

To:
All Providers
HMOs and Other
Managed Care
Programs

Family Care Expands to Racine and Kenosha Counties

Effective January 1, 2007, the Family Care program will expand to Racine County. Effective February 1, 2007, the Family Care program will expand to Kenosha County.

Family Care Program Expansion

The Family Care program will expand to Racine County on January 1, 2007, and to Kenosha County on February 1, 2007. Family Care is Wisconsin's flexible health and long term care program. This voluntary program offers increased consumer choice, improved access to services, and improved quality through a focus on health and social outcomes. Family Care long term care services include Community Options Program benefits, select Medicaid benefits, and services previously provided through the home and community-based waivers. Family Care has successfully met the needs of long term care Medicaid recipients in the following five counties in which the program was piloted: Fond du Lac, La Crosse, Milwaukee, Portage, and Richland.

Family Care offers benefits to the following recipients with long term care needs:

- Elderly, age 65 and over.
- Physically disabled, age 18 to 64.
- Developmentally disabled, age 18 to 64.

Covered Services

In general, long term care services (e.g., home health services) are included in the Family Care Benefit package. Acute and primary care services, including physician and hospital services and prescription medications, are not included in the Family Care benefit package and will remain fee-for-service for those who are Medicaid eligible. Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of Medicaid services that are included and not included in the Family Care benefit package.

Care Management Organization

The Department of Health and Family Services is contracting with Community Care, Inc. (CCI) to be the care management organization (CMO) operating Family Care in Racine and Kenosha counties. The primary functions of a CMO are the following:

- Deliver health and long term care services, either by contracting for services or directly providing them.
- Coordinate services that the CMO is not responsible for providing.
- Ensure and continually improve the quality of services.
- Involve the member (and the member's family or representative) in decision making.

To provide and manage care for its members, each CMO develops a network of providers under contract with or employed by the CMO. As the sole payment source for Family Care services, CMOs provide their own service authorizations. Before providing services included in the Family Care benefit package to Family Care members, providers should contact the CMO to make arrangements. For information on how to contract with CCI, contact the Racine County or Kenosha County provider network developer at (414) 902-2317.

Eligibility Verification

Providers are reminded to always verify a recipient's Medicaid eligibility before providing services. Family Care members may enroll in or disenroll from a CMO at any time during the month.

The Role of Aging and Disability Resource Centers

Local Aging and Disability Resource Centers help individuals to "one-stop shop" for long term care information. Resource Center services are not limited to Medicaid-eligible individuals; anyone may receive services from a Resource Center.

The primary functions of the Resource Centers are the following:

- Provide prevention and early intervention activities and community outreach services to help people maintain their independence.
- Offer counseling about options for obtaining long term care services.
- Help people apply for government program benefits, including Medicaid.
- Offer Pre-Admission Consultation (PAC) to provide individuals with information and counseling about available long term care options before they make choices regarding their care. As part of the PAC process, nursing homes, community-based

residential facilities, adult family homes, residential care apartment complexes, and hospitals are required to refer individuals with long term care needs to Resource Centers.

- Determine functional eligibility for Family Care. (The county economic support unit determines financial eligibility. Refer to the Member Information chapter of the Family Care Guide for more information on eligibility.)
- Offer assistance to individuals who want to enroll in a CMO.

The Role of County Economic Support Units

After the Resource Center has administered a Long Term Care Functional Screen to determine functional eligibility criteria, the county economic support unit determines eligibility for Family Care.

For More Information

For more information about Racine County or Kenosha County Family Care, contact one of following:

- Racine County Aging and Disability Resource Center at (866) 219-1043 (toll free) or (262) 638-6800.
- Kenosha County Aging and Disabilities Resource Center Specializing in Adults with Physical Disabilities and Older Adults at (800) 472-8008 (toll free), (262) 605-6646, or (262) 605-6663 (TTY).
- Kenosha County Aging and Disabilities Resource Center Specializing in Adults with Development Disabilities, Mental Health and Alcohol and Other Drug Abuse at (800) 236-7188 (toll free) or (262) 657-7188.

Local Aging and Disability Resource Centers help individuals to "one-stop-shop" for long term care information.

For information about Family Care, refer to the Family Care Guide, which can be found on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/, or refer to the Family Care Web site at dhfs.wisconsin.gov/medicaid4/familycare.htm.

For More Information

For more information on Managed Care programs for Supplemental Security Income (SSI) and SSI-related recipients, refer to the following *Updates*:

- December 2006 *Update* (2006-96), titled “Supplemental Security Income Managed Care Program Expansion.”
- January 2007 *Update* (2007-03), titled “Wisconsin Partnership Program Expands to Kenosha County.”

More information on the Wisconsin Partnership Program and Family Care is available on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT

Medicaid Services Included and Not Included in the Family Care Benefit Package

Medicaid Services Included in the Family Care Benefit Package

The Family Care benefit package includes the following Medicaid-covered services:

- **Case Management** — Provided by case management agencies.
- **Home Care Services** — Provided by home health agencies, personal care agencies, independent nurses, and ventilator-dependent recipients.
 - ✓ Home health aide services.
 - ✓ Personal care.
 - ✓ Skilled nursing (including independent nursing services) services for intermittent (less than eight hours per day), private duty nursing (eight or more hours per day), or ventilator-dependent recipients.
 - ✓ Occupational therapy, physical therapy, and speech and language pathology services (*refer to Therapy Services*).
- **Mental Health/Substance Abuse and Related Services** — Provided by mental health providers, substance abuse treatment providers, day treatment programs, community support programs.
 - ✓ Mental health and substance abuse services, except those services provided by a physician or in an inpatient hospital setting.
 - ✓ Day treatment (mental health and substance abuse) in all settings.
 - ✓ Child/adolescent mental health day treatment.
 - ✓ Community Support Program services, except when provided by a physician or for non-psychiatric medication and treatment services.
 - ✓ In-home intensive psychotherapy.
 - ✓ In-home autism treatment. (Enddated 01/01/2004.)
 - ✓ Autism Confirmation Evaluation. (Effective 01/01/2007.)
- **Nursing Facilities** — All nursing facility stays (including Intermediate Care Facility for People with Mental Retardation and Institution for Mental Disease), except laboratory and radiology ancillary services.
- **Supplies and Equipment** — Provided by any provider.
 - ✓ Disposable medical supplies, except supplies used in a hospital or physician clinic, including enteral nutritional products.
 - ✓ Durable medical equipment (DME) purchased or rented in all settings, except for hearing aids, hearing aid accessories, hearing aid batteries, assistive listening devices, and prosthetics.
 - ✓ Repair and maintenance of DME, except for repair and maintenance of hearing aids and assistive listening devices or prosthetics.
 - ✓ Orthotics (purchase and repair).
- **Therapy Services** — Provided by therapy and speech and language providers.
 - ✓ Occupational therapy, except those services provided by physicians in clinic settings or in an inpatient hospital setting.
 - ✓ Physical therapy, except those services provided by physicians in clinic settings or in an inpatient hospital setting.
 - ✓ Speech and language pathology services, except those services provided by physicians in clinic settings or in an inpatient hospital setting.
- **Transportation** — Provided by specialized medical vehicle providers.

Medicaid Services Not Included in the Family Care Benefit Package

The Family Care benefit package does not include the following services:

- Ambulance transportation.
- Audiology.
- Chiropractic.
- Crisis intervention services.
- Dentistry.
- End-Stage Renal Disease services.
- Eyeglasses.
- Family planning services.
- Hearing aids (including batteries, accessories, assistive listening devices, and repair and maintenance of hearing aids and assistive listening devices).
- Hospice.
- Hospital: Inpatient (except DME).
- Hospital: Outpatient (except physical therapy, occupational therapy, speech and language pathology, mental health services, and substance abuse treatment).
- Independent nurse practitioner services.
- Laboratory and X-ray.
- Mental health services provided by a physician or provided in an inpatient hospital setting.
- Nurse midwife services.
- Optometry.
- Pharmaceuticals.
- Physician services.
- Podiatry.
- Prenatal care coordination.
- Prosthetics (including repair and maintenance).
- School-Based Services.
- Substance abuse services provided by a physician or provided in an inpatient hospital setting.
- Transportation by common carrier (the billing method for this service remains unchanged).