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MEMORANDUM

**DATE:** January 2, 2007

**TO:** Family Care CMOs  
COP Waiver Contacts  
DD Waiver Contacts  
Aging and Disability Resource Centers

**FROM:** Monica Deignan, Family Care Program Manager *Monica Deignan*  
Mike Linak, DD Services Program Manager *Mike Linak*  
Janice Smith, COP Program Manager *Janice*

**SUBJECT:** **Revised** Policy and Procedure for Permanent Moves between Family Care Counties and COP/Waiver Counties. (The revision is the addition of item 5 (c) in Section I, Policy Statements).

*Note: In this memo and attached protocol, the term "COP/Waiver Counties" means all those Wisconsin counties where the COP, CIP and Brain Injury Waivers are available, and where the Family Care benefit is not available.*

When a CMO enrollee moves permanently out of a Family Care county, the individual is no longer eligible for Family Care and the CMO will no longer receive any funding for that individual. Under certain circumstances, as described below, the Department will temporarily move funds so that the person can be served under the new county's long-term support program until such time he or she comes up on the list of applicants awaiting further consideration for long-term support services in the new county. While this process requires the Department to transfer money internally, the process for COP/Waiver counties should be much the same as it is currently when new people are served under COP or waiver programs.

The following policy and procedures describe what happens when an individual permanently moves from a Family Care county to a COP/Waiver county, or vice-versa, and what procedures the CMO, resource center, and receiving county should follow.

**I. Policy Statements**

1. If a CMO enrollee moves permanently out of Wisconsin, he or she will not be eligible to remain enrolled in the CMO or to receive the Family Care benefit.

2. If a CMO enrollee moves to a long-term care facility in another county in Wisconsin, under a plan of care approved by the CMO, he or she remains a resident of the CMO county for eligibility purposes, and stays enrolled in the CMO and is able to receive the Family Care benefit. The CMO continues to provide care management and oversight of the services delivered to the member.
3. If a CMO enrollee moves to another county where there is a Family Care CMO, the former enrollee is disenrolled from the CMO in the county from which he or she is moving and he or she may enroll in the CMO in the new county or apply for non-Family Care services.
4. If a CMO enrollee moves to a COP/Waiver county in Wisconsin where there is a list of applicants awaiting further consideration for COP or Waiver services for which the enrollee is eligible, and the enrollee has:
  - a. Been continuously enrolled in the CMO for at least six months immediately preceding the date on which he or she moves to the COP/Waiver county, the person will be disenrolled from the CMO. The state will temporarily transfer funds to the appropriate waiver in order to fund the new county to serve the former enrollee. The CMO and receiving county should collaborate to assure continuity of care for the individual. See Section III.(1)(a) on page 4 for more information about assuring continuity of care.
  - b. If the enrollee has NOT been enrolled in the CMO for at least six months, the former enrollee loses eligibility for Family Care and is disenrolled. The former enrollee is not eligible to have funds transferred to the COP/Waiver County, but can apply for services in the new county and be given consideration for future services just like other residents of that county.
5. If a CMO enrollee moves to a COP/Waiver county, he or she must meet all eligibility and service requirements of the receiving county.
  - a. To receive waiver services, the person must be financially and functionally eligible for the waiver. People at the Family Care intermediate or comprehensive non-nursing home levels of care are not eligible for waiver services in COP/Waiver counties.
  - b. The individual can receive CBRF services in the COP/Waiver county only if this does not make the county exceed its maximum funding level for CBRF care, and the residential provider is one the county is willing to contract with.
  - c. An individual can receive only those services available through the specific waiver for which they are eligible. For example, if someone not in the DD target group was receiving sheltered workshop services in a Family Care county and transfers to a county in which they would meet the eligibility

requirements for the COP waiver, but not CIP IA or B, the sheltered workshop services could not be provided in the new county.

- d. All funds transferred for the plan of care will be Medicaid waiver funds, subject to rules of the waiver the person will be served under, unless the receiving county makes other funds available or makes specific arrangements with DHFS for temporary COP-Regular funds.
6. If a CMO enrollee moves to a COP/Waiver county in Wisconsin where there is NO list of applicants awaiting further consideration for long-term support services for which the enrollee is eligible, the former enrollee loses eligibility for services from the CMO and is disenrolled. The former enrollee may apply for services in the receiving county through the usual application process of that program (COP-W, CIP I or CIP II). No Family Care funds will be transferred to pay the new county of residence for providing these services to the former Family Care enrollee. The CMO and receiving county should collaborate to assure continuity of care for the individual. See Section III.(1)(a) on page 4 for more information about assuring continuity of care.
7. If a child who is being served by the CIP/CLTS waiver moves to another county with a list of applicants awaiting further consideration for long-term support services, the sending county funds services for that person until he or she comes up on the list. If the person has moved from a Family Care county, and is still on the list of applicants awaiting further consideration for long-term support services when he or she turns 18, there will be no CIP waiver in the sending (Family Care) county for the person. In this situation, the state will temporarily transfer funds to the appropriate waiver in order to fund services for the individual provided that he or she had been continuously enrolled in the waiver for at least six months immediately preceding the date on which he or she moved to the new county of residence.
8. If a COP/waiver recipient permanently moves to a Family Care county, the recipient may apply for the Family Care benefit. If and when the person enrolls in Family Care, services will be funded through Family Care. Starting in 2002, waiver services in Family Care counties are available only through a Family Care CMO.
9. Staff in both the Family Care county and the COP/Waiver county should work collaboratively and creatively to assure the best possible continuity of care for the consumer, and to avoid any lapse in coverage.

## **II. General Procedures for CMOs and Resource Centers**

1. The CMO shall notify its members via the member handbook that any member who is planning to move permanently out of the county in which the CMO is

operating should give the CMO advance notice of the move so that the CMO care manager can meet with him or her to discuss the consequences of the move and possibilities for services in the new county. The interdisciplinary team may want to periodically remind members of this, such as at the time of the care plan review.

2. Whenever a CMO care manager learns that an individual enrollee is planning to move permanently out of the county in which the CMO is operating, the care manager should offer to meet with the enrollee or to refer him or her to the resource center in order to discuss the changes in benefits that would accompany the move.
3. Resource centers should include information about moves when doing long-term care options counseling with individuals.
4. The Long-Term Care Functional Screen (LTC FS) may be transferred between counties and CMOs with signed consent from the waiver participant/guardian. Information about how to identify what agency has the most recent screen for an individual will be disseminated by October 1, 2004 to all Screen Leads.

### **III. Procedures Pertaining to Permanent Moves FROM a Family Care County TO a COP/Waiver County**

1. When there is a list of applicants awaiting further consideration for COP/Waiver services AND the enrollee has been continuously enrolled in the CMO for at least six months.
  - a. Once the CMO care manager is aware of the impending move, the CMO care manager should inform the COP/Waiver county and assist the person in applying for long-term support services in the new county of residence. The CMO and COP/Waiver county should coordinate efforts so that economic support is notified of the change of address and there is no lapse in coverage, so that assessment and service information is transferred from the CMO to the new county, and, to the extent possible, so that the Family Care disenrollment date coincides with the start of long-term support services in the new county of residence. Staff in both the Family Care county and the COP/Waiver county should work collaboratively and creatively to assure the best possible continuity of care for the consumer, and to avoid any lapse in coverage. If services in the receiving county for some reason cannot start as soon as the person moves, the CMO should, whenever possible, offer to extend CMO enrollment and funding temporarily after the move so there is no lapse in services for the individual. Although this is not totally consistent with the eligibility criteria that a person must be a resident of the CMO's service area to be eligible, it is acceptable for the CMO to fund services in the receiving county for a short time in order to assure continuity of care. In effect, the

CMO would be considering this a “temporary move”, in which it can continue to provide services, until the receiving county can begin to serve the consumer.

- b. The CMO or resource center should inform the appropriate agency in the new county of residence that the individual may be eligible for waiver funding on an interim basis, for the length of time the individual is on a list of applicants awaiting further consideration for long-term support services. The person must also meet all eligibility and service requirements of the receiving county. In order to access that temporary funding the COP/Waiver county will need to follow the steps described in c through k below.
- c. Just like with any other applicant, the care manager in the receiving county will need to complete the assessment and care plan for the individual and submit it to the appropriate waiver program, along with any supporting documentation. Submissions should be to the Bureau of Developmental Disability Services (BDDS) if the individual is in the DD target group, and to the Bureau of Aging and Long Term Care Services (BALTCR) if the individual is 65 or older or in the physical disability target group.
- d. When the care plan is submitted to the appropriate waiver program, it shall indicate that this individual will be moving or has moved from a Family Care county.
- e. All policies and procedures of the appropriate waivers apply to the development and implementation of an individual service plan that is cost-effective and meets the needs of the individual, including the provision of services under the Medicaid fee-for-service system.
- f. The COP/Waiver county must assure that the information submitted to the appropriate waiver program include:
  - ✓ Documentation of the level of care, such as a copy of the Eligibility Results page from the LTC Functional Screen or the COP screen (which will be phased out by 2005).
  - ✓ An estimate of the cost of the care plan. The costs should be designated as either costs allowable as waiver services, or costs allowable only as COP.
  - ✓ The COP/Waiver county should also notify DDES fiscal staff of the impending move. For individuals in the elderly or physical disabilities target groups, e-mail Sue Liegel at [liegesk@dhfs.state.wi.us](mailto:liegesk@dhfs.state.wi.us). For individuals in the developmental disabilities target group, e-mail Karla Meyer at [meyerka1@dhfs.state.wi.us](mailto:meyerka1@dhfs.state.wi.us)

- g. After the individual meets all eligibility requirements in the receiving county, including service plan approval, the individual is to be registered on the appropriate list of applicants awaiting further consideration for long-term support services in the COP/Waiver county. When the individual reaches the top of the list, the county must notify DDES (BALTCR or BDDS). In the event the county fails to notify DDES, the waiver funds expended during that year will be disallowed. DDES will track the status of these individuals on county lists of applicants awaiting further consideration for long-term support services, via HSRS. The receiving county will get instructions on how to enter an individual receiving temporary funding on HSRS.
- h. The COP/Waiver county will report expenses and be reimbursed via the HSRS and CARS systems as usual. The transfer of funds to the receiving county may not occur for the first three or more months it is serving the former enrollee, but it will be paid for all allowable expenses. The county COP or waiver program will not manage these former Family Care clients any differently. It is the responsibility of DHFS to assure timely and accurate transfers of funds in these situations.
- i. If an approved care plan has costs high enough that the COP/Waiver county would have difficulty serving the person for three or more months without reimbursement, DDES staff will attempt to develop an individualized response to the situation.
- j. If the individual's needs increase and he/she needs increased services during the time in which the person is still awaiting consideration for services in the new county, the new county can submit an updated care plan to the appropriate DDES program bureau for review. Funding to cover cost of approved services will be made available to the county.
- k. DDES will develop a HSRS code to track individuals being served under this protocol. When the COP/Waiver county notifies the Department that the former enrollee's name has come up on the list of applicants awaiting further consideration, the individual's services will be funded under the county's COP or waiver program.
- l. On rare occasions, the former Family Care enrollee may not be eligible for the waiver program in the receiving county. In this situation, the receiving county should contact Sue Liegel ([liegesk@dhfs.state.wi.us](mailto:liegesk@dhfs.state.wi.us)) for elderly/physical disability clients or Karla Meyer [meyerka1@dhfs.state.wi.us](mailto:meyerka1@dhfs.state.wi.us) for developmental disability clients to discuss potential temporary funding. The receiving county must put the person on its list of persons awaiting consideration for future services.

2. When there is a list of applicants awaiting further consideration for long-term support services, BUT the enrollee has NOT been continuously enrolled in the CMO for at least six months.
  - a. If the enrollee declares an intention to move to a COP/Waiver county in Wisconsin where there is a list of applicants awaiting further consideration for COP or Waiver services for which the enrollee is eligible, but the enrollee has not been enrolled in the CMO for at least six months, the CMO or resource center shall inform him or her that he or she loses eligibility for Family Care and would have to be disenrolled. The CMO or resource center shall inform the former enrollee that he or she is not eligible to have funds transferred to the COP/Waiver County.
  - b. If the enrollee still desires to move to the COP/Waiver county, the CMO or resource center shall help the enrollee get on the list of applicants awaiting further consideration for long-term care services in the COP/Waiver county. The resource center shall assist the individual by providing information and assistance and options counseling regarding available options in the new county of residence, and by facilitating referrals.
  - c. The Family Care CMO or resource center shall inform the enrollee of the need to notify economic support of his or her change of address and to inquire whether a redetermination of Medicaid eligibility is needed in order to avoid a lapse in coverage. As needed and appropriate, the CMO and resource center shall assist the former enrollee in contacting economic support for this purpose.
3. When there is NO list of applicants awaiting further consideration for COP or Waiver services for which the enrollee is eligible.
  - a. The CMO shall inform the former enrollee that he or she loses eligibility for Family Care and is disenrolled but the former enrollee may apply for services in the receiving county, through the usual application process of that program (COP-W, CIP I or CIP II), as long as he or she meets all eligibility and service requirements of the receiving county. The CMO and receiving county should collaborate to assure continuity of care for the individual. See Section III.(1)(a) on page 4 for more information about assuring continuity of care.
  - b. The CMO care manager should make every attempt to assure continuity of care by coordinating the disenrollment date and, with the enrollee's permission, providing service information to the new county's long-term support program. No Family Care funds will be transferred to pay the new county of residence for providing these services to the former Family Care enrollee. Staff in both the Family Care county and the COP/Waiver county should work collaboratively and creatively to assure the best possible continuity of care for the consumer, and to avoid any lapse in coverage. If for

some reason services in the receiving county cannot start as soon as the person moves, the CMO should, whenever possible, offer to extend CMO enrollment and funding temporarily after the move so there is no lapse in services for the individual. Although this is not totally consistent with the eligibility criteria that a person must be a resident of the CMO's service area to be eligible, it is acceptable for the CMO to fund services in the receiving county for a short time in order to assure continuity of care. In effect, the CMO would be considering this a "temporary move", in which it can continue to provide services, until the receiving county can begin to serve the consumer.

- c. The CMO and COP/Waiver county should coordinate efforts so that economic support is notified of the change of address and there is no lapse in coverage.

#### **IV. Procedures Pertaining to Permanent Moves FROM a COP/Waiver County TO a Family Care County**

1. Whenever an individual is planning to move from a COP/Waiver county to a Family Care county, the long-term support/waiver case manager should contact the resource center in the Family Care county and help the individual apply for the Family Care program there. The COP/Waiver and Family Care county should coordinate efforts so that economic support is notified of the change of address and there is no lapse in coverage, so that assessment and service information is transferred from the COP/Waiver county to the new Family Care county and, to the extent possible, so that the COP/Waiver termination date coincides with the start of the Family Care benefit start date in the new county of residence. If there is a LTC FS on record this may be transferred to the resource center and CMO in the Family Care county with signed consent from the waiver participant/guardian.
2. Staff in both the Family Care county and the COP/Waiver county should work collaboratively and creatively to assure the best possible continuity of care for the consumer, and to avoid any lapse in coverage. The resource center in the Family Care county should make every attempt to assure continuity of care. This will require collaboration with the CMO so it is prepared to begin serving the individual as soon as possible, and may require coordination with the respective economic support units in each county.
3. If for some reason there will be a delay between the dates the individual moves and when CMO services can begin, the COP/Waiver county should consider temporarily funding services in the Family Care county to assure continuity of care for the individual.

## **Some Scenarios about Permanent Moves between Family Care Counties and COP/Waiver Counties**

### **Moves from Family Care to COP/Waiver**

- 1. George has been enrolled in Family Care for more than 6 months. He has a nursing home level of care (Comprehensive-NH) so he is waiver eligible. In order to be closer to his family, he is now moving to a COP/Waiver county with a list of applicants awaiting further consideration for long-term support services. He has been living independently while enrolled in Family Care and will also have his own apartment when he moves to the COP/Waiver county. He has been receiving case management, personal care/supportive home care, and transportation services from Family Care, and will continue to need these services after he moves. George and his family have been keeping the Family Care care manager informed about the plans for the move.**

Interim Family Care funding will be made available to the receiving COP/Waiver county to provide services to this person until his name comes up on the list of applicants awaiting further consideration for long-term support services. The CMO and COP/Waiver staff should follow the protocol to assure continuity of care and funding during and after the move.

- 2. Fred has been enrolled in Family Care for more than 6 months. He is at a Comprehensive-NH level of care so he is waiver eligible. In order to be closer to his family, he is now moving to a COP/Waiver county with a list of applicants awaiting further consideration for long-term support services. He has been living independently while enrolled in Family Care but plans on living in a CBRF when he moves to the COP/Waiver county. The COP/Waiver county has a limit on the number of people it will serve in a CBRF, and is already at that limit, and in fact has a waiting list of individuals for residential services.**

The possibility of Fred having residential services funded needs to be fully explored with the receiving county, since the LTS program there is already at its maximum funding level for residential care. If he follows through on his plan to move to a CBRF in the COP/Waiver county, he cannot expect to receive COP/Waiver funding for the CBRF service, but he could put his name on the waiting list of individuals for residential services.

- 3. Mary has been enrolled in Family Care for more than 6 months. She is at a Comprehensive-NH level of care so she will also be functionally eligible for the COP waiver. She wants to move to a CBRF in a COP/Waiver county to be closer to her family. The CBRF's room and board costs are higher than her ability to pay.**

Mary would be eligible to have waiver services paid in the receiving county, by transferring Family Care funds for the service portion of the CBRF rate to the COP

waiver. The potential for any temporary COP-Regular funds (which could be used to help pay room and board costs) needs to be discussed with state COP program staff. This can be done by contacting Sue Liegel at 608-266-9755). In addition, Mary should receive counseling about her options and what services would be available to her (CBRFs with lower room and board rates, other living arrangements, etc.).

### **Moves from COP/Waiver to Family Care**

1. **Jane is an SSI recipient who has been a waiver participant in a COP/Waiver county for several years. Although her current county has begun using the Long-Term Care Functional Screen for functional eligibility, she has not yet had a screen done. For personal reasons, she now wants to move to a Family Care county and will continue to need long-term support services.**

Jane will need to have a LTC FS done in order for Family Care functional eligibility to be established. The COP/waiver case manager should help Jane contact the resource center in the Family Care program to have the LTC FS done and begin the process to enroll in Family Care. Because Jane is already a waiver participant, the resource center does not need to wait until she is physically in the county to do the screen, but instead should make every effort to facilitate a smooth transition. The resource center could request the COP/Waiver county to do the functional screen, and it could then be transferred to the Family Care county. The resource center may need to involve the CMO in planning for the enrollment, so Jane's Family Care enrollment date can coincide with her move, and the CMO is prepared to provide needed services from that date. The move should be coordinated with the economic support units in each county as well.

2. **Jim is a waiver participant who has just informed his case manager he is moving to a Family Care county next week. There has so far been no contact with the resource center in the Family Care county.**

Because of the timing of this move, it may not be possible to have the Family Care enrollment date be the same date as the move. Whenever possible, the COP/Waiver county should fund services temporarily in the Family Care county until the Family Care enrollment date.

3. **Caroline is on a waiting list for COP/Waiver services and receiving personal care services from the local independent living center. She informs the independent living center that she is moving to a Family Care county on the first of next month.**

The independent living center should inform the resource center in the Family Care county and inform the local county COP/waiver agency of the impending move. If Caroline does not have a current functional screen, the resource center can provide one or arrange for one through the local county COP/waiver agency. The resource center may need to involve the CMO in planning for the enrollment, so Jane's Family

Care enrollment date can coincide with her move, and the CMO is prepared to provide needed services from that date.

4. **Elizabeth is a 57-year old woman who recently had a stroke. She is Medicaid eligible and is receiving home health and personal care services using her Medicaid card. She has not yet received a disability determination and is thus not waiver eligible. She informs her home health agency that she intends to move to a Family Care county.**

The home health agency should inform the resource center in the Family Care county of the impending move. If Elizabeth does not have a current functional screen, the resource center can provide one or arrange for one through the local county COP/waiver agency. The resource center should find out whether she has applied for a disability determination, and if not assist her to do so. The resource center may need to involve the CMO in planning for the enrollment.