



## Marinette County

### HEALTH AND HUMAN SERVICES

2500 Hall Avenue / Marinette, WI 54143-1604

Voice (715) 732-7700 FAX (715) 732-7766

Toll Free: 1-888-732-7549

Internet: [www.marinettecounty.com](http://www.marinettecounty.com)

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### MARINETTE COUNTY COMMUNITY OPTIONS PROGRAM / LONG TERM SUPPORT PLANNING COMMITTEE

**June 5, 2014**

**10:00 a.m.**

Marinette County Health and Human Services Department  
**Conference Room G.** (Basement -Take elevator to lower level)

1. Call meeting to order.
2. Approve/amend Agenda.
3. Public Comment – Speakers will be limited to 5 minutes.  
Public Comment Procedure: Any person not a member of the COP/LTS Planning Committee, desirous of addressing the Committee on any subject under the Committee's jurisdiction shall first obtain permission from the COP/LTS Planning Committee Chairperson. All such addresses shall be limited to five minutes unless otherwise extended by the Committee Chairperson.
4. Approve/amend Minutes of November 21<sup>st</sup>, 2013 meeting.
5. Review COP Plan Update form. Action, if any.
6. March 2014 COP Coordinator's and Financial Report. Information only.
7. June 2014 COP Coordinator's and Financial Report. Information only.
8. Approval of High Cost Letters. Action, if any.
9. Vacant Positions. Discussion only.
10. Next Regular Meeting: August 21, 2014 @ 10am
11. Adjourn meeting.

**Committee Members: So that we may assure a quorum at the meeting, please contact Lindsay Arcand at (715) 732-7744 or email [larcand@marinettecounty.com](mailto:larcand@marinettecounty.com) by Wednesday, June 4<sup>th</sup> if you are unable to attend this meeting. Thank you!**

If you are an individual who needs a special accommodation while attending this meeting as required by the "Americans with Disabilities Act", please notify the County Clerk, Kathy Brandt, Marinette County Courthouse at (715) 732-7406 at least 24 hours prior to the meeting in order to make suitable arrangements. Thank you. TDD (715) 732-7760.

Kathy Just  
Mike Cassidy  
Bonnie Haley  
County Clerk

Ellie Jarvie  
Ruth Roush  
Pam Mueller-Johnson

Mary Rosner  
Joanne Bryngelson  
Vacant (2)



**Marinette County  
HEALTH AND HUMAN SERVICES**

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Marinette, WI 54143-1604  
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**MARINETTE COUNTY COMMUNITY OPTIONS PROGRAM /  
LONG TERM SUPPORT PLANNING COMMITTEE**

**MINUTES**

November 21, 2013

**10:00 a.m.**

Marinette County Health and Human Services Department  
2500 Hall Avenue, Marinette, WI 54143

***Conference Room G. (Basement -Take elevator to lower level)***

**Members Present:** Michael Cassidy, Ruth Roush, Kathy Just, Pam Mueller-Johnson, Joanne Bryngelson and Marge Raab

**Members Absent:** Mary Rosner, Ellie Jarvie and Bonnie Haley.

Others Present: None

Staff Present: Lindsay Arcand and Bobbie Dolliver.

1. **Call meeting to order.** Meeting called to order by Kathy Just at 10:00am.
2. **Approve/amend Agenda. MOTION (CASSIDY/JOHNSON)** to approve/amended agenda. Motion carried. No negative vote.
3. **Public Comment – Speakers will be limited to 5 minutes.** None
4. **Approve/amend Minutes of September 26, 2013 meeting. MOTION (RAAB/CASSIDY)** to approve. Motion carried. No negative vote.
5. **COP Coordinator's Report.** Action, if any. The COP Coordinators Report dated November 21, 2013 and the Marinette County HHSD Long Term Services Preliminary Financial Report were distributed and overviewed by Lindsay Arcand. As of September 2013, the Community Options Program expenditures were \$154,913; the COP-W expenditures were \$495,646; the CIP II expenditures were \$851,243.00 the CIP II Nursing Home Relocation expenditures were \$145,145; the CIP II Nursing Home Diversion expenditures were \$77,423; the CIP IB COP Match expenditures were \$646,446 and the CIP IB Comm. Aids Match expenditures were \$468,387.

**Wait List:** 97 People on the wait list as of 11/20/13.

**Significant Proportions:** Currently serving, elderly at 50%; Phys. Dis. at 7%; Dev. Dis. at 30% and Chron. Ment. ill at 13%.

**Assessments and Plans:** Year to date: 10/31/13. There have been 30 Assessments and 25 Plans completed to date. With the ADRC implementation, assessments and case plans are projected to continue to decrease in the future.

**CBRF Costs:** CBRF costs for COP/COP-W and for CIP II are within agency established caps. We will continue to try to work on capturing revenue from CIP II Nursing Home relocation and CIP II Nursing Home Diversion and covert to permanent CIP II funding.

**MOTION (JOHNSON/ROUSH)** to accept the COP Coordinators Report dated September 16, 2013. Motion carried. No negative vote.

6. Discuss/approve 2013 CBRF spending caps. **MOTION (JOHNSON/CASSIDY)** to approve COP/COP-Waiver to remain at 50%. Motion carried. No negative vote. **MOTION (CASSIDY/ROUSH)** to approve CIP II to remain at 60%. Motion carried. No negative vote.
7. Approval of High Cost Letters. Action Necessary. **MOTION (CASSIDY/ROUSH)** to approve the following requests for Community Options Program Exceptional funds
  - \$3744.54 Clean up, pest control and replace furnishings
  - \$5265.00 Power lift chair
  - \$21000 Adaptive Vehicle Modifications
  - \$6960.00 Platform lift, threshold ramp, landing and steps
  - \$2054.67 Special clean up and furnishing replacement
  - \$10,344 Home Modification

Motion carried. No negative vote.

8. Set date for next meeting.

Next Regular Meeting (Tentative): Feb 20<sup>th</sup>, 2014 at 10:00 a.m.

9. Adjourn meeting. A MOTION by **(RAAB/CASSIDY)** to adjourn at 10:48 am.

Respectfully submitted, Bobbie Dolliver  
Recorder

# 2014 COP PLAN UPDATE

A description of available county services, client group-specific outreach, local program coordination, and local methods of program implementation and monitoring should be included in the annual submission of the Community Options Program (COP) plan. The plan update review process provides counties and the Department of Health Services (DHS) an opportunity to analyze current provisions and recommend changes to ensure COP plans most accurately reflect current service provision conditions. Data requested by DHS BLTS is required for program monitoring purposes (s.46.27 (4)c).

Please submit one copy of the completed COP Plan update, **no later than January 2<sup>nd</sup>, 2014** to:

Sheldon Kroning  
BLTS – Room 418  
P.O. Box 7851  
Madison, WI 53707-7851  
E-mail: [DHSCOP@dhs.wisconsin.gov](mailto:DHSCOP@dhs.wisconsin.gov)

Copies may be sent via e-mail or faxed.

County Marinette

Lead Agency Marinette County Health & Human Services Department

Person Completing this Form Lindsay Arcand

Date Submitted to BLTS \_\_\_\_\_

\_\_\_\_\_  
Signature of Lead Agency Director Date

\_\_\_\_\_  
Signature of LTS Planning Committee Chairperson Date

\_\_\_\_\_  
Signature of DHS Representative (Approval of Plan) Date

## 2014 COP PLAN UPDATE

**Part 1 Lead Agency Staff Contact Information:** The following information facilitates completion of current correspondence lists. Please complete all that apply or note instances where one individual completes multiple responsibilities.

|                         |   |
|-------------------------|---|
| <b>COP Lead Agency:</b> | Marinette County Health & Human Services Department |
| Address:                | 2500 Hall Ave., Suite B                             |
|                         | Marinette, WI 54143                                 |
| Phone:                  | 715-732-7700  |
| FAX:                    | 715-732-7766  |
| E-mail:                 |   |

|                              |  |
|------------------------------|--|
| <b>Lead Agency Director:</b> | Mr. Robin Elsner   |
| Address:                     | 2500 Hall Ave., Suite B  |
|                              | Marinette, WI 54143  |
| Phone:                       | 715-732-7763   |
| FAX:                         | 715-732-7766   |
| E-mail:                      | <a href="mailto:relsner@marinettecounty.com">relsner@marinettecounty.com</a> |

|                     |  |
|---------------------|--|
| <b>COP Contact:</b> | Lindsay Arcand   |
| Address:            | 2500 Hall Ave., Suite B  |
|                     | Marinette, WI 54143  |
| Phone:              | 715-732-7744   |
| FAX:                | 715-732-7766   |
| E-mail:             | <a href="mailto:larcand@marinettecounty.com">larcand@marinettecounty.com</a> |

|                              |  |
|------------------------------|--|
| <b>COP-W/CIP II Contact:</b> | Lindsay Arcand   |
| Address:                     | 2500 Hall Ave., Suite B  |
|                              | Marinette, WI 54143  |
| Phone:                       | 715-732-7744   |
| FAX:                         | 715-732-7766   |
| E-mail:                      | <a href="mailto:larcand@marinettecounty.com">larcand@marinettecounty.com</a> |

|                                 |  |
|---------------------------------|--|
| <b>CIP 1A, 1B, BIW Contact:</b> | Lindsay Arcand   |
| Address:                        | 2500 Hall Ave., Suite B  |
|                                 | Marinette, WI 54143  |
| Phone:                          | 715-732-7744   |
| FAX:                            | 715-732-7766   |
| E-mail:                         | <a href="mailto:larcand@marinettecounty.com">larcand@marinettecounty.com</a> |

|                      |  |
|----------------------|--|
| <b>CLTS Contact:</b> | Lindsay Arcand   |
| Address:             | 2500 Hall Ave., Suite B  |
|                      | Marinette, WI 54143  |
| Phone:               | 715-732-7744   |
| FAX:                 | 715-732-7766   |
| E-mail:              | <a href="mailto:larcand@marinettecounty.com">larcand@marinettecounty.com</a> |

|                                |  |
|--------------------------------|--|
| <b>Primary Fiscal Contact:</b> | Stacy Strasler   |
| Address:                       | 2500 Hall Ave., Suite B  |
|                                | Marinette, WI 54143  |
| Phone:                         | 715-732-7798   |
| Fax:                           | 715-732-7766   |
| E-mail:                        | <a href="mailto:sstrasler@marinettecounty.com">sstrasler@marinettecounty.com</a> |

|                                  |   |
|----------------------------------|---|
| <b>Planning Committee Chair:</b> | Kathy Just                                |
| Address:                         | N5696 Ferndale Rd., Porterfield, WI 54159 |

**Part 2** Note: Part 2 of the Update previously contained the request for information as to the agency care management rate and any rate changes. As of this year's report, that function has been assumed by the DLTC Fiscal Bureau. Please complete and return the Care Management rate documentation to the Fiscal unit.

**Part 3 Technical Assistance**

Are there ways in which Department or Bureau staff can provide technical assistance regarding the Community Options Program?

Yes  
 No

If yes, please describe:

**Part 4 Other Plan Changes:** Please note: Managed Care counties continue to receive a COP allocation for adults with mental health or alcohol/drug abuse issues AND children and are not exempt. To continue to receive COP funds, each county shall maintain a COP Plan and must provide BLTS any revisions to their COP Plan and/or any other COP policy changes.

Have any other implementation changes been made in CY 13 to your COP Plan?

Yes  
 No

If yes, list the topics and attach a description of the implemented changes. In addition, please submit any 2014 anticipated changes.

**Part 5 COP Cost Sharing Plan:** Complete and submit a new cost sharing plan. Only if changes exist. Note: Counties must collect 100% of the calculated client cost sharing contribution.)

County: Marinette

Lead Agency: Marinette County Health & Human Services Department

**Local Decision**

Please describe the special, **non-medical**, long term support expense items allowed by the county to lower the monthly resources considered available for participant cost sharing.

**Marinette County HHSD will not have any changes in 2014.**

## COP Coordinators Report: February 20th, 2014

### Waiting List:

**99** people on wait list as of **2.10.14**

|            |    |                |
|------------|----|----------------|
| Elderly    | 28 | About 6 months |
| Phys. Dis. | 9  | About 6 months |
| Dev. Dis   | 41 | Unknown        |
| Relocation | 11 | About 2 months |
| Diversion  | 1  | About 1 month  |

Total: **90** – **Individuals waiting for contacts/services**

Transit. to Services 9      Services will be established within approx. 2 months

Overall total: **99**

- DD waiting longest due to cap on COP Match and insufficient local match funds for CIP I

### CMI (COP Specific) Waiting List:

Chron. Ment. Ill      7      About 4 year wait for Regular COP funds

- CMI can only be served with **regular COP**, not COP-W or CIP II, CIP IA or CIP IB

### **Significant Proportions:** Through end of 2014

| <u>Target Group</u> | <u>Required</u> | <u>Current</u> | <u># Served</u> |
|---------------------|-----------------|----------------|-----------------|
| Elderly             | <b>57%</b>      | <b>48.5%</b>   | <b>48</b>       |
| Phys. Dis.          | <b>6.6%</b>     | <b>8.1%</b>    | <b>8</b>        |
| Dev. Dis.           | <b>14%</b>      | <b>30.3%</b>   | <b>30</b>       |
| Chron. Ment. Ill    | <b>6.6%</b>     | <b>13.1%</b>   | <b>13</b>       |

**\*\*\*Note: CIP II clients do not count towards significant proportions**

### **Assessments and Plans:**

| <b>Year End - 2013:</b> |           | <b>Year End - 2012:</b> |           |
|-------------------------|-----------|-------------------------|-----------|
| Assessments:            | Plans:    | Assessments:            | Plans:    |
| <b>39</b>               | <b>32</b> | <b>75</b>               | <b>19</b> |

### **CBRF Costs: 11.21.13**

Cap on % of program allocation that can be spent on CBRF resident's services

| <b>Program(s)</b>         | <b>% Cap</b>   | <b># Served</b> | <b><u>Current % of total allocat. spent on CBRF</u></b> |
|---------------------------|----------------|-----------------|---|
| COP/COP-Waiver            | <b>50% cap</b> | <b>16</b>       | <b>25.2%</b>  |
| CIP II                    | <b>60% cap</b> | <b>18</b>       | <b>25%</b>  |
| NH Relocation & Diversion | <i>Exempt</i>  | <b>5</b>        | <b>33.9%</b>  |

**Marinette County Health & Human Services Department  
Long Term Services  
Preliminary Financial Report  
2.20.14**

(info based on reportable expenses through the end of 2013)

Fully Funded- No tax levy or match required

CIP II Nursing Home Relocation

|                       |           |
|-----------------------|-----------|
| Allocation for 2013   | \$230,474 |
| Expenditures for 2013 | \$188,843 |

CIP II Nursing Home Diversion

|                       |           |
|-----------------------|-----------|
| Allocation for 2013   | \$465,422 |
| Expenditures for 2013 | \$106,809 |

Shared Funding Sources - Fed/State/County funds

1. Community Options Program

|   |           |
|---|-----------|
| Allocation for 2013                             | \$239,339 |
| Expenditures for 2013                           | \$222,402 |
| <i>(Remainder used for match and overmatch)</i> |           |

2. COP-W

|                       |           |
|-----------------------|-----------|
| Allocation for 2013   | \$867,501 |
| Expenditures for 2013 | \$646,367 |

3. CIP II

|                       |             |
|-----------------------|-------------|
| Allocation for 2013   | \$1,519,770 |
| Expenditures for 2013 | \$1,194,588 |

4. CIP IB COP Match\*

|                       |           |
|-----------------------|-----------|
| Expenditures for 2013 | \$842,180 |
| COP Match Required    | \$343,104 |
| *COP Match Reimbursed | \$240,103 |

5. CIP IB Comm. Aids Match

|                          |           |
|--------------------------|-----------|
| Expenditures for 2013    | \$644,615 |
| Comm Aids Match Required | \$262,616 |

\*Match cannot exceed \$240,103

Match = 40.74%

Note: 7% administration claim *will be* added to expenditure figures for programs above, as well as taxes.

## COP Coordinators Report: June 5<sup>th</sup>, 2014

### Waiting List:

**111** people on wait list as of **6.2.14**

|            |    |                |
|------------|----|----------------|
| Elderly    | 29 | About 6 months |
| Phys. Dis. | 9  | About 6 months |
| Dev. Dis   | 49 | Unknown        |
| Relocation | 15 | About 2 months |
| Diversion  | 1  | About 1 month  |

Total: **103** – **Individuals waiting for contacts/services**

Transit. to Services 7      Services will be established within approx. 2 months

Overall total: **110**

- DD waiting longest due to cap on COP Match and insufficient local match funds for CIP I

### CMI (COP Specific) Waiting List:

Chron. Ment. Ill      7      About 4 year wait for Regular COP funds

- CMI can only be served with **regular COP**, not COP-W or CIP II, CIP IA or CIP IB

### **Significant Proportions:** Through 4.30.14

| <u>Target Group</u> | <u>Required</u> | <u>Current</u> | <u># Served</u> |
|---------------------|-----------------|----------------|-----------------|
| Elderly             | <b>57%</b>      | <b>48.4%</b>   | <b>44</b>       |
| Phys. Dis.          | <b>6.6%</b>     | <b>5.5%</b>    | <b>5</b>        |
| Dev. Dis.           | <b>14%</b>      | <b>31.9%</b>   | <b>29</b>       |
| Chron. Ment. Ill    | <b>6.6%</b>     | <b>14.3%</b>   | <b>13</b>       |

**\*\*\*Note: CIP II clients do not count towards significant proportions**

### **Assessments and Plans:**

**Year to Date: 4.30.14:**

Assessments: **4**      Plans: **3**

**Previous year total as of 5.31.13:**

Assessments: **19**      Plans: **15**

### **CBRF Costs: 4.30.14**

Cap on % of program allocation that can be spent on CBRF resident's services

| <u>Program(s)</u>         | <u>% Cap</u>   | <u># Served</u> | <u>Current % of total allocat. spent on CBRF</u> |
|---------------------------|----------------|-----------------|--|
| COP/COP-Waiver            | <b>50% cap</b> | <b>12</b>       | <b>23.2%</b>                                     |
| CIP II                    | <b>60% cap</b> | <b>18</b>       | <b>24.3%</b>                                     |
| NH Relocation & Diversion | <i>Exempt</i>  | <b>5</b>        | <b>43.8%</b>                                     |

**Marinette County Health & Human Services Department  
Long Term Services  
Preliminary Financial Report  
6.5.14**

(info based on reportable expenses through April 2014)

Fully Funded- No tax levy or match required

|                                |                            |           |
|--------------------------------|----------------------------|-----------|
| CIP II Nursing Home Relocation |                            |           |
|                                | Allocation for 2014        | \$397,685 |
|                                | Expenditures through April | \$37,841  |
|                                |                            |           |
| CIP II Nursing Home Diversion  |                            |           |
|                                | Allocation for 2014        | \$465,375 |
|                                | Expenditures through April | \$29,641  |

Shared Funding Sources - Fed/State/County funds

|                              |   |             |
|------------------------------|---|-------------|
| 1. Community Options Program |   |             |
|                              | Allocation for 2014                             | \$562,224   |
|                              | Expenditures through April                      | \$58,748    |
|                              | <i>(Remainder used for match and overmatch)</i> |             |
|                              |   |             |
| 2. COP-W                     |   |             |
|                              | Allocation for 2014                             | \$864,530   |
|                              | Expenditures through April                      | \$145,914   |
|                              |   |             |
| 3. CIP II                    |   |             |
|                              | Allocation for 2014                             | \$1,519,770 |
|                              | Expenditures through April                      | \$324,641   |
|                              |   |             |
| 4. CIP IB COP Match*         |   |             |
|                              | Expenditures for 2014                           | \$213,488   |
|                              | COP Match Required                              | \$87,402    |
|                              | *COP Match Reimbursed                           | \$240,103   |
|                              |   |             |
| 5. CIP IB Comm. Aids Match   |   |             |
|                              | Expenditures for 2014                           | \$182,552   |
|                              | Comm Aids Match Required                        | \$74,737    |

\*COP Match cannot exceed \$240,103  
Match = 40.94%

Note: 7% administration claim *will be* added to expenditure figures for programs above, as well as taxes.

**Marinette County Health & Human Services Department  
Long Term Services  
Final Actual  
2013**

Fully Funded- No tax levy or match required

|                                |                       |           |
|--------------------------------|-----------------------|-----------|
| CIP II Nursing Home Relocation |                       |           |
|                                | Allocation for 2013   | \$230,474 |
|                                | Expenditures for 2013 | \$202,980 |
|                                |                       |           |
| CIP II Nursing Home Diversion  |                       |           |
|                                | Allocation for 2013   | \$465,422 |
|                                | Expenditures for 2013 | \$115,761 |

Shared Funding Sources - Fed/State/County funds

|                              |   |             |
|------------------------------|---|-------------|
| 1. Community Options Program |   |             |
|                              | Allocation for 2013                             | \$496,135   |
|                              | Expenditures for 2013                           | \$255,236   |
|                              | <i>(Remainder used for match and overmatch)</i> |             |
|                              |   |             |
| 2. COP-W                     |   |             |
|                              | Allocation for 2013                             | \$867,501   |
|                              | Expenditures for 2013                           | \$698,117   |
|                              |   |             |
| 3. CIP II                    |   |             |
|                              | Allocation for 2013                             | \$1,519,770 |
|                              | Expenditures for 2013                           | \$1,297,452 |
|                              |   |             |
| 4. CIP IB COP Match*         |   |             |
|                              | Expenditures for 2013                           | \$903,724   |
|                              | COP Match Required                              | \$347,928   |
|                              | *COP Match Reimbursed                           | \$233,434   |
|                              |   |             |
| 5. CIP IB Comm. Aids Match   |   |             |
|                              | Expenditures for 2013                           | \$693,050   |
|                              | Comm Aids Match Required                        | \$241,217   |

\*COP Match cannot exceed \$240,103  
Match = 40.94%

Note: 7% administration claim *is included* in the expenditure figures for programs above, as well as taxes.

Scott Walker  
Governor

Kitty Rhoades  
Secretary



**State of Wisconsin**  
Department of Health Services

**DIVISION OF LONG TERM CARE**

1 WEST WILSON STREET  
PO BOX 7851  
MADISON WI 53707-7851

Telephone: 608-266-0036  
FAX: 608-266-2713  
TTY: 888-241-9432  
dhs.wisconsin.gov

May 15, 2014

Gail Wanek  
Marinette County HHS  
2500 Hall Avenue, Suite B  
Marinette, WI 54143

Dear Ms. Wanek:

We are pleased to inform you that the Bureau of Long Term Support is awarding your county agency Community Options Program Exceptional Expense funds for calendar year 2014. Your agency request for COP Exceptional Expense funding to provide medical expense coverage for CIP II participant G. W. has been approved. Because the payment for these expenses is **not** a Medicaid waiver allowable expense, the amount awarded is 100% COP, state GPR funds.

| <b>Request</b>                    | <b>Amount</b> | <b>Federal Share</b> | <b>COP Exceptional Expense Award</b> |
|-----------------------------------|---------------|----------------------|--------------------------------------|
| Medical expense coverage for G.W. | \$1000        | \$0                  | \$1000                               |
|                                   |               |                      |                                      |

A contract amendment will be forthcoming from the Division of Long Term Care adding the COP funds awarded to your county's 2014 allocation.

Sincerely,

Kevin Lafky, Human Services Program Coordinator  
Community Options Section, Bureau of Long Term Support

Cc: Lindsay Arcand, Marinette County HHS  
Camille Rodriguez-Williams, BLTS  
Susan Liegel, BFS  
Jean Carpenter, TMG

Scott Walker  
Governor

Kitty Rhoades  
Secretary



**State of Wisconsin**  
Department of Health Services

**DIVISION OF LONG TERM CARE**

1 WEST WILSON STREET  
PO BOX 7851  
MADISON WI 53707-7851

Telephone: 608-266-0036  
FAX: 608-266-2713  
TTY: 888-241-9432  
dhs.wisconsin.gov

February 17, 2014

Gail Wanek  
Marinette County HHSD  
2500 Hall Avenue, Suite B  
Marinette, WI 54143

Dear Ms. Wanek:

We are pleased to inform you that the Bureau is awarding your county agency Community Options Program Exceptional Expense funds for calendar year 2014. Your agency request for COP Exceptional Expense funding to provide adaptive vehicle modifications for CIP 1B participant T.B. has been approved. Since the van modifications are a waiver allowable expense, the amount awarded is the **40.88% state share** of the total cost. **For the adult waivers, reporting the entire amount on HSRS will claim the 59.12% federal share.** For the CLTS waivers, the total amount must be claimed through the TPA process. CLTS expenses matched with COP are no longer reported through HSRS

| Request                                 | Amount | Federal Share | COP Exceptional Expense Award |
|---|--------|---------------|-------------------------------|
| Vehicle adaptive modifications for T.B. | \$8905 | \$5264.64     | \$3640.36                     |

A contract amendment will be forthcoming from the Division of Long Term Care adding the COP funds awarded to your county's 2014 allocation.

Sincerely,

Kevin Lafky, Human Services Program Coordinator  
Community Options Section, Bureau of Long Term Support

Cc: Lindsay Arcand, Marinette County HHSD  
Camille Rodriguez-Williams, BLTS  
Susan Liegel, BFS  
Jean Carpenter, TMG

Scott Walker  
Governor

Kitty Rhoades  
Secretary



**State of Wisconsin**  
Department of Health Services

**DIVISION OF LONG TERM CARE**

1 WEST WILSON STREET  
PO BOX 7851  
MADISON WI 53707-7851

Telephone: 608-266-0036  
FAX: 608-266-2713  
TTY: 888-241-9432  
dhs.wisconsin.gov

February 4, 2014

Phyllis Lavarda  
Marinette County Health and Human Services  
2500 Hall Street, Suite B  
Marinette, WI 54143

Dear Ms. Lavarda:

We are pleased to inform you that the Bureau is awarding your county agency Community Options Program Exceptional Expense funds for calendar year 2014. Your agency request for COP Exceptional Expense funding to provide adaptive vehicle modifications for CIP II participant B.W. has been approved. Since the van modifications are a waiver allowable expense, the amount awarded is the 40.88% state share of the total cost. **For the adult waivers, reporting the entire amount on HSRs will claim the 59.12% federal share.** For the CLTS waivers, the total amount must be claimed through the TPA process. CLTS expenses matched with COP are no longer reported through HSRs.

| Request                                 | Amount    | Federal Share | COP Exceptional Expense Award |
|---|-----------|---------------|-------------------------------|
| Adaptive vehicle modifications for B.W. | \$8258.00 | \$4882.13     | \$3375.87                     |

A contract amendment will be forthcoming from the Division of Long Term Care adding the COP funds awarded to your county's 2013 allocation.

Sincerely,

Kevin Lafky, Human Services Program Coordinator  
Community Options Section, Bureau of Long Term Support

Cc: Lindsay Arcand, Marinette County HHSD  
Camille Rodriguez-Williams, BLTS  
Susan Liegel, BFS  
Jean Carpenter, TMG

Scott Walker  
Governor

Kitty Rhoades  
Secretary



**State of Wisconsin**  
Department of Health Services

**DIVISION OF LONG TERM CARE**

1 WEST WILSON STREET  
PO BOX 7851  
MADISON WI 53707-7851

Telephone: 608-266-0036  
FAX: 608-266-2713  
TTY: 888-241-9432  
dhs.wisconsin.gov

February 26, 2014

Phyllis Lavarda  
Marinette County HHSD  
2500 Hall Avenue  
Marinette, WI 54143

Dear Ms. Lavarda:

We are pleased to inform you that the Bureau is awarding your county agency Community Options Program Exceptional Expense funds for calendar year 2014. Your agency request for COP Exceptional Expense funding to provide adaptive vehicle modifications for CIP II participant L. L. has been approved. Since the van modifications are a waiver allowable expense, the amount awarded is the **40.88% state share** of the total cost. **For the adult waivers, reporting the entire amount on HSRs will claim the 59.12% federal share.** For the CLTS waivers, the total amount must be claimed through the TPA process. CLTS expenses matched with COP are no longer reported through HSRs

| Request                               | Amount   | Federal Share | COP Exceptional Expense Award |
|---------------------------------------|----------|---------------|-------------------------------|
| Van conversion modifications for L.L. | \$17,551 | \$10,376.15   | \$7174.85                     |

A contract amendment will be forthcoming from the Division of Long Term Care adding the COP funds awarded to your county's 2014 allocation.

Sincerely,

Kevin Lafky, Human Services Program Coordinator  
Community Options Section, Bureau of Long Term Support

Cc: Lindsay Arcand, Marinette County HHSD  
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May 20, 2014

Gail Wanek  
Marinette County Health and Human Services  
2500 Hall Street, Suite B  
Marinette, WI 54143

Dear Ms. Wanek:

We are pleased to inform you that the Bureau is awarding your county agency Community Options Program Exceptional Expense funds for calendar year 2014. Your agency request for COP Exceptional Expense funding to provide home modifications for CIP II participant P. K. has been approved. Since the mold remediation project is a waiver allowable expense, the amount awarded is the 40.88% state share of the total cost. **For the adult waivers, reporting the entire amount on HSRS will claim the 59.12% federal share.**

| Request                            | Amount    | Federal Share | COP Exceptional Expense Award |
|------------------------------------|-----------|---------------|-------------------------------|
| Bathroom mold remediation for P.K. | \$1531.19 | \$905.24      | \$625.95                      |

A contract amendment will be forthcoming from the Division of Long Term Care adding the COP funds awarded to your county's 2013 allocation.

Sincerely,

Kevin Lafky, Human Services Program Coordinator  
Community Options Section, Bureau of Long Term Support

Cc: Lindsay Arcand, Marinette County HHSD  
Camille Rodriguez-Williams, BLTS  
Susan Liegel, BFS  
Jean Carpenter, TMG