

# 2017 COP PLAN UPDATE

The annual COP Plan Update should contain a description of available county services, client group-specific outreach, local program coordination, and local methods of program implementation and monitoring of the county's Community Options Program. 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 is required for program monitoring purposes (s. 46.27 (4) c.).

Please submit one copy of the completed COP Plan update, **no later than February 10, 2017** to:

Sandy Blakeney  
Bureau of Managed Care – Room 518  
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 Dane County

Lead Agency Dane County Department of Human Services

Person Completing this Form Jean Kuehn Kuehn@countyofdane.com

Date Submitted to BMC \_\_\_\_\_

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

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

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

## 2017 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>	Dane County Department of Human Services
Address:	1202 Northport Drive
	Madison, WI 53704
Phone:	608 242-6200
FAX:	608 242-6293
E-mail	

<b>Lead Agency Director:</b>	Lynn Green
Address:	1202 Northport Drive
	Madison, WI 53704
Phone:	608 242-6200
FAX:	608 242-6293
E-mail:	green@countyofdane.com

<b>COP Contact:</b>	Jean Kuehn
Address:	1202 Northport Drive
	Madison, WI 53704
Phone:	608 242-6418
FAX:	608 242-6293
E-mail:	<a href="mailto:Kuehn@countyofdane.com">Kuehn@countyofdane.com</a>

<b>COP-W/CIP II Contact:</b>	Jean Kuehn
Address:	Same as above

<b>CIP 1A, 1B, BIW Contact:</b>	Jean Kuehn
Address:	Same as above

<b>Primary Fiscal Contact:</b>	Jean Kuehn
Address:	Same as above

<b>Planning Committee Chair:</b>	Sue Petkovsek
Address:	6217 Fredericksburg Lane, Madison, WI 53718
	Paul Yochum
Address:	406 St. Francis Ct., Cross Plains, WI 53528

**Part 2 Please Note:** Part 2 of the COP Plan Update previously contained the request for information as to the agency care management rate and any rate changes. Beginning in 2014, that function was assumed by the DLTC Bureau of Long Term Care Finance. Please complete and return the Care Management rate documentation to the BLTCF 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  
\_\_\_\_X\_\_ No

If yes, please describe: DHS has reached out to provide information concerning the transition of the waivers to Family Care. With the sun setting of this program in 2018 we don't have a need for further technical assistance at this time.

**Part 4 Other Plan Changes:** To continue to receive COP funds, each county shall maintain a COP Plan and must provide BMC any revisions to their COP Plan and/or any other COP policy changes.

Have any other policy changes been made in **CY 2016** to your COP Plan?

\_\_\_\_\_ Yes  
\_\_\_\_X\_\_ No

If yes, list the topics and attach a description of the implemented changes. In addition, please submit any 2017 anticipated changes.

**Part 5 COP Cost Sharing Plan:** Complete and submit a new cost sharing plan. **Only if changes have been made since the last Update.** Note: Counties must collect 100% of the calculated client cost sharing contribution.

**COP Cost Sharing - Local Decision**

Please describe the special, non-medical, long term support expense items allowed by the county as a deduction from the monthly resources considered available for participant cost sharing. (COP Guidelines, Chapter II, Section 2.05 (C).) \_\_\_\_\_No Changes\_\_\_\_\_

County: \_\_\_\_\_Dane County\_\_\_\_\_

Lead Agency: \_\_\_\_\_Dane County Department of Human Services\_\_\_\_\_