shelter care	0
Supportive home care	844,952	Transportation & escort	18,648
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	4,823	Day center services treatment	0
Foster home	0	Respite care	7,705
Group home	0	Medical support	
CBRF	148,529	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	9,231	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	61	4 Months
Physically Disabled	44	4 Years
Developmentally Disabled	48	4 Years
Chronically Mentally Ill	14	4 Years
Alcohol and Other Drug Abuse	0	4 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Douglas County also received COP-R allocations of \$690,670 in 1997 and \$671,205 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Dunn County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$296,805	\$295,665
CIP II (federal and GPR)	223,882	223,271

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	83	\$493,997	\$5,952
COP-R	<u>27</u>	<u>247,660</u>	<u>9,173</u>
Total	110	\$741,657	\$6,742

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 156,079	Daily living skills training	\$ 2,494
Protective payments/guardianship	2,638	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	24,281	Counseling/therapeutic	9,287
Housing & energy assistance	0	Prevocational services	10,733
Emergency alarms, aids & home modifications	44,395	Shelter care	0
Supportive home care	324,126	Transportation & escort	182
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	3,312
Alternative Residential Care		Child day care	0
Adult family home	35,661	Day center services treatment	8,662
Foster home	0	Respite care	2,400
Group home	0	Medical support	
CBRF	117,406	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	1	4 Years
Physically Disabled	3	4 Years
Developmentally Disabled	1	4 Years
Chronically Mentally Ill	5	4 Years
Alcohol and Other Drug Abuse	0	4 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Dunn County also received COP-R allocations of \$380,016 in 1997 and \$371,695 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Eau Claire County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$795,680	\$969,386
CIP II (federal and GPR)	149,255	148,847

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	192	\$1,124,995	\$5,859
COP-R	<u>79</u>	<u>666,630</u>	<u>8,438</u>
Total	271	\$1,791,625	\$6,611

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 220,858	Daily living skills training	\$ 589
Protective payments/guardianship	10,608	Community support program	0
In-home Support		Congregate meals	1,807
Home delivered meals	20,222	Counseling/therapeutic	983
Housing & energy assistance	0	Prevocational services	13,309
Emergency alarms, aids & home modifications	52,768	Shelter care	0
Supportive home care	770,639	Transportation & escort	9,427
Legal activities		Supportive employment	4,500
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	35,240
Alternative Residential Care		Child day care	0
Adult family home	123,966	Day center services treatment	0
Foster home	0	Respite care	61,897
Group home	0	Medical support	
CBRF	464,812	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities		Day medical treatment	0
	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	10	6 Months
Physically Disabled	1	6 Months
Developmentally Disabled	0	6 Months
Chronically Mentally Ill	2	6 Months
Alcohol and Other Drug Abuse	0	6 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Eau Claire County also received COP-R allocations of \$1,294,984 in 1997 and \$1,395,451 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Florence County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$96,934	\$96,562
CIP II (federal and GPR)	0	0

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	33	\$151,891	\$4,603
COP-R	<u>1</u>	<u>477</u>	<u>477</u>
Total	34	\$152,368	\$4,481

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 22,753	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	3,508	Counseling/therapeutic	0
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	8,802	Shelter care	0
Supportive home care	115,293	Transportation & escort	1,981
		Supportive employment	0
Legal activities		Day care services	
Advocacy & defense resources	0	Adult day care	0
Court intake & studies	0	Child day care	0
Alternative Residential Care		Day center services treatment	0
Adult family home	0	Respite care	29
Foster home	0	Medical support	
Group home	0	Skilled nursing services	0
CBRF	0	Screening & access	0
Residential Care Apartment Complex	0	Day medical treatment	0
Recreational activities	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	0	n/a
Developmentally Disabled	0	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Florence County also received COP-R allocations of \$69,809 in 1997 and \$64,997 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Fond Du Lac County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$774,546	\$824,038
CIP II (federal and GPR)	164,180	238,155

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	170	\$804,339	\$4,731
COP-R	<u>62</u>	<u>519,588</u>	<u>8,380</u>
Total	232	\$1,323,927	\$5,707

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 101,800	Daily living skills training	\$ 84,489
Protective payments/guardianship	2,558	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	17,087	Counseling/therapeutic	41,055
Housing & energy assistance	1,279	Prevocational services	0
Emergency alarms, aids & home modifications	86,120	Shelter care	0
Supportive home care	416,999	Transportation & escort	20,689
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	119,055
Alternative Residential Care		Child day care	978
Adult family home	63,167	Day center services treatment	2,875
Foster home	0	Respite care	18,259
Group home	0	Medical support	
CBRF	333,096	Skilled nursing services	677
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	13,746	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	0 Months
Physically Disabled	12	1 Year
Developmentally Disabled	51	5 Years
Chronically Mentally Ill	14	1.5 Years
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Fond Du Lac County also received COP-R allocations of \$899,845 in 1997 and \$873,588 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Forest County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$134,220	\$133,704
CIP II (federal and GPR)	164,180	163,732

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	35	\$390,348	\$11,153
COP-R	<u>8</u>	<u>58,116</u>	<u>7,265</u>
Total	43	\$448,464	\$10,429

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 55,651	Daily living skills training	\$ 790
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	821
Home delivered meals	5,600	Counseling/therapeutic	0
Housing & energy assistance	22,682	Prevocational services	338
Emergency alarms, aids & home modifications	42,277	Shelter care	0
Supportive home care	248,313	Transportation & escort	5,868
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	2,546
Alternative Residential Care		Child day care	0
Adult family home	0	Day center services treatment	0
Foster home	0	Respite care	29,984
Group home	0	Medical support	
CBRF	31,539	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	2,057	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	5	2 Months
Physically Disabled	8	3.5 Years
Developmentally Disabled	10	4 Years
Chronically Mentally Ill	0	0 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Forest County also received COP-R allocations of \$150,499 in 1997 and \$142,098 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Grant County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$404,239	\$402,687
CIP II (federal and GPR)	1,059,709	952,621

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	183	\$1,288,705	\$7,042
COP-R	45	314,144	6,981
Total	228	\$1,602,849	\$7,030

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 112,819	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	37,741	Counseling/therapeutic	2,310
Housing & energy assistance	0	Prevocational services	23,393
Emergency alarms, aids & home modifications	74,756	Shelter care	0
Supportive home care	781,185	Transportation & escort	375
Legal activities		Supportive employment	870
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	74,419
Alternative Residential Care		Child day care	0
Adult family home	105,191	Day center services treatment	27
Foster home	0	Respite care	12,060
Group home	0	Medical support	
CBRF	377,703	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities		Day medical treatment	0
	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	0 Months
Physically Disabled	0	0 Months
Developmentally Disabled	0	0 Months
Chronically Mentally Ill	0	0 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Grant County also received COP-R allocations of \$587,893 in 1997 and \$553,751 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Green County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$183,927	\$213,585
CIP II (federal and GPR)	970,156	982,390

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	107	\$1,058,672	\$9,894
COP-R	<u>15</u>	<u>197,791</u>	<u>13,186</u>
Total	122	\$1,256,463	\$10,299

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 99,785	Daily living skills training	\$ 18,432
Protective payments/guardianship	1,290	Community support program	0
In-home Support		Congregate meals	4,487
Home delivered meals	18,478	Counseling/therapeutic	2,234
Housing & energy assistance	12,386	Prevocational services	36,591
Emergency alarms, aids & home modifications	54,556	Shelter care	0
Supportive home care	586,881	Transportation & escort	10,868
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	2,686
Alternative Residential Care		Child day care	0
Adult family home	107,843	Day center services treatment	0
Foster home	0	Respite care	17,529
Group home	0	Medical support	
CBRF	279,891	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	1,835
Recreational activities	691	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	31	n/a
Physically Disabled	13	n/a
Developmentally Disabled	21	3 Years
Chronically Mentally Ill	5	0 Months
Alcohol and Other Drug Abuse	0	3 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Green County also received COP-R allocations of \$311,399 in 1997 and \$304,451 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Green Lake County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$115,990	\$192,852
CIP II (federal and GPR)	59,702	44,654

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	30	\$172,937	\$5,765
COP-R	<u>8</u>	<u>69,672</u>	<u>8,709</u>
Total	38	\$242,609	\$6,384

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 13,869	Daily living skills training	\$ 888
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	291
Home delivered meals	5,422	Counseling/therapeutic	0
Housing & energy assistance	830	Prevocational services	0
Emergency alarms, aids & home modifications	9,159	Shelter care	0
Supportive home care	132,378	Transportation & escort	0
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	8,560	Day center services treatment	0
Foster home	0	Respite care	2,328
Group home	0	Medical support	
CBRF	68,884	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	7	6 Months
Physically Disabled	0	6 Months
Developmentally Disabled	1	1 Year
Chronically Mentally Ill	0	1 Year
Alcohol and Other Drug Abuse	0	1 Year

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Green Lake County also received COP-R allocations of \$150,195 in 1997 and \$146,572 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Iowa County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$197,222	\$115,545
CIP II (federal and GPR)	0	133,962

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	41	\$314,090	\$7,661
COP-R	<u>10</u>	<u>59,356</u>	<u>5,936</u>
Total	51	\$373,446	\$7,322

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 31,894	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	9,295	Counseling/therapeutic	15,398
Housing & energy assistance	0	Prevocational services	7,814
Emergency alarms, aids & home modifications	23,411	Shelter care	0
Supportive home care	156,033	Transportation & escort	1,270
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	45,217	Day center services treatment	11,555
Foster home	0	Respite care	6,072
Group home	0	Medical support	
CBRF	65,121	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	365	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	8	1 Year
Physically Disabled	7	1.5 Years
Developmentally Disabled	2	1 Year
Chronically Mentally Ill	1	1 Year
Alcohol and Other Drug Abuse	0	1 Year

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Iowa County also received COP-R allocations of \$191,322 in 1997 and \$184,912 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Iron County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$107,124	\$106,713
CIP II (federal and GPR)	74,627	74,424

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	27	\$133,630	\$4,949
COP-R	<u>5</u>	<u>39,609</u>	<u>7,922</u>
Total	32	\$173,239	\$5,414

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 19,566	Daily living skills training	\$ 0
Protective payments/guardianship	2,112	Community support program	7,467
In-home Support		Congregate meals	0
Home delivered meals	3,190	Counseling/therapeutic	146
Housing & energy assistance	0	Prevocational services	756
Emergency alarms, aids & home modifications	15,063	Shelter care	0
Supportive home care	55,277	Transportation & escort	8,515
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	378
Alternative Residential Care		Child day care	0
Adult family home	0	Day center services treatment	0
Foster home	0	Respite care	5,655
Group home	0	Medical support	
CBRF	55,114	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	4	n/a
Physically Disabled	1	n/a
Developmentally Disabled	1	n/a
Chronically Mentally Ill	1	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Iron County also received COP-R allocations of \$127,712 in 1997 and \$120,563 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Jackson County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$302,234	\$313,874
CIP II (federal and GPR)	358,212	357,233

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	89	\$735,801	\$8,267
COP-R	<u>10</u>	<u>36,456</u>	<u>3,646</u>
Total	99	\$772,257	\$7,801

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 39,566	Daily living skills training	\$ 0
Protective payments/guardianship	1,375	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	10,103	Counseling/therapeutic	513
Housing & energy assistance	13,089	Prevocational services	1,047
Emergency alarms, aids & home modifications	35,814	Shelter care	0
Supportive home care	622,770	Transportation & escort	8,539
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	250	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	30,349	Day center services treatment	0
Foster home	0	Respite care	2,066
Group home	0	Medical support	
CBRF	6,009	Skilled nursing services	50
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	718	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	0	n/a
Developmentally Disabled	0	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Jackson County also received COP-R allocations of \$250,992 in 1997 and \$240,513 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Jefferson County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$514,410	\$549,356
CIP II (federal and GPR)	1,388,070	1,339,623

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	156	\$1,416,915	\$9,083
COP-R	<u>16</u>	<u>142,856</u>	<u>8,928</u>
Total	172	\$1,559,771	\$9,068

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 160,905	Daily living skills training	\$ 19,916
Protective payments/guardianship	8,849	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	6,282	Counseling/therapeutic	3,955
Housing & energy assistance	0	Prevocational services	21,526
Emergency alarms, aids & home modifications	84,631	Shelter care	0
Supportive home care	376,433	Transportation & escort	12,115
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	120,243
Alternative Residential Care		Child day care	0
Adult family home	218,645	Day center services treatment	9,713
Foster home	0	Respite care	5,124
Group home	0	Medical support	
CBRF	511,433	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	0	n/a
Developmentally Disabled	0	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Jefferson County also received COP-R allocations of \$508,670 in 1997 and \$495,871 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Juneau County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$211,668	\$227,935
CIP II (federal and GPR)	164,180	253,040

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	51	\$292,773	\$5,741
COP-R	<u>20</u>	<u>184,842</u>	<u>9,242</u>
Total	71	\$477,615	\$6,727

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 63,440	Daily living skills training	\$ 0
Protective payments/guardianship	700	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	20,632	Counseling/therapeutic	1,923
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	25,972	Shelter care	0
Supportive home care	205,172	Transportation & escort	4,571
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	3,938
Alternative Residential Care		Child day care	0
Adult family home	54,795	Day center services treatment	0
Foster home	0	Respite care	3,986
Group home	0	Medical support	
CBRF	89,731	Skilled nursing services	2,755
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	31	2 Years
Physically Disabled	12	3 Years
Developmentally Disabled	8	3 Years
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Juneau County also received COP-R allocations of \$269,947 in 1997 and \$263,172 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Kenosha County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$1,362,180	\$1,463,667
CIP II (federal and GPR)	1,223,889	1,220,545

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	291	\$2,852,902	\$9,804
COP-R	<u>79</u>	<u>867,233</u>	<u>10,978</u>
Total	370	\$3,720,135	\$10,054

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 507,490	Daily living skills training	\$ 22,604
Protective payments/guardianship	679	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	61,356	Counseling/therapeutic	19,747
Housing & energy assistance	3,618	Prevocational services	0
Emergency alarms, aids & home modifications	237,249	Shelter care	0
Supportive home care	1,380,077	Transportation & escort	205,052
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	227,567
Alternative Residential Care		Child day care	0
Adult family home	254,683	Day center services treatment	50,506
Foster home	0	Respite care	202,249
Group home	0	Medical support	
CBRF	532,900	Skilled nursing services	13,241
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	432	Day medical treatment	685
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	166	2 Years
Physically Disabled	64	1.7 Years
Developmentally Disabled	32	2.1 Years
Chronically Mentally Ill	3	1.3 Years
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Kenosha County also received COP-R allocations of \$1,508,422 in 1997 and \$1,472,252 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Kewaunee County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$366,912	\$376,735
CIP II (federal and GPR)	44,776	44,654

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	143	\$802,413	\$5,611
COP-R	<u>30</u>	<u>193,743</u>	<u>6,458</u>
Total	173	\$996,156	\$5,758

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 169,004	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	4,466	Counseling/therapeutic	285
Housing & energy assistance	10,315	Prevocational services	0
Emergency alarms, aids & home modifications	79,803	Shelter care	0
Supportive home care	289,160	Transportation & escort	10,585
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	67,565	Day center services treatment	20,887
Foster home	0	Respite care	20,600
Group home	0	Medical support	
CBRF	314,585	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	8,900	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	4	2 Months
Physically Disabled	0	4 Months
Developmentally Disabled	0	2 Months
Chronically Mentally Ill	0	2 Months
Alcohol and Other Drug Abuse	0	2 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Kewaunee County also received COP-R allocations of \$247,378 in 1997 and \$235,065 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

La Crosse County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$1,106,259	\$1,186,557
CIP II (federal and GPR)	44,776	44,654

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	303	\$1,516,270	\$5,004
COP-R	<u>84</u>	<u>575,665</u>	<u>6,853</u>
Total	387	\$2,091,935	\$5,406

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 130,342	Daily living skills training	\$ 72,107
Protective payments/guardianship	550	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	71,104	Counseling/therapeutic	12,033
Housing & energy assistance	84,229	Prevocational services	24,505
Emergency alarms, aids & home modifications	127,690	Shelter care	0
Supportive home care	552,889	Transportation & escort	60,057
Legal activities		Supportive employment	34,909
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	124,109
Alternative Residential Care		Child day care	0
Adult family home	292,145	Day center services treatment	10,706
Foster home	0	Respite care	90,457
Group home	0	Medical support	
CBRF	395,582	Skilled nursing services	449
Residential Care Apartment Complex	8,070	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	23	9 Months
Physically Disabled	39	2 Years
Developmentally Disabled	24	1 Year
Chronically Mentally Ill	0	0 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** La Crosse County also received COP-R allocations of \$1,146,022 in 1997 and \$1,121,732 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Lafayette County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$199,127	\$209,891
CIP II (federal and GPR)	164,180	148,847

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	38	\$337,474	\$8,881
COP-R	<u>12</u>	<u>105,992</u>	<u>8,833</u>
Total	50	\$443,466	\$8,869

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 53,458	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	13,591	Counseling/therapeutic	0
Housing & energy assistance	3,708	Prevocational services	45,235
Emergency alarms, aids & home modifications	7,062	Shelter care	0
Supportive home care	269,144	Transportation & escort	10,394
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	9,292	Day center services treatment	0
Foster home	0	Respite care	0
Group home	0	Medical support	
CBRF	31,581	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	17	2 Years
Physically Disabled	9	2 Years
Developmentally Disabled	3	3 Years
Chronically Mentally Ill	0	1 Year
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Lafayette County also received COP-R allocations of \$190,374 in 1997 and \$184,554 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Langlade County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$232,546	\$246,123
CIP II (federal and GPR)	238,808	238,155

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	101	\$566,173	\$5,606
COP-R	<u>18</u>	<u>94,973</u>	<u>5,276</u>
Total	119	\$661,146	\$5,556

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 96,517	Daily living skills training	\$ 0
Protective payments/guardianship	420	Community support program	0
In-home Support		Congregate meals	532
Home delivered meals	15,878	Counseling/therapeutic	200
Housing & energy assistance	7,447	Prevocational services	43
Emergency alarms, aids & home modifications	50,985	Shelter care	0
Supportive home care	324,160	Transportation & escort	46,596
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	26,869
Alternative Residential Care		Child day care	0
Adult family home	5,004	Day center services treatment	0
Foster home	0	Respite care	4,725
Group home	0	Medical support	
CBRF	79,802	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities		Day medical treatment	0
	1,968	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	0	n/a
Developmentally Disabled	0	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Langlade County also received COP-R allocations of \$283,350 in 1997 and \$272,706 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Lincoln County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$230,780	\$248,050
CIP II (federal and GPR)	641,796	267,925

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	118	\$560,018	\$4,746
COP-R	<u>21</u>	<u>123,406</u>	<u>5,876</u>
Total	139	\$683,424	\$4,917

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 146,090	Daily living skills training	\$ 142
Protective payments/guardianship	3,237	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	19,407	Counseling/therapeutic	3,759
Housing & energy assistance	6,434	Prevocational services	0
Emergency alarms, aids & home modifications	95,049	Shelter care	0
Supportive home care	168,868	Transportation & escort	6,409
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	434	Adult day care	36,836
Alternative Residential Care		Child day care	0
Adult family home	18,165	Day center services treatment	0
Foster home	0	Respite care	24,248
Group home	0	Medical support	
CBRF	154,327	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	20	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	0	n/a
Developmentally Disabled	0	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Lincoln County also received COP-R allocations of \$297,858 in 1997 and \$290,207 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Manitowoc County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$769,434	\$816,628
CIP II (federal and GPR)	313,435	714,466

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	241	\$1,170,335	\$4,856
COP-R	<u>56</u>	<u>486,504</u>	<u>8,688</u>
Total	297	\$1,656,839	\$5,579

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 247,037	Daily living skills training	\$ 1,823
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	4,055
Home delivered meals	36,483	Counseling/therapeutic	27,362
Housing & energy assistance	84	Prevocational services	0
Emergency alarms, aids & home modifications	138,584	Shelter care	2,200
Supportive home care	485,296	Transportation & escort	19,232
Legal activities		Supportive employment	675
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	58,970
Alternative Residential Care		Child day care	0
Adult family home	189,068	Day center services treatment	3,800
Foster home	13,301	Respite care	39,162
Group home	28,212	Medical support	
CBRF	353,769	Skilled nursing services	7,726
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	6 Months
Physically Disabled	3	1 Year
Developmentally Disabled	14	4 Years
Chronically Mentally Ill	2	2 Years
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Manitowoc County also received COP-R allocations of \$727,328 in 1997 and \$706,094 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Marathon County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$992,429	\$1,104,066
CIP II (federal and GPR)	0	342,348

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	245	\$1,892,134	\$7,723
COP-R	43	433,487	10,081
Total	288	\$2,325,621	\$8,075

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 223,417	Daily living skills training	\$ 25,379
Protective payments/guardianship	956	Community support program	21,917
In-home Support		Congregate meals	0
Home delivered meals	44,188	Counseling/therapeutic	2,152
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	116,538	Shelter care	0
Supportive home care	1,135,676	Transportation & escort	25,737
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	76,213
Alternative Residential Care		Child day care	0
Adult family home	79,427	Day center services treatment	0
Foster home	0	Respite care	53,974
Group home	0	Medical support	
CBRF	520,046	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	22	5 Months
Physically Disabled	48	7 Years
Developmentally Disabled	118	9 Years
Chronically Mentally Ill	16	2 Years
Alcohol and Other Drug Abuse	0	1 Month

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Marathon County also received COP-R allocations of \$1,137,209 in 1997 and \$1,101,445 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Marinette County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$453,110	\$480,202
CIP II (federal and GPR)	74,627	74,424

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	146	\$742,523	\$5,086
COP-R	<u>19</u>	<u>122,304</u>	<u>6,437</u>
Total	165	\$864,827	\$5,241

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 130,160	Daily living skills training	\$ 0
Protective payments/guardianship	908	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	32,572	Counseling/therapeutic	10,410
Housing & energy assistance	0	Prevocational services	7,639
Emergency alarms, aids & home modifications	41,240	Shelter care	0
Supportive home care	483,690	Transportation & escort	3,262
Legal activities		Supportive employment	2,854
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	3,846	Day center services treatment	5,556
Foster home	0	Respite care	42,480
Group home	0	Medical support	
CBRF	100,084	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	126	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	21	2 Years
Physically Disabled	11	2 Years
Developmentally Disabled	39	2 Years
Chronically Mentally Ill	1	2 Years
Alcohol and Other Drug Abuse	0	2 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Marinette County also received COP-R allocations of \$362,628 in 1997 and \$353,695 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Marquette County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$204,976	\$204,189
CIP II (federal and GPR)	44,776	59,539

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	47	\$282,130	\$6,003
COP-R	<u>15</u>	<u>58,966</u>	<u>3,931</u>
Total	62	\$341,096	\$5,502

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 59,298	Daily living skills training	\$ 3,478
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	4,393	Counseling/therapeutic	0
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	9,075	Shelter care	0
Supportive home care	208,459	Transportation & escort	108
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	300	Day center services treatment	0
Foster home	0	Respite care	3,540
Group home	0	Medical support	
CBRF	52,059	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	387	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	4	5 Months
Physically Disabled	9	2.5 Years
Developmentally Disabled	8	9 Months
Chronically Mentally Ill	3	5 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Marquette County also received COP-R allocations of \$176,046 in 1997 and \$165,363 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Menominee County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$164,434	\$165,361
CIP II (federal and GPR)	74,627	74,424

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	41	\$191,271	\$4,665
COP-R	<u>5</u>	<u>5,524</u>	<u>1,105</u>
Total	46	\$196,795	\$4,278

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 18,261	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	0	Counseling/therapeutic	0
Housing & energy assistance	12,829	Prevocational services	0
Emergency alarms, aids & home modifications	10,709	Shelter care	0
Supportive home care	134,740	Transportation & escort	2,537
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	0	Day center services treatment	0
Foster home	0	Respite care	8,752
Group home	0	Medical support	
CBRF	8,969	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities		Day medical treatment	0
	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	3	1 Month
Physically Disabled	18	1 Year
Developmentally Disabled	2	1 Year
Chronically Mentally Ill	0	6 Months
Alcohol and Other Drug Abuse	0	3 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Menominee County also received COP-R allocations of \$130,519 in 1997 and \$124,109 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Milwaukee County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$15,663,815	\$16,600,418
CIP II (federal and GPR)	1,940,312	2,634,592

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	2,183	\$21,345,506	\$9,778
COP-R	<u>1,095</u>	<u>5,252,725</u>	<u>4,797</u>
Total	3,278	\$26,598,231	\$8,114

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 1,926,060	Daily living skills training	\$ 258,716
Protective payments/guardianship	3,250	Community support program	552,139
In-home Support		Congregate meals	0
Home delivered meals	341,436	Counseling/therapeutic	65,865
Housing & energy assistance	40,074	Prevocational services	26,734
Emergency alarms, aids & home modifications	800,501	Shelter care	45,749
Supportive home care	15,687,133	Transportation & escort	405,672
Legal activities		Supportive employment	50,853
Advocacy & defense resources	6,710	Day care services	
Court intake & studies	0	Adult day care	1,045,658
Alternative Residential Care		Child day care	0
Adult family home	82,780	Day center services treatment	100,755
Foster home	0	Respite care	63,906
Group home	759,787	Medical support	
CBRF	4,284,090	Skilled nursing services	3,164
Residential Care Apartment Complex	0	Screening & access	2,324
Recreational activities	27,125	Day medical treatment	17,751
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	2199	2 Years
Physically Disabled	645	2 Years
Developmentally Disabled	365	3 Years
Chronically Mentally Ill	16	0 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Milwaukee County also received COP-R allocations of \$14,677,675 in 1997 and \$14,277,943 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Monroe County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$284,588	\$283,495
CIP II (federal and GPR)	567,168	565,619

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	110	\$692,324	\$6,294
COP-R	<u>41</u>	<u>249,967</u>	<u>6,097</u>
Total	151	\$942,291	\$6,240

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 85,646	Daily living skills training	\$ 606
Protective payments/guardianship	576	Community support program	0
In-home Support		Congregate meals	610
Home delivered meals	49,068	Counseling/therapeutic	12,746
Housing & energy assistance	2,726	Prevocational services	7,117
Emergency alarms, aids & home modifications	79,873	Shelter care	0
Supportive home care	362,352	Transportation & escort	25,929
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	35,403
Alternative Residential Care		Child day care	0
Adult family home	53,793	Day center services treatment	0
Foster home	0	Respite care	11,585
Group home	0	Medical support	
CBRF	184,336	Skilled nursing services	29,883
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	40	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	2 Months
Physically Disabled	0	2 Months
Developmentally Disabled	0	2 Months
Chronically Mentally Ill	0	2 Months
Alcohol and Other Drug Abuse	0	2 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Monroe County also received COP-R allocations of \$398,041 in 1997 and \$389,597 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Oconto County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$207,224	\$226,252
CIP II (federal and GPR)	29,851	44,654

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	44	\$480,196	\$10,914
COP-R	<u>25</u>	<u>62,334</u>	<u>2,493</u>
Total	69	\$542,530	\$7,863

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 50,195	Daily living skills training	\$ 0
Protective payments/guardianship	250	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	4,437	Counseling/therapeutic	102
Housing & energy assistance	2,495	Prevocational services	0
Emergency alarms, aids & home modifications	38,761	Shelter care	0
Supportive home care	395,927	Transportation & escort	7,028
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	0	Day center services treatment	6,297
Foster home	0	Respite care	0
Group home	0	Medical support	
CBRF	37,038	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities		Day medical treatment	0
	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	7	n/a
Physically Disabled	16	n/a
Developmentally Disabled	32	n/a
Chronically Mentally Ill	4	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Oconto County also received COP-R allocations of \$261,625 in 1997 and \$256,637 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Oneida County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$241,495	\$258,638
CIP II (federal and GPR)	1,044,784	1,012,160

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	149	\$1,161,766	\$7,797
COP-R	<u>30</u>	<u>152,167</u>	<u>5,072</u>
Total	179	\$1,313,933	\$7,340

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 186,573	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	28,492	Counseling/therapeutic	0
Housing & energy assistance	58	Prevocational services	5,843
Emergency alarms, aids & home modifications	9,943	Shelter care	0
Supportive home care	748,017	Transportation & escort	1,768
Legal activities		Supportive employment	1,292
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	2,245
Alternative Residential Care		Child day care	470
Adult family home	63,398	Day center services treatment	10,627
Foster home	0	Respite care	15,075
Group home	0	Medical support	
CBRF	226,285	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	858
Recreational activities	12,988	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	0 Months
Physically Disabled	1	0 Months
Developmentally Disabled	11	2 Years
Chronically Mentally Ill	2	0 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Oneida County also received COP-R allocations of \$346,710 in 1997 and \$336,698 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Oneida Tribe Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$66,576	\$74,178
CIP II (federal and GPR)	0	0

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	25	\$445,567	\$17,823
COP-R	<u>2</u>	<u>18,693</u>	<u>9,347</u>
Total	27	\$464,260	\$17,195

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 30,736	Daily living skills training	\$ 45
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	123	Counseling/therapeutic	2,901
Housing & energy assistance	5,209	Prevocational services	0
Emergency alarms, aids & home modifications	25,227	Shelter care	0
Supportive home care	316,897	Transportation & escort	2,452
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	6,843
Alternative Residential Care		Child day care	0
Adult family home	55,593	Day center services treatment	52
Foster home	0	Respite care	154
Group home	0	Medical support	
CBRF	12,153	Skilled nursing services	0
Residential Care Apartment Complex	5,876	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	16	n/a
Physically Disabled	3	n/a
Developmentally Disabled	2	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Oneida Reservation County also received COP-R allocations of \$88,826 in 1997 and \$87,805 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Outagamie County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$1,169,344	\$1,263,241
CIP II (federal and GPR)	134,329	133,962

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	155	\$1,463,910	\$9,445
COP-R	<u>47</u>	<u>665,385</u>	<u>14,157</u>
Total	202	\$2,129,295	\$10,541

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 83,900	Daily living skills training	\$ 121,646
Protective payments/guardianship	240	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	34,314	Counseling/therapeutic	3,493
Housing & energy assistance	7,518	Prevocational services	14,835
Emergency alarms, aids & home modifications	85,884	Shelter care	0
Supportive home care	660,745	Transportation & escort	11,630
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	38,651
Alternative Residential Care		Child day care	0
Adult family home	32,104	Day center services treatment	0
Foster home	0	Respite care	22,641
Group home	0	Medical support	
CBRF	995,976	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	2,464
Recreational activities	13,255	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	1 Month
Physically Disabled	22	2 Years
Developmentally Disabled	2	10 Months
Chronically Mentally Ill	0	3 Months
Alcohol and Other Drug Abuse	0	3 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Outagamie County also received COP-R allocations of \$1,230,986 in 1997 and \$1,207,054 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Ozaukee County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$389,229	\$432,635
CIP II (federal and GPR)	44,776	44,654

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	49	\$670,980	\$13,693
COP-R	<u>20</u>	<u>287,439</u>	<u>14,372</u>
Total	69	\$958,419	\$13,890

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 60,154	Daily living skills training	\$ 0
Protective payments/guardianship	1,995	Community support program	0
In-home Support		Congregate meals	549
Home delivered meals	5,614	Counseling/therapeutic	4,803
Housing & energy assistance	770	Prevocational services	5,456
Emergency alarms, aids & home modifications	22,363	Shelter care	0
Supportive home care	435,887	Transportation & escort	28,204
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	25,588
Alternative Residential Care		Child day care	0
Adult family home	84,699	Day center services treatment	0
Foster home	0	Respite care	45,091
Group home	0	Medical support	
CBRF	237,247	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	40	1 Years
Physically Disabled	9	2 Years
Developmentally Disabled	12	5 Years
Chronically Mentally Ill	2	3 Years
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Ozaukee County also received COP-R allocations of \$494,278 in 1997 and \$485,171 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Pepin County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$110,917	\$116,451
CIP II (federal and GPR)	223,882	223,271

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	56	\$161,358	\$2,881
COP-R	<u>14</u>	<u>76,250</u>	<u>5,446</u>
Total	70	\$237,608	\$3,394

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 49,375	Daily living skills training	\$ 0
Protective payments/guardianship	150	Community support program	1,305
In-home Support		Congregate meals	291
Home delivered meals	31,512	Counseling/therapeutic	484
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	14,023	Shelter care	0
Supportive home care	92,750	Transportation & escort	401
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	10,499	Day center services treatment	0
Foster home	0	Respite care	8,324
Group home	0	Medical support	
CBRF	28,494	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	4	1 Year
Physically Disabled	0	1 Year
Developmentally Disabled	14	1 Year
Chronically Mentally Ill	0	1 Year
Alcohol and Other Drug Abuse	0	1 Year

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Pepin County also received COP-R allocations of \$107,191 in 1997 and \$103,438 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Pierce County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$210,310	\$209,502
CIP II (federal and GPR)	238,808	238,155

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	81	\$525,062	\$6,482
COP-R	<u>30</u>	<u>134,149</u>	<u>4,472</u>
Total	111	\$659,211	\$5,939

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 87,302	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	1,449
In-home Support		Congregate meals	0
Home delivered meals	30,958	Counseling/therapeutic	1,450
Housing & energy assistance	4,552	Prevocational services	0
Emergency alarms, aids & home modifications	50,480	Shelter care	0
Supportive home care	275,824	Transportation & escort	1,885
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	7,110
Alternative Residential Care		Child day care	0
Adult family home	18,564	Day center services treatment	0
Foster home	0	Respite care	4,556
Group home	0	Medical support	
CBRF	173,916	Skilled nursing services	1,099
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	66	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a Months
Physically Disabled	0	n/a Months
Developmentally Disabled	0	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Pierce County also received COP-R allocations of \$387,111 in 1997 and \$369,619 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Polk County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$430,398	\$485,771
CIP II (federal and GPR)	164,180	163,732

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	67	\$884,701	\$13,204
COP-R	<u>35</u>	<u>157,319</u>	<u>4,495</u>
Total	102	\$1,042,020	\$10,216

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 130,431	Daily living skills training	\$ 0
Protective payments/guardianship	7,397	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	9,293	Counseling/therapeutic	277
Housing & energy assistance	42,813	Prevocational services	515
Emergency alarms, aids & home modifications	88,136	Shelter care	0
Supportive home care	610,623	Transportation & escort	15,975
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	7,507
Alternative Residential Care		Child day care	0
Adult family home	76,072	Day center services treatment	305
Foster home	0	Respite care	32,396
Group home	2,473	Medical support	
CBRF	17,420	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	198
Recreational activities	188	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	16	0 Months
Physically Disabled	12	3 Years
Developmentally Disabled	17	6 Years
Chronically Mentally Ill	1	6 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Polk County also received COP-R allocations of \$425,839 in 1997 and \$408,389 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Portage County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$659,124	\$696,220
CIP II (federal and GPR)	74,627	74,424

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	117	\$720,134	\$6,155
COP-R	<u>69</u>	<u>476,988</u>	<u>6,913</u>
Total	186	\$1,197,122	\$6,436

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 131,869	Daily living skills training	\$ 2,902
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	30,429	Counseling/therapeutic	351
Housing & energy assistance	2,141	Prevocational services	8,451
Emergency alarms, aids & home modifications	66,770	Shelter care	0
Supportive home care	483,849	Transportation & escort	12,748
		Supportive employment	0
Legal activities		Day care services	
Advocacy & defense resources	0	Adult day care	34,363
Court intake & studies	0	Child day care	0
Alternative Residential Care		Day center services treatment	0
Adult family home	78,469	Respite care	17,634
Foster home	0	Medical support	
Group home	0	Skilled nursing services	1,695
CBRF	299,292	Screening & access	0
Residential Care Apartment Complex	0	Day medical treatment	0
Recreational activities	26,159	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	1	n/a
Developmentally Disabled	20	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Portage County also received COP-R allocations of \$589,838 in 1997 and \$566,712 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Price County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$406,027	\$416,022
CIP II (federal and GPR)	89,553	104,193

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	105	\$552,865	\$5,265
COP-R	<u>20</u>	<u>128,734</u>	<u>6,437</u>
Total	125	\$681,599	\$5,453

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 119,008	Daily living skills training	\$ 7,272
Protective payments/guardianship	0	Community support program	6,408
In-home Support		Congregate meals	61
Home delivered meals	7,780	Counseling/therapeutic	1,085
Housing & energy assistance	2,184	Prevocational services	17,833
Emergency alarms, aids & home modifications	24,016	Shelter care	0
Supportive home care	359,253	Transportation & escort	7,545
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	43,207
Alternative Residential Care		Child day care	0
Adult family home	39,421	Day center services treatment	0
Foster home	0	Respite care	11,235
Group home	0	Medical support	
CBRF	31,339	Skilled nursing services	1,119
Residential Care Apartment Complex	2,832	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	9	9 Months
Physically Disabled	4	9 Months
Developmentally Disabled	2	9 Months
Chronically Mentally Ill	2	9 Months
Alcohol and Other Drug Abuse	0	9 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Price County also received COP-R allocations of \$240,591 in 1997 and \$227,681 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Racine County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$1,576,493	\$1,570,441
CIP II (federal and GPR)	1,164,187	1,161,007

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	215	\$1,780,561	\$8,282
COP-R	<u>205</u>	<u>1,441,818</u>	<u>7,033</u>
Total	420	\$3,222,379	\$7,672

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 256,228	Daily living skills training	\$ 52,467
Protective payments/guardianship	2,580	Community support program	45,506
In-home Support		Congregate meals	0
Home delivered meals	34,764	Counseling/therapeutic	52,711
Housing & energy assistance	137	Prevocational services	30,513
Emergency alarms, aids & home modifications	207,079	Shelter care	0
Supportive home care	1,476,001	Transportation & escort	27,528
Legal activities		Supportive employment	26,348
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	52,850
Alternative Residential Care		Child day care	0
Adult family home	107,356	Day center services treatment	56,280
Foster home	0	Respite care	70,969
Group home	0	Medical support	
CBRF	721,329	Skilled nursing services	878
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	854
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	0 Months
Physically Disabled	5	2.5 Years
Developmentally Disabled	6	2.5 Years
Chronically Mentally Ill	1	2.5 Years
Alcohol and Other Drug Abuse	0	2.5 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Racine County also received COP-R allocations of \$2,400,061 in 1997 and \$2,343,242 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Richland County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$183,134	\$195,359
CIP II (federal and GPR)	358,212	476,310

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	86	\$528,167	\$6,141
COP-R	<u>14</u>	<u>100,357</u>	<u>7,168</u>
Total	100	\$628,524	\$6,285

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 119,618	Daily living skills training	\$ 0
Protective payments/guardianship	1,690	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	13,507	Counseling/therapeutic	568
Housing & energy assistance	12,562	Prevocational services	0
Emergency alarms, aids & home modifications	25,932	Shelter care	0
Supportive home care	339,454	Transportation & escort	2,198
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	22,288	Day center services treatment	0
Foster home	0	Respite care	22,931
Group home	0	Medical support	
CBRF	64,206	Skilled nursing services	1,588
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	1,982	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	8	1 Month
Physically Disabled	7	2 Months
Developmentally Disabled	14	5 Years
Chronically Mentally Ill	1	1 Month
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Richland County also received COP-R allocations of \$192,351 in 1997 and \$187,096 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Rock County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$1,640,105	\$1,730,668
CIP II (federal and GPR)	1,238,815	2,545,284

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	331	\$3,493,070	\$10,553
COP-R	<u>187</u>	<u>1,144,053</u>	<u>6,118</u>
Total	518	\$4,637,123	\$8,952

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 646,221	Daily living skills training	\$ 5,349
Protective payments/guardianship	12,306	Community support program	37,437
In-home Support		Congregate meals	0
Home delivered meals	39,310	Counseling/therapeutic	5,116
Housing & energy assistance	34,172	Prevocational services	22,117
Emergency alarms, aids & home modifications	359,786	Shelter care	0
Supportive home care	2,091,502	Transportation & escort	12,685
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	136,323
Alternative Residential Care		Child day care	0
Adult family home	105,116	Day center services treatment	12,180
Foster home	0	Respite care	82,843
Group home	0	Medical support	
CBRF	1,024,855	Skilled nursing services	4,589
Residential Care Apartment Complex	1,235	Screening & access	0
Recreational activities	3,981	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	2 Years
Physically Disabled	0	1.6 Years
Developmentally Disabled	81	2 Years
Chronically Mentally Ill	0	0 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Rock County also received COP-R allocations of \$2,082,183 in 1997 and \$2,017,016 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Rusk County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$305,732	\$318,077
CIP II (federal and GPR)	208,957	208,386

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	79	\$710,903	\$8,999
COP-R	<u>23</u>	<u>108,550</u>	<u>4,720</u>
Total	102	\$819,453	\$8,034

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 40,617	Daily living skills training	\$ 116
Protective payments/guardianship	720	Community support program	0
In-home Support		Congregate meals	129
Home delivered meals	17,020	Counseling/therapeutic	0
Housing & energy assistance	0	Prevocational services	378
Emergency alarms, aids & home modifications	26,125	Shelter care	0
Supportive home care	637,796	Transportation & escort	0
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	4,286	Day center services treatment	0
Foster home	0	Respite care	11,169
Group home	0	Medical support	
CBRF	81,098	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	26	9 Months
Physically Disabled	3	9 Months
Developmentally Disabled	9	9 Months
Chronically Mentally Ill	0	9 Months
Alcohol and Other Drug Abuse	0	9 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Rusk County also received COP-R allocations of \$220,659 in 1997 and \$212,678 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Sauk County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$486,520	\$511,736
CIP II (federal and GPR)	1,194,038	1,190,776

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	184	\$1,185,240	\$6,442
COP-R	<u>36</u>	<u>204,987</u>	<u>5,694</u>
Total	220	\$1,390,227	\$6,319

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 178,392	Daily living skills training	\$ 0
Protective payments/guardianship	4,237	Community support program	0
In-home Support		Congregate meals	1,057
Home delivered meals	28,035	Counseling/therapeutic	35,429
Housing & energy assistance	2,153	Prevocational services	24,748
Emergency alarms, aids & home modifications	140,529	Shelter care	0
Supportive home care	696,845	Transportation & escort	5,527
Legal activities		Supportive employment	5,016
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	58,774	Day center services treatment	0
Foster home	0	Respite care	26,402
Group home	0	Medical support	
CBRF	175,914	Skilled nursing services	7,169
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	40	1 Year
Physically Disabled	13	1 Year
Developmentally Disabled	19	1.5 Years
Chronically Mentally Ill	3	1.5 Years
Alcohol and Other Drug Abuse	0	6 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Sauk County also received COP-R allocations of \$418,755 in 1997 and \$408,613 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Sawyer County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$202,007	\$201,232
CIP II (federal and GPR)	164,180	163,732

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	109	\$592,095	\$5,432
COP-R	<u>7</u>	<u>28,578</u>	<u>4,083</u>
Total	116	\$620,673	\$5,351

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 169,921	Daily living skills training	\$ 3,632
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	396
Home delivered meals	15,983	Counseling/therapeutic	29,984
Housing & energy assistance	709	Prevocational services	0
Emergency alarms, aids & home modifications	41,029	Shelter care	0
Supportive home care	261,910	Transportation & escort	3,382
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	52,210	Day center services treatment	4,575
Foster home	0	Respite care	3,515
Group home	0	Medical support	
CBRF	31,100	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	2,326	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	1	4 Months
Physically Disabled	7	8 Years
Developmentally Disabled	9	9 Years
Chronically Mentally Ill	0	5 Years
Alcohol and Other Drug Abuse	0	3 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Sawyer County also received COP-R allocations of \$208,007 in 1997 and \$194,609 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Shawano County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$833,602	\$854,427
CIP II (federal and GPR)	29,851	14,885

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	153	\$934,237	\$6,106
COP-R	<u>37</u>	<u>234,486</u>	<u>6,337</u>
Total	190	\$1,168,723	\$6,151

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 222,459	Daily living skills training	\$ 12,998
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	794
Home delivered meals	21,743	Counseling/therapeutic	0
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	37,825	Shelter care	0
Supportive home care	624,911	Transportation & escort	27,865
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	9,115
Alternative Residential Care		Child day care	0
Adult family home	9,385	Day center services treatment	0
Foster home	5,714	Respite care	19,711
Group home	0	Medical support	
CBRF	176,205	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	28	4 Months
Physically Disabled	8	4 Months
Developmentally Disabled	33	3 Years
Chronically Mentally Ill	2	3 Years
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Shawano County also received COP-R allocations of \$374,305 in 1997 and \$361,171 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Sheboygan County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$823,915	\$820,752
CIP II (federal and GPR)	582,094	595,388

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	185	\$1,377,896	\$7,448
COP-R	<u>69</u>	<u>639,568</u>	<u>9,269</u>
Total	254	\$2,017,464	\$7,943

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 264,629	Daily living skills training	\$ 28,692
Protective payments/guardianship	3,790	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	63,533	Counseling/therapeutic	16,692
Housing & energy assistance	7,360	Prevocational services	0
Emergency alarms, aids & home modifications	150,167	Shelter care	0
Supportive home care	653,187	Transportation & escort	14,436
Legal activities		Supportive employment	3,500
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	61,595
Alternative Residential Care		Child day care	0
Adult family home	204,371	Day center services treatment	12,615
Foster home	0	Respite care	44,342
Group home	10,140	Medical support	
CBRF	476,041	Skilled nursing services	2,151
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	224	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	5 Months
Physically Disabled	0	5 Months
Developmentally Disabled	160	2.5 Years
Chronically Mentally Ill	0	5 Months
Alcohol and Other Drug Abuse	0	5 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Sheboygan County also received COP-R allocations of \$1,070,942 in 1997 and \$1,046,943 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

St. Croix County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$255,646	\$302,740
CIP II (federal and GPR)	656,721	669,812

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	141	\$1,449,184	\$10,278
COP-R	<u>14</u>	<u>143,539</u>	<u>10,253</u>
Total	155	\$1,592,723	\$10,276

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 210,401	Daily living skills training	\$ 1,323
Protective payments/guardianship	468	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	26,913	Counseling/therapeutic	806
Housing & energy assistance	2,130	Prevocational services	21,825
Emergency alarms, aids & home modifications	51,570	Shelter care	0
Supportive home care	993,836	Transportation & escort	34,441
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	83,682	Day center services treatment	48,513
Foster home	0	Respite care	5,586
Group home	0	Medical support	
CBRF	111,229	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	15	1 Month
Physically Disabled	7	1 Month
Developmentally Disabled	1	2.3 Years
Chronically Mentally Ill	3	1 Year
Alcohol and Other Drug Abuse	0	1 Year

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** St. Croix County also received COP-R allocations of \$358,783 in 1997 and \$352,696 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Taylor County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$225,351	\$238,274
CIP II (federal and GPR)	74,627	74,424

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	62	\$287,079	\$4,630
COP-R	<u>27</u>	<u>157,803</u>	<u>5,845</u>
Total	89	\$444,882	\$4,999

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 51,777	Daily living skills training	\$ 4,936
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	17,312	Counseling/therapeutic	0
Housing & energy assistance	730	Prevocational services	4,421
Emergency alarms, aids & home modifications	19,844	Shelter care	0
Supportive home care	178,305	Transportation & escort	7,293
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	7,104	Day center services treatment	8,714
Foster home	0	Respite care	16,276
Group home	0	Medical support	
CBRF	127,056	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	1,114	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	0	n/a
Developmentally Disabled	0	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Taylor County also received COP-R allocations of \$221,952 in 1997 and \$214,957 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Trempealeau County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$507,022	\$529,158
CIP II (federal and GPR)	0	0

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	117	\$722,233	\$6,173
COP-R	<u>30</u>	<u>153,854</u>	<u>5,128</u>
Total	147	\$876,087	\$5,960

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 98,218	Daily living skills training	\$ 43,606
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	1,680
Home delivered meals	30,977	Counseling/therapeutic	7,378
Housing & energy assistance	14,073	Prevocational services	409
Emergency alarms, aids & home modifications	64,855	Shelter care	0
Supportive home care	568,085	Transportation & escort	14,019
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	18,530	Day center services treatment	0
Foster home	0	Respite care	9,383
Group home	0	Medical support	
CBRF	4,718	Skilled nursing services	156
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	39	4 Months
Physically Disabled	11	6 Months
Developmentally Disabled	31	4 Years
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Trempealeau County also received COP-R allocations of \$444,141 in 1997 and \$431,101 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Vernon County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$273,717	\$280,062
CIP II (federal and GPR)	104,478	104,193

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	54	\$336,708	\$6,235
COP-R	41	198,180	4,834
Total	95	\$534,888	\$5,630

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 20,863	Daily living skills training	\$ 0
Protective payments/guardianship	345	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	2,860	Counseling/therapeutic	13,110
Housing & energy assistance	5,307	Prevocational services	18,369
Emergency alarms, aids & home modifications	44,633	Shelter care	0
Supportive home care	234,318	Transportation & escort	22,362
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	14,956
Alternative Residential Care		Child day care	0
Adult family home	22,709	Day center services treatment	5,780
Foster home	0	Respite care	21,606
Group home	0	Medical support	
CBRF	107,670	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	17	1 Year
Physically Disabled	2	1 Year
Developmentally Disabled	0	0 Months
Chronically Mentally Ill	1	0 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Vernon County also received COP-R allocations of \$266,954 in 1997 and \$258,058 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Vilas County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$223,085	\$230,153
CIP II (federal and GPR)	194,031	193,501

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	84	\$554,401	\$6,600
COP-R	<u>11</u>	<u>118,946</u>	<u>10,813</u>
Total	95	\$673,347	\$7,088

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 159,086	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	3,403
Home delivered meals	20,749	Counseling/therapeutic	0
Housing & energy assistance	280	Prevocational services	0
Emergency alarms, aids & home modifications	36,193	Shelter care	0
Supportive home care	354,798	Transportation & escort	50
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	0	Day center services treatment	0
Foster home	0	Respite care	0
Group home	0	Medical support	
CBRF	98,788	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	59	1 Year
Physically Disabled	18	2 Years
Developmentally Disabled	8	1 Year
Chronically Mentally Ill	4	6 Months
Alcohol and Other Drug Abuse	0	1 Year

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Vilas County also received COP-R allocations of \$231,801 in 1997 and \$221,948 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Walworth County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$853,176	\$885,367
CIP II (federal and GPR)	59,702	550,734

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	163	\$859,265	\$5,272
COP-R	<u>28</u>	<u>178,901</u>	<u>6,389</u>
Total	191	\$1,038,166	\$5,435

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 135,924	Daily living skills training	\$ 4,793
Protective payments/guardianship	8,157	Community support program	0
In-home Support		Congregate meals	364
Home delivered meals	18,728	Counseling/therapeutic	0
Housing & energy assistance	2,199	Prevocational services	25,660
Emergency alarms, aids & home modifications	59,538	Shelter care	0
Supportive home care	313,749	Transportation & escort	14,114
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	10,705
Alternative Residential Care		Child day care	0
Adult family home	95,013	Day center services treatment	17,217
Foster home	0	Respite care	10,142
Group home	0	Medical support	
CBRF	321,863	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	84	9 Months
Physically Disabled	84	4 Years
Developmentally Disabled	61	4 Years
Chronically Mentally Ill	13	4 Years
Alcohol and Other Drug Abuse	0	4 Years

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Walworth County also received COP-R allocations of \$536,359 in 1997 and \$689,827 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Washburn County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$211,017	\$210,207
CIP II (federal and GPR)	29,851	29,769

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	98	\$368,473	\$3,760
COP-R	<u>14</u>	<u>60,846</u>	<u>4,346</u>
Total	112	\$429,319	\$3,833

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 146,067	Daily living skills training	\$ 0
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	43
Home delivered meals	20,766	Counseling/therapeutic	3,225
Housing & energy assistance	789	Prevocational services	0
Emergency alarms, aids & home modifications	22,456	Shelter care	0
Supportive home care	154,915	Transportation & escort	3,873
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	20,388	Day center services treatment	0
Foster home	8,829	Respite care	2,768
Group home	0	Medical support	
CBRF	45,198	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	2 Months
Physically Disabled	0	2 Months
Developmentally Disabled	0	n/a
Chronically Mentally Ill	0	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Washburn County also received COP-R allocations of \$259,488 in 1997 and \$245,469 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Washington County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$533,888	\$531,838
CIP II (federal and GPR)	14,925	29,769

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	132	\$608,608	\$4,611
COP-R	<u>50</u>	<u>368,139</u>	<u>7,363</u>
Total	182	\$976,747	\$5,367

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 122,942	Daily living skills training	\$ 26,294
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	140
Home delivered meals	35,588	Counseling/therapeutic	14,065
Housing & energy assistance	468	Prevocational services	0
Emergency alarms, aids & home modifications	63,915	Shelter care	0
Supportive home care	236,310	Transportation & escort	24,541
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	24,218
Alternative Residential Care		Child day care	0
Adult family home	40,051	Day center services treatment	49,566
Foster home	0	Respite care	11,240
Group home	0	Medical support	
CBRF	322,490	Skilled nursing services	4,920
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	0	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	0 Months
Physically Disabled	0	1 Year
Developmentally Disabled	2	6 Months
Chronically Mentally Ill	3	8 Months
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Washington County also received COP-R allocations of \$603,117 in 1997 and \$597,185 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Waukesha County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$2,363,429	\$2,525,296
CIP II (federal and GPR)	417,913	535,849

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	331	\$3,405,115	\$10,287
COP-R	<u>70</u>	<u>796,655</u>	<u>11,381</u>
Total	401	\$4,201,770	\$10,478

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 353,679	Daily living skills training	\$ 87,450
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	4,221
Home delivered meals	45,390	Counseling/therapeutic	74,173
Housing & energy assistance	151,056	Prevocational services	0
Emergency alarms, aids & home modifications	82,961	Shelter care	0
Supportive home care	1,389,083	Transportation & escort	58,960
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	231,011
Alternative Residential Care		Child day care	0
Adult family home	282,289	Day center services treatment	19,088
Foster home	0	Respite care	29,866
Group home	0	Medical support	
CBRF	1,362,820	Skilled nursing services	0
Residential Care Apartment Complex	16,393	Screening & access	0
Recreational activities	13,328	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	437	4 Years
Physically Disabled	138	6 Years
Developmentally Disabled	248	9 Years
Chronically Mentally Ill	78	n/a
Alcohol and Other Drug Abuse	5	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Waukesha County also received COP-R allocations of \$2,686,656 in 1997 and \$2,622,589 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Waupaca County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$382,139	\$380,672
CIP II (federal and GPR)	149,255	267,925

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	91	\$650,159	\$7,145
COP-R	<u>15</u>	<u>160,852</u>	<u>10,723</u>
Total	106	\$811,011	\$7,651

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 77,294	Daily living skills training	\$ 517
Protective payments/guardianship	1,605	Community support program	0
In-home Support		Congregate meals	953
Home delivered meals	14,897	Counseling/therapeutic	6,431
Housing & energy assistance	49,739	Prevocational services	0
Emergency alarms, aids & home modifications	28,612	Shelter care	0
Supportive home care	314,752	Transportation & escort	14,382
Legal activities		Supportive employment	0
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	1,204
Alternative Residential Care		Child day care	0
Adult family home	69,183	Day center services treatment	5,873
Foster home	0	Respite care	3,246
Group home	0	Medical support	
CBRF	222,163	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	161	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	0 Months
Physically Disabled	25	3 Years
Developmentally Disabled	72	4 Years
Chronically Mentally Ill	4	1 Year
Alcohol and Other Drug Abuse	0	1 Year

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Waupaca County also received COP-R allocations of \$480,921 in 1997 and \$468,575 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Waushara County Profile *

Allocations **

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$381,707	\$396,879
CIP II (federal and GPR)	0	0

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	50	\$435,351	\$8,707
COP-R	<u>21</u>	<u>148,517</u>	<u>7,072</u>
Total	71	\$583,868	\$8,223

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 68,011	Daily living skills training	\$ 1,310
Protective payments/guardianship	0	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	4,438	Counseling/therapeutic	200
Housing & energy assistance	17,692	Prevocational services	0
Emergency alarms, aids & home modifications	29,455	Shelter care	0
Supportive home care	334,329	Transportation & escort	1,307
Legal activities		Supportive employment	0
Advocacy & defense resources	60	Day care services	
Court intake & studies	0	Adult day care	0
Alternative Residential Care		Child day care	0
Adult family home	0	Day center services treatment	0
Foster home	0	Respite care	7,941
Group home	0	Medical support	
CBRF	115,218	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	3,907	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	48	3 Years
Physically Disabled	22	3.3 Years
Developmentally Disabled	0	2 Years
Chronically Mentally Ill	0	2 Years
Alcohol and Other Drug Abuse	0	0 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Waushara County also received COP-R allocations of \$294,442 in 1997 and \$282,119 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Winnebago County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$1,722,634	\$1,716,021
CIP II (federal and GPR)	761,199	788,889

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	358	\$2,370,441	\$6,621
COP-R	<u>97</u>	<u>842,312</u>	<u>8,684</u>
Total	455	\$3,212,753	\$7,061

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 241,426	Daily living skills training	\$ 197,709
Protective payments/guardianship	360	Community support program	6,298
In-home Support		Congregate meals	0
Home delivered meals	32,710	Counseling/therapeutic	9,728
Housing & energy assistance	0	Prevocational services	0
Emergency alarms, aids & home modifications	178,533	Shelter care	0
Supportive home care	1,431,417	Transportation & escort	4,226
Legal activities		Supportive employment	8,809
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	143,381
Alternative Residential Care		Child day care	0
Adult family home	0	Day center services treatment	0
Foster home	0	Respite care	71,301
Group home	0	Medical support	
CBRF	886,856	Skilled nursing services	0
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities		Day medical treatment	0
	0	Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	n/a
Physically Disabled	0	n/a
Developmentally Disabled	6	n/a
Chronically Mentally Ill	2	n/a
Alcohol and Other Drug Abuse	0	n/a

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Winnebago County also received COP-R allocations of \$1,634,984 in 1997 and \$1,537,050 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

Wood County Profile*

Allocations**

	<u>1997</u>	<u>1998</u>
COP-W (federal and GPR)	\$683,393	\$742,530
CIP II (federal and GPR)	910,454	922,851

Reported Service Expenditures and Participants for 1997

<u>Program</u>	<u>Number</u>	<u>Expenditures</u>	<u>Average</u>
COP-W/CIP II	226	\$1,643,821	\$7,274
COP-R	<u>58</u>	<u>377,345</u>	<u>6,506</u>
Total	284	\$2,021,166	\$7,117

Reported Service Expenditures by Category for 1997

<u>Service</u>	<u>Amount</u>	<u>Service</u>	<u>Amount</u>
Care management		Community support	
Care management	\$ 160,423	Daily living skills training	\$ 5,951
Protective payments/guardianship	875	Community support program	0
In-home Support		Congregate meals	0
Home delivered meals	46,547	Counseling/therapeutic	0
Housing & energy assistance	529	Prevocational services	0
Emergency alarms, aids & home modifications	34,559	Shelter care	0
Supportive home care	623,984	Transportation & escort	24,119
Legal activities		Supportive employment	960
Advocacy & defense resources	0	Day care services	
Court intake & studies	0	Adult day care	36,440
Alternative Residential Care		Child day care	0
Adult family home	628,216	Day center services treatment	192
Foster home	0	Respite care	7,787
Group home	0	Medical support	
CBRF	430,668	Skilled nursing services	2,340
Residential Care Apartment Complex	0	Screening & access	0
Recreational activities	17,575	Day medical treatment	0
		Social-setting detoxification	0

Waiting Lists

	<u>Number</u>	<u>Length of Wait</u>
Elderly	0	6 Months
Physically Disabled	15	6 Months
Developmentally Disabled	24	6 Months
Chronically Mentally Ill	0	6 Months
Alcohol and Other Drug Abuse	0	6 Months

* Terms and data categories are defined on page III-1. Services and service categories are defined in Appendix II.

** Wood County also received COP-R allocations of \$690,807 in 1997 and \$679,018 in 1998 to support administration, assessments, case planning, and services for clients in all disability groups, including participants in other waiver programs, such as CIP IA and CIP IB.

APPENDIX IV

May 4, 1999

Janice Mueller
State Auditor
Suite 402
131 West Wilson Street
Madison WI 53703

Dear Ms. Mueller:

Thank you for the opportunity to work with you and your staff on the audit of COP-R, COP-W and CIP II programs. We were impressed by the time and the effort that your staff invested in learning to understand these complicated programs. Also, we appreciate the professionalism of your staff in the interactions with our staff and the opportunity to provide comments and feedback on the report. We also value the findings of your analysis which we believe support the need to redesign the long term care system.

The Community Options Program and the waiver programs are the bedrock of the services that enable older persons and persons with physical disabilities to remain in their homes and communities. These programs are able to offer flexible funding and individualized services to meet individual support needs of older persons and persons with disabilities to enable them to live in home settings rather than in nursing homes.

While the COP program has provided many people with the opportunity to be supported in settings of their preference, your report points out the many variations that exist from county to county in the Community Options Program. Other factors influencing these variations in addition to how counties administer COP and waivers are the following:

1. **Fragmented System.** There are over 40 different long term care programs that consumers can access and state and local agencies need to administer. With this large number of fragmented programs, there are bound to be differences from county to county.
2. **Availability of Providers.** Not all areas of the state have the same comprehensive array of services and supports to meet people's needs.

3. Entitlement to Nursing Home Care. Because nursing home care is an entitlement and community based care like COP has limited funding, waiting lists for community care will occur.

Governor Thompson, the Department of Health and Family Services, as well as, key stakeholders in the service system have identified these problems with access to COP/waiver services and variability of services between counties. In order to improve access to and accountability in the long term care system, the Department staff and these key stakeholders have worked for over three years to redesign Wisconsin's long term care system.

The biennial budget bill AB 113 contains funding and statutory language to begin the implementation of this reform through Family Care. We firmly believe that the following components of Family Care, when fully implemented, will address the variations identified in your report:

1. Pooling of Medicaid fee for service, COP/Waiver funding, and a portion of the state Community Aids funding into one flexible funding source will remove the current funding bias that makes institutional care an entitlement while limited funding is available for community care resulting in community care waiting lists. Pooling of all funds will also reduce the cost shifting that currently takes place between various funding sources.
2. Every person who meets the statewide eligibility criteria for Family Care will receive services.
3. The local Care Management Organization will receive a per person per month payment from the Department to pay for services for each eligible client. This payment rate is determined by using a statewide functional and financial eligibility tool. The CMO will be responsible for providing services within the amounts of payments it receives. The expenses of serving some clients will vary from person to person, but we expect that the average expenditures in counties will become more uniform through the per member per month payment system. We have also built into Family Care an extensive performance contracting, outcome monitoring and client rights/grievance procedure mechanisms and outside advocacy functions to ensure that client needs are met and their choices and preferences are respected.

Janice Mueller
May 4, 1999
Page 3

Your report supports the need for a complete redesign of the long term care system and we appreciate the last section in the report that provided input for Family Care. We welcome further input of LAB staff on strategies to improve Family Care and methods to evaluate the impact of the Family Care demonstrations.

Again, thank you very much for the opportunity to comment on this report.

Sincerely,

Joe Leean
Secretary

Attachment: Disk containing this letter