Wisconsin Long-Term Care Insurance Partnership Program
WI Medicaid Training

PART I
Introduction to the WI Long-Term Care Insurance Partnership Program and The Wisconsin Medicaid Program: An Overview
The information contained in this training material is current as of June 2, 2008.
Contents

Introduction to the WI Long-Term Care Insurance Partnership Program

and

The Wisconsin Medicaid Program: An Overview
Why is this training important to me?
This Training is Important to You Because…

- The WI Long-Term Care Insurance Partnership (LTCIP) program creates a new role for you to play relative to your clients and the WI Medicaid program.

- This training is intended to help you learn that role by gaining an understanding of WI Medicaid and

- How WI Medicaid relates to the WI Long-Term Care Insurance Partnership (LTCIP) program.

- Becoming familiar with this relationship is the key to knowing how low income WI residents can benefit most from participating in the WI LTCIP program.
Introduction to the WI Long Term Care Insurance Partnership Program
The WI Long Term Care Insurance Partnership (LTCIP) Program is a joint effort between the federal Medicaid Program, long-term care insurers, and the State of Wisconsin.
The purpose of the WI LTCIP program is to encourage people to plan for future long-term care needs, such as:

1. Residing in a nursing facility

   OR

2. Receiving long-term care services in one’s home or another community-based setting.
In Wisconsin, the LTCIP Program Includes:

- Private Long-Term Care Insurers
- Long-Term Care Insurance Producers (agents and brokers)
- The Department of Health and Family Services (DHFS)
- The Office of the Commissioner of Insurance (OCI)
Introduction to the WI Long-Term Care Insurance Partnership Program

At the federal level, the LTCIP program is overseen by the federal Centers for Medicare and Medicaid Services (CMS).
Under the WI LTCIP program, an amount equal to the amount of benefits that an individual receives under a qualifying LTCIP insurance policy is excluded when determining:

- The individual’s resources for purposes of determining WI Medicaid eligibility and
- The amount to be recovered from the individual’s estate if the individual receives WI Medicaid benefits
Intro RECAP
Participation in the WI LTCIP program can affect the low income person’s WI Medicaid eligibility and estate planning. Some low income people who wish to participate in the WI LTCIP program may already be eligible for WI Medicaid. Some will become eligible for WI Medicaid at some point after they begin participating in the WI LTCIP program.
It is important to understand the precise relationship between the WI LTCIP program and WI Medicaid so that:

- You can provide sound advice to low income people who inquire about the WI LTCIP program and
- accurately explain to them the potential benefit of participating in the WI LTCIP program relative to qualifying for WI Medicaid and protecting their estate.
The Wisconsin Medicaid Program: An Overview
The Wisconsin Medicaid Program: An Overview

- What is WI Medicaid?
- What is WI Family Care?
- What is WI Family Care Partnership?
- What is Institutional Medicaid?
- How Can Consumers Learn About Long-Term Care Options in WI?
What is WI Medicaid?

And more importantly….

Why do I need to know about WI Medicaid?
You will consider selling qualified WI LTCIP policies to people who may become, or who perhaps already are, eligible for WI Medicaid.

The amount of benefits paid by a qualified WI LTCIP policy could have an effect on a person’s eligibility for WI Medicaid, as well as his/her estate planning. Part II of this training explains this in detail.

You will need to understand this potential effect before you sell the policy so that you can explain it to the person who is considering purchasing the policy.
When one of your clients does apply for WI Medicaid, you will be asked to verify the qualified policy’s payout amount as part of the WI Medicaid application process. Part II of this training explains this in detail.

You may also be asked to verify the qualified policy’s premium amount. Part II of this training explains this in detail.

To fulfill this new role, you will need to understand some WI Medicaid basics.
What is WI Medicaid?

WI Medicaid covers certain acute, primary and long-term care services.

Institutional Medicaid, the WI Medicaid Home- and Community-Based Waivers, WI Family Care and WI Family Care Partnership comprise the four main ways that WI Medicaid delivers long-term care.

Of these, WI Family Care and WI Family Care Partnership are designed specifically to allow functionally impaired elderly and disabled persons to remain in their homes and communities. (Note: the WI Home- and Community-Based Waivers are in the process of being replaced by WI Family Care and WI Family Care Partnership. For that reason, the waivers are not addressed in this training. Waiver eligibility policy is the same as that used for WI Family Care Partnership. Waiver benefits are similar to those under WI Family Care; however, WI Family Care is a managed care program, whereas, waiver services are provided on a fee-for-service basis)
What is WI Medicaid?

WI Medicaid is paid for in part by the federal government and in part by state government.
What is WI Medicaid?

The benefits that WI Medicaid will pay for are established by the federal government and certain additional benefits that WI has chosen to cover. WI Medicaid has very specific financial limits for persons applying for coverage.
Medicaid Applications

Applications for WI Medicaid are accepted at county government human service agencies. WI Medicaid eligibility is reviewed annually.
What is WI Medicaid?

Medicaid Reimbursement

WI Medicaid will reimburse covered services provided by WI Medicaid certified providers. Not all service providers will accept WI Medicaid as payment. WI Medicaid reimbursement is often lower than market rates.
What is WI Medicaid?

Medicaid and Payment for Services

- Payment goes directly to certified service provider
- Other insurance carrier must be billed first before WI Medicaid will consider for payment
- As payer of last resort, WI Medicaid pays what is not covered by other insurance (e.g. Medicare or private health insurance)
What is WI Medicaid?

Medicaid and Payment for Services

If a person moves to a nursing home or receives home health services on a private pay/insured basis, can no longer pay, and becomes eligible for WI Medicaid, WI Medicaid is not obligated to pay for services from that provider unless:

a. the provider is WI Medicaid certified and

b. the person has a need for that level of care, as determined by the State of Wisconsin
What is WI Medicaid?

Individuals in WI Medicaid are entitled to covered acute, primary and long-term care services including:

- Physician
- Hospital
- Durable medical equipment (wheelchairs; hospital beds)
- Home health (nursing)
- Medical supplies
- Nursing facility (skilled and intermediate care nursing homes)
- Occupational therapy
- Personal care (assistance with bathing, dressing, toileting, eating, etc.)
- Pharmacy and prescription drugs
- Physical therapy
- Speech and language therapy
- Transportation for medical visits
What is WI Medicaid?

RECAP
What is WI Medicaid? RECAP

- WI Medicaid is a publicly-subsidized, means tested program that pays for certain acute, primary and long-term care services for low income elderly and disabled persons.
- In addition to covering institutional settings, WI Medicaid offers several unique subprograms specifically designed to allow functionally impaired elderly and disabled persons to remain in their homes and communities.
- WI Medicaid reimburses only service providers who are certified by the WI Medicaid program.
What is WI Medicaid?  RECAP

- WI Medicaid-covered long-term care services may also be covered by a qualified WI LTCIP program policy.
- WI Medicaid is the “payer of last resort,” meaning that WI Medicaid will reimburse a claim for covered services only after all other payment sources have been billed.
The amount of benefits paid by a qualified WI LTCIP program policy may affect the elderly or disabled person’s WI Medicaid eligibility and estate planning.

Long-term care insurers need to understand these and other WI Medicaid policy fundamentals, which are based on federal and state law, in order to better serve their customers.
True or False

1. The WI Medicaid Program is entirely funded by the federal government.  *True or False*

2. The WI Medicaid Program will reimburse any willing provider of services.  *True or False*

3. When a WI Medicaid recipient has other health insurance, the WI Medicaid Program reimburses service providers before the other health insurance is billed.  *True or False*
Quick Quiz

True or False

1. The WI Medicaid Program is entirely funded by the federal government.  
   False

2. The WI Medicaid Program will reimburse any willing provider of services.  
   False

3. When a WI Medicaid recipient has other health insurance, the WI Medicaid Program reimburses service providers before the other health insurance is billed.  
   False
What is WI Family Care?

WI Medicaid

WI Family Care

WI Family Care Partnership

WI Home- & Community-Based Waivers

Institutional Medicaid

You Are Here. WI Family Care is a subprogram of WI Medicaid.
What is WI Family Care?

WI Family Care is a public program unique to Wisconsin.

This program offers a full range of managed long-term care services to people who need a nursing home level of care, but who wish to live in their own home or another community-based setting.
What is WI Family Care?

To Join WI Family Care, a person...

- Must be financially eligible for WI Medicaid
- must be functionally eligible for WI Family Care (i.e., must meet a certain level of functional impairment)
- must pay “Cost Share” (determined based on a sliding fee schedule) if income is above a certain level
What is WI Family Care?

Functional Screening Process

- extensive interview which gathers medical information
- establishes a level of care necessary for health and safety
- establishes whether the person’s functional impairments qualify him/her to receive the WI Family Care benefit
What is WI Family Care?

Network of Providers

- Participants cannot necessarily choose an out-of-network provider, unless it is necessary for quality of care or quality of life
- Network providers focus on enabling people to live at home or an apartment-like setting of their choice
- Quality of care is assured by the state of Wisconsin
What is WI Family Care?

- The WI Family Care benefit for community-based long-term care is more extensive than would be available to persons qualifying only for WI Medicaid.

- WI Family Care members can access any long-term care benefit that they need, based on joint decisions with the care team.

- WI Family Care does not cover acute and primary care services, but such services are covered by the WI Medicaid program and, for those eligible, by Medicare.
What is WI Family Care?

WI Family Care benefits include:

- Adaptive Aids (general and vehicle)
- Adult Day Care
- Alcohol and Other Drug Abuse Day Treatment Services
- Care/Case Management (including Assessment and Case Planning)
- Communication Aids/Interpreter Services
- Consumer Education and Training
- Counseling and Therapeutic Resources
- Day Services/Treatment
- Durable Medical Equipment, except for hearing aids and prosthetics
- Home Health
- Home Modifications
- Housing Counseling
What is WI Family Care?

WI Family Care benefits include:

- Meals: home delivered
- Medical Supplies
- Mental Health Day Treatment
- Nursing Facility
- Nursing Services (including respiratory care)
- Occupational Therapy
- Personal Care (assistance with bathing, eating, toileting, dressing)
- Personal Emergency Response System Services
- Physical Therapy
- Relocation Services (from nursing home to community)
- Residential Services: Certified Residential Care Apartment Complex (RCAC)
What is WI Family Care?

WI Family Care benefits include:

- Community-Based Residential Facility (CBRF)
- Adult Family Home
- Respite Care (for care givers and members)
- Specialized Medical Supplies
- Speech and Language Pathology Services
- Supportive Home Care
- Transportation (limited to certain needs)
What is WI Family Care?

RECAP
What is WI Family Care? RECAP

- WI Family Care is a managed long-term care option for WI Medicaid eligible individuals who have a certain level of functional impairment and who prefer to live in a community-based setting rather than a nursing home.

- The amount of benefits paid by a qualified WI LTCIP program policy may affect a person’s WI Medicaid eligibility and, therefore, his/her eligibility to enroll in WI Family Care.
What is WI Family Care? RECAP

- You may be asked to document the amount of benefits paid by the qualified WILTCIP program policy when a person applies for WI Family Care.
- The premiums associated with a qualified WILTCIP program policy may affect the amount that a person must pay monthly to remain enrolled in WI Family Care.
- You may be asked to document the amount of the premium paid by the individual for coverage under the qualified WILTCIP program policy.
QUICK QUIZ

True or False

1. WI Family Care enrollees must meet WI Medicaid financial eligibility requirements. **True or False**

2. Some WI Family Care enrollees may be required to contribute toward the cost of their care. **True or False**

3. WI Family Care enrollees have their functional needs measured via a “functional screen” conducted by a program social worker. **True or False**
QUICK QUIZ

True or False

1. WI Family Care enrollees must meet WI Medicaid financial eligibility requirements. **True**

2. Some WI Family Care enrollees may be required to contribute toward the cost of their care. **True**

3. WI Family Care enrollees have their functional needs measured via a “functional screen” conducted by a program social worker. **True**
What is WI Family Care Partnership?

You Are Here. WI Family Care Partnership is a subprogram of WI Medicaid.
What is WI Family Care Partnership?

- This program is not to be confused with the WI Long-Term Care Insurance Partnership Program.

- The WI Family Care Partnership program is a managed care program like the rest of WI Family Care, offering the long-term care services listed previously. Additionally, Partnership offers acute and primary care and provides a more medically-oriented care team that works in close consultation with the physician.
What is WI Family Care Partnership?

- To join WI Family Care Partnership, people must be financially eligible for Medicaid.

- People with incomes above the eligible income level may be required to pay a cost-share.

- WI Family Care Partnership members must require the equivalent of a nursing home level of care, as determined by the functional screen.
What is WI Family Care Partnership?
RECAP
What is WI Family Care Partnership? RECAP

- WI Family Care Partnership is another managed long-term care option for WI Medicaid eligible individuals who require a nursing home level of care, but who prefer to live in a community-based setting rather than a nursing home.

- The amount of benefits paid by a qualified WI LTCIP program policy may affect a person’s WI Medicaid eligibility and, therefore, his/her eligibility to enroll in WI Family Care Partnership.
What is WI Family Care Partnership? RECAP

- You may be asked to document the amount of benefits paid by the qualified LTCIP program policy when a person applies for WI Family Care Partnership.

- The premiums associated with a qualified WI LTCIP program policy may affect the amount that a person must pay monthly to remain enrolled in WI Family Care Partnership.

- You may be asked to document the amount of the premium paid by the individual for coverage under the qualified WI LTCIP program policy.
QUICK QUIZ

True or False

1. The WI Family Care Partnership Program is different than the WI Long-Term Care Insurance Partnership Program. True or False

2. One of the main differences between the WI Family Care and WI Family Care Partnership programs is that WI Family Care Partnership offers a managed acute, primary and long-term care benefit package. WI Family Care is a managed long-term care benefit. True or False

3. In order to meet the program’s functional eligibility requirements, WI Family Care Partnership program enrollees must demonstrate the need for a level of care which they would receive in a nursing home. True or False
True or False

1. The WI Family Care Partnership Program is different than the WI Long-Term Care Insurance Partnership Program. **True**

2. One of the main differences between the WI Family Care and WI Family Care Partnership programs is that WI Family Care Partnership offers a managed acute, primary and long-term care benefit package. WI Family Care is a managed long-term care benefit. **True**

3. In order to meet the program’s functional eligibility requirements, WI Family Care Partnership program enrollees must demonstrate the need for a level of care which they would receive in a nursing home. **True**
What is Institutional Medicaid?

You Are Here. Institutional Medicaid is a subprogram of WI Medicaid.
What is Institutional Medicaid?

Institutional Medicaid provides a full range of medical services for those who reside in a medical care facility, including skilled nursing facilities (SNF), intermediate care facilities (ICF), and hospitals.
What is Institutional Medicaid?

- To be eligible for Institutional Medicaid, the person must have resided in a medical facility for at least 30 days and meet certain WI Medicaid financial requirements.

- To remain eligible for Institutional Medicaid, the person must contribute toward the cost of their care ("patient liability"), an amount determined based on income.
What is Institutional Medicaid?

RECAP
What is Institutional Medicaid?

**RECAP**

- **Institutional Medicaid** is a long-term care option for WI Medicaid eligible individuals who have resided in a medical facility for at least 30 days.

- The amount of benefits paid by a qualified WI LTCIP program policy may affect a person’s eligibility for Institutional Medicaid.

- You may be asked to document the amount of benefits paid by the qualified WI LTCIP program policy when a person applies for Institutional Medicaid.
What is Institutional Medicaid?

RECAP

- The premiums associated with a qualified WI LTCIP program policy may affect the amount that a person must pay monthly to remain eligible for Institutional Medicaid.

- You may be asked to document the amount of the premium paid by the individual for coverage under the qualified WI LTCIP program policy.
True or False

1. How long a person has resided in a medical facility is irrelevant when determining eligibility for Institutional Medicaid.  
   **True or False**

2. A person can be eligible for Institutional Medicaid and live in his/her own home.  
   **True or False**

3. When a person is eligible for Institutional Medicaid, his/her cost-share is referred to as the “patient liability.”  
   **True or False**
QUICK QUIZ

True or False

1. How long a person has resided in a medical facility is irrelevant when determining eligibility for Institutional Medicaid.  
   **False**

2. A person can be eligible for Institutional Medicaid and live in his/her own home.  
   **False**

3. When a person is eligible for Institutional Medicaid, his/her cost-share is referred to as the “patient liability.”  
   **True**
How Can Consumers Learn About the Long-Term Care Options in Wisconsin?

Aging and Disability Resource Centers or ADRCs

- These agencies are “one-stop” sources of information and advice about long-term care, aging and disability in Wisconsin, and specifically in that county.
- Where none exist, there are county offices on aging.
- Refer your clients to their local ADRC (or aging office) when they have questions about long-term care, aging, or disability.
How Can Consumers Learn About the Long-Term Care Options in Wisconsin?

Information and Assistance Specialists

These specialists maintain up-to-date data bases about all programs and resources, and can assist people to problem-solve when a relative has a need for care, service or financial support.
How Can Consumers Learn About the Long-Term Care Options in Wisconsin?

Benefit Specialist

- Each ADRC has a Benefit Specialist to help cut the “red tape” of Social Security, Medicare, Part D prescription plans, etc.
- Benefit specialists also assist consumers with problems related to private insurance, financial abuse and Medicare fraud.
How Can Consumers Learn About the Long-Term Care Options in Wisconsin?

- The ADRC is under contract with the state of Wisconsin.
- A strong culture of customer service is expected.
- There is no charge for the services of the ADRC.
- Families can make contact by telephone from anywhere in the country, or on-line using an internet search engine to locate information on “Wisconsin ADRCs.”
How Can Consumers Learn About the Long-Term Care Options in Wisconsin?

For a listing of ADRCs, go to the DHFS website: www.dhfs.wisconsin.gov

- All counties are slated to have Aging and Disability Resource Centers by 2011.

- Refer your clients to their local ADRC (or aging office) when they have questions about long-term care, aging, or disability.
How Can Consumers Learn About the Long-Term Care Options in WI?

RECAP
How Can Consumers Learn About the Long-Term Care Options in WI? RECAP

- The information provided about WI’s long-term care options in this training document is at a relatively high level.
- Much more detailed information is available to consumers and their families through WI’s Aging and Disability Resource Centers (ADRCs)
- Long-term care insurers should understand the role of ADRCs and be able to refer their clients to ADRCs as appropriate.
QUICK QUIZ

True or False

1. ADRCs are “one-stop” sources of information and advice about long-term care, aging and disability in Wisconsin, and specifically in that county. True or False

2. There is no charge for the services of the ADRC. True or False

3. The staff of the ADRC will arrange appointments at the office or in the home, to answer questions and to help with eligibility and enrollment into WI Family Care or regular WI Medicaid. True or False
QUICK QUIZ

True or False

1. ADRCs are “one-stop” sources of information and advice about long-term care, aging and disability in Wisconsin, and specifically in that county. **True**

2. There is no charge for the services of the ADRC. **True**

3. The staff of the ADRC will arrange appointments at the office or in the home, to answer questions and to help with eligibility and enrollment into WI Family Care or regular WI Medicaid. **True**