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MEMORANDUM

DATE: August 17, 2009

TO: MCO Directors

FROM: Monica Deignan
Office of Family Care Expansion
Managed Care Section Chief

SUBJECT: Contract Interpretation Bulletin Attached

Attached you will find a contract interpretation bulletin intended to clarify the care management role expected of MCO interdisciplinary teams. This clarification is consistent with the expectations of county case managers in the COP and CIP waivers.

Please read and maintain this bulletin with your 2009 Family Care contract. The 2010 Family Care and Family Care Partnership contracts will be amended to incorporate language clarifying the scope of care management activities expected of interdisciplinary teams.

If you have questions, you may contact Alice Mirk at alice.mirk@dhs.wisconsin.gov

See also the attached technical assistance document following the contract interpretation bulletin.

Family Care and Family Care Partnership Contracts
Contract Interpretation Bulletin

For CY 2009 Contract

CIB #2009-3 – Clarification of case management roles in Family Care and Partnership
Final Issue and Projected Effective Date: February 9, 2009

Statutory basis

§46.284 (3) (b) 11.	HFS 10.43 (1) (c) – (e)
§46.284 (4) (b) – (d) and (g)	HFS 10.44 (2) (i)
49.45 (25)	HFS 107.32 (1) (a) 1.

Contract sections affected

Family Care Article IV. B. 5.	Family Care Partnership (n/a all MA services included)
Family Care Article IV C 9. b.	Family Care Partnership Article IV. V. 9. b.
Family Care Addendum IX. A. 3.	Family Care Partnership Addendum XI. A. 3.
Family Care Addendum IX. B.	Family Care Partnership Addendum XI. B. 3.

Statement of policy

Care/case management services included in the Family Care and Family Care Partnership benefit package are defined in the contracts in Addendum IX. A. 3. and IX. B. (Case management defined in HFS 107.32).

Addendum IX. B. 3.

Care/case management services (sometimes called support and service coordination) are provided by an interdisciplinary care management team (IDT). The participant is the center of the IDT. The IDT consists of, at minimum, a registered nurse and a social services coordinator, and may also include other professionals as appropriate to the needs of the participant and family or other informal supports requested by the participant. The IDT initiates and oversees the initial comprehensive assessment process and reassessment process, the results of which are used in developing the individual's participant-centered plan of care. The IDT identifies the participant's preferred outcomes and the services needed to achieve those outcomes and monitors the participant's health and welfare, the delivery of services, and progress in achieving identified outcomes. The IDT also carries out activities that help participants and their families identify other service needs and ***gain access to medical, social, rehabilitation, vocational, educational and other services identified.*** (Emphasis added.)

HFS 107.32 (1) (a) 1.

Case management services covered by MA are services described in this section as services “to help a recipient, and, when appropriate, the recipient's family ***gain access to, coordinate or monitor necessary medical, social, educational, vocational and other services.***” (Emphasis added.)

These definitions include the expectation that MCOs will, as part of the care management function, assist members to gain access to, coordinate or monitor necessary medical, social, educational, vocational and other services not included in the Family Care or Partnership benefit. Many individuals, especially those without an active guardian or family, need help gaining and maintaining access to basic housing, income, insurance, utilities and other community resources from a trusted individual who knows them well. This kind of assistance is a care management function expected of MCOs in order to avert economic crises and promote continuity of life in the community.

Contract interpretation

For enrollees in either Family Care or Partnership, the MCO is the only means of accessing the Medicaid targeted case management benefit defined under HFS 107.32. The MCO is expected to provide a comparable benefit to the fee-for-service Medicaid benefit. The Medicaid Handbook for Targeted Case Management says that:

*“Case management includes gaining access to or coordinating Medicaid or non-Medicaid services. Examples of gaining access or coordinating non-Medicaid services include, **but are not limited to**, the following:*

- *Assisting members in accessing energy assistance*
- *Assisting members in accessing housing*
- *Assisting members in accessing legal advocacy*
- *Assisting members in accessing social services*
- *Setting up a volunteer/supportive home care worker to take a member shopping.”*

These are all tasks that care managers performed prior to Family Care under the COP and CIP waivers. It is the expectation of the Department that the case managers in Family Care assist members to gain or maintain access to social security, food stamps, homestead tax credit, Medicare Part D plans and other benefits to which the member is entitled. (In Partnership the member will be enrolled in the Part D plan offered by the Partnership organization).

The Department in consultation with CMS has concluded that there is no conflict of interest for an interdisciplinary team in a Partnership MCO to provide counseling to a member about the choice of a Medicare Part D Prescription Drug Plan. The Department has reached this conclusion because:

1. The counseling provided is to members already enrolled in either the MCO’s Family Care or Partnership program,
2. A person who is enrolled in Partnership will have already made the decision to accept the Partnership MCO’s Medicare Part D Plan.
3. A person cannot enroll in the Partnership Part D Plan unless s/he also chooses to enroll in the Partnership program, and if a person enrolled in the MCO’s Family Care program makes the decision to disenroll and then enroll in the MCO’s Partnership program, the person will be referred to the ADRC for enrollment counseling.)

Since this is part of the MCO care management function, members should not be referred to ADRCs for routine issues related to gaining or maintaining access to such benefits. ADRCs provide this service for the general population; they are not funded to perform this care

management function for MCO enrollees. Only in cases of extreme complexity should MCO members be referred to the benefit specialist in the ADRC. The MCO is responsible for providing the training needed by interdisciplinary teams to assist members in accessing these non-MCO services.

Technical Assistance for Interdisciplinary Teams Providing Information to Family Care and Family Care Partnership Members about Medicare Part D Plans

Family Care and Partnership managed care organizations' interdisciplinary teams are sometimes asked by a member for help in thinking about choosing a Medicare Part D Prescription Drug Plan. Partnership organizations have raised a concern that, since Partnership MCOs have a Medicare Part D Plan, the members of the interdisciplinary team may have a real or perceived conflict of interest in advising people when such questions are raised or that CMS may view any assistance offered as inappropriate marketing.

The Department has consulted with its CMS Regional V contacts for both Medicaid and Medicare who agree with us that there is no significant conflict of interest and that there is an appropriate role for interdisciplinary team members. Family Care enrollees have already chosen Family Care so their enrollment decision has been made. IDT members are not Part D salespersons; they receive no commission for enrolling anyone in anything. They get no payment when someone enrolls in a Part D plan. Their role is not to convince their members to enroll in one or another Part D plan but to provide information that allows members (or their representatives) to make informed choices. That information is generated using the online CMS plan finder tool to identify the three or so plans providing the best coverage at the least out of pocket cost. Assuming you enter the correct information, the system gives you a couple of "best" choices.

The following activities by IDT members are not inappropriate marketing:

1. Acknowledge that the managed care organization has its own Part D Plan, but that plan is available only to persons who are enrolled in the organizations Partnership Program.
2. If the person wants to know more about the option of enrolling in Partnership, refer the person to the ADRC for enrollment counseling.
3. If the person is just seeking help to know whether a Part D plan (their current plan or others) has premiums and at what level, has co-pays at what level and covers the drug(s) they use routinely, use the online Medicare Part D plan finder and drug finder tools to identify "best" choices at <http://www.medicare.gov/pdphome.asp>.
4. Webcast training is available at <http://media1.wi.gov/DHFS/Viewer/Viewers/Viewer320TL508.aspx?mode=Default&peid=870228ba-fe04-4dd1-ac21-d8c01596646b&playerType=WM7&mode=Default&shouldResize=true&pid=4435c09f-c502-43d8-b5dd-56c6bbc8daaa&playerType=WM7>.)
5. For people with more complex issues, IDTs can make a referral to the elderly or disability benefit specialists, which can be found at <http://dhs.wisconsin.gov/aging/genage/BENSPECS.HTM> or <http://dhs.wisconsin.gov/disabilities/benspecs/program.htm>.