

C.R.I.B. SHEET #13-01

Children's Long-Term Support (CLTS) Waiver Services Provided During Institutional Stays

This C.R.I.B. Sheet will clarify Medicaid Waiver (MA) policy on using MA funds to pay for waiver services provided during institutional stays, as well as describe resources available to County Waiver Agencies (CWAs) and service providers to ensure appropriate payments are made.

With few exceptions, CWAs do not directly pay provider claims; instead, claims are paid by the CLTS Third Party Administrator (TPA) on behalf of the authorizing CWA.

I. Policy on Paying Medicaid Waiver Services During an Institutional Stay

If a waiver participant enters a Medicaid-certified institution, hospital, nursing home, ICF-IID or State Center, then Medicaid waiver dollars cannot be used to pay for waiver services delivered on the day of admission to the institution or during the time the person is in the institution. Waiver dollars may be used to pay for waiver services provided on the day of discharge from the institution.

There are a few exceptions when the waiver may continue to pay during an institutional stay:

1. When a service is billed on a monthly basis, it is impractical and more costly to discontinue the service rather than to maintain it. This includes the following:
 - Personal Emergency Response System (PERS)
 - Waiver-allowable Foster Care expenses
 - Financial Management Services (e.g., fiscal agent monthly fee)
2. When discharge-related Support and Service Coordination is provided to a waiver participant within 30 calendar days prior to discharge from the institution. Discharge-related service coordination provided during the inpatient hospital stay may be billed in aggregate on the date of discharge.
3. When admission to the institution is for the purpose of respite services that have been determined waiver allowable (SPC 103.24 – Institutional Respite).

II. Tracking Waiver Services Overlapping With Hospital Stays

To help CWAs track waiver services that overlap with hospital stays, DHS has developed reports that provide CWAs with information on hospital Medicaid claims for the CLTS waiver participants from the County. These reports are distributed electronically to the identified fiscal lead(s) in each CWA on a quarterly basis. The reports allow CWAs to review waiver and hospital claims with overlapping dates of service. CWAs should continue independent monitoring activities of provider claims, as the reports may not include all instances where waiver service dates overlap with ineligible settings.

CWAs may also choose to use these reports to take any needed action to pay a provider with non-waiver funds when the service provided was appropriate and authorized. If the CWA identifies paid claims for services that were inappropriately provided, then notify the TPA, following the overpayment process.

III. Correcting Claims

If, after reviewing overlapping claims, a CWA identifies that a service was appropriately provided but cannot be paid with Medicaid waiver dollars, then the CWA should work with the provider to arrange payment from other funds. In conjunction with arranging a non-Medicaid payment for the service, the CWA should notify the TPA of the incorrect payment through the overpayment process. CWAs are encouraged to work with providers during the year to identify services that were appropriately provided but overlapped with institutional stays and make any needed alternative payment arrangements. If a CWA has not made these corrections by year-end reconciliation, uncorrected Medicaid waiver payments for service dates that overlap with institutional stays will be recouped from the provider. The CWAs will then need to work with the provider to arrange payment from other funds.

If an overlapping claim is eligible for Medicaid waiver reimbursement but an incorrect date is on the service claim, then the CWA should notify the provider of the date error to facilitate the provider correcting the date of service on the claim. The provider should submit a corrected claim to the TPA to amend incorrect dates of service on a claim when the dates overlap with an institutional stay. If not corrected, then the claim will be recouped from the provider through the annual reconciliation process.

If you have questions regarding these policies, then please use the list below to find the most appropriate contact:

CLTS Waiver program policies: dhsclts@wisconsin.gov

CLTS Waiver fiscal policies: dhscltsfiscal@wisconsin.gov

TPA (Wisconsin Physicians Services): 877-298-1258

Other contacts related to the CLTS Waivers can be found online at:
<http://www.dhs.wisconsin.gov/children/clts/CLTSWaiverContactInfo.pdf>