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TO: **Income Maintenance Supervisors**
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators

FROM: Shawn Smith, Bureau Director
Bureau of Enrollment Policy & Systems
Division of Health Care Access and Accountability

DHS OPERATIONS MEMO

No: DHS 14-52

DATE: 11/26/2014

FS	<input type="checkbox"/>	MA	<input checked="" type="checkbox"/>	BC+	<input type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>

SUBJECT: Streamlining Enrollment and Eligibility for Managed Long Term Care Programs

CROSS REFERENCE: Medicaid Eligibility Handbook (MEH) Chapters [29](#), [30](#) and [31](#)
Operations Memo 00-79, 00-80, 00-81, 00-82, 01-31

EFFECTIVE DATE: 12/20/2014

PURPOSE:

The purpose of this operations memo is to announce changes to the enrollment and eligibility process for the Managed Long Term Care (MLTC) programs including Family Care, Partnership and PACE.

BACKGROUND:

In July 2000, functionality for enrollment into the Long Term Care Managed Care Organization (LTC MCO) was added to CARES. Income Maintenance (IM) workers were responsible for entering enrollment and disenrollment, and the correct level of care (LOC) at application. Enrollment, disenrollment, and LOC information is provided to the IM worker by the Aging and Disability Resource Center (ADRC). Information entered by the IM worker into CARES was sent to Forward Health InterChange (iC). This information was used to report member enrollment and make capitation payments to the LTC MCO.

In order to streamline the enrollment process for Family Care, PACE and Partnership, the LTC MCO enrollment, disenrollment and LOC information will be removed from CARES Worker Web (CWW), and entered directly into interChange (iC) through the Partner Portal by the ADRC. Changes go into effect the weekend of December 20, 2014.

MLTC program specific eligibility will also no longer be determined in CARES. The Family Care Assistance Group (FC AG) will no longer be created and PACE and Partnership Waiver program types will no longer be used.

The ADRC workers will be responsible for entering MCO enrollment and disenrollment information directly into iC using the Partner Portal.

IM workers will continue to be responsible for determining Medicaid eligibility for individuals enrolling in a MLTC program. This includes eligibility for Home and Community Based Waivers (HCBW) for individuals not eligible for another category of Medicaid.

The ADRC worker will communicate the program start date for HCBW eligibility to the IM agency using either the Family Care Enrollment Form ([F-00046](#)) or the PACE/Partnership enrollment Form ([F-00533](#)). The ADRC will also communicate to the IM agency any requests from HCBW eligible members to disenroll from the program using the Family Care/IRIS Member Requested Disenrollment Form ([F-00221](#)) or the PACE/Partnership Member Requested Disenrollment form ([F-00534](#)). In that situation, the HCBW request should be updated to a NO so that waiver eligibility can be terminated following Adverse Action (AA) logic. At this time, other Medicaid eligibility should be explored as a member may be potentially eligible for MAPP, BC+ or a have a Medicaid Deductible period established

CARES:

The following pages will be updated in CWW effective 12/20/2014.

OTHER HEALTH CARE PROGRAMS GATEPOST PAGE:

The question "Is anyone in your household functionally eligible for Family Care or requesting Family Care?" will be moved to the bottom of the section and disabled. The reference to PACE or Partnership will be removed from the question "Is anyone in your household functionally eligible for or requesting PACE or Partnership or Community Waivers?"

Other Health Care Programs Gatepost Cancel Reset

Effective Period

Last Updated: **11/07/2014**

Additional Information

- * Is anyone in your household functionally eligible for or requesting Community Waivers? ← Yes ▾
- * Is anyone in your household in a Medical Institution for Long Term Care? No ▾
- * If yes to any of the above questions, does the person requesting / receiving services have a spouse in the community? No ▾
- Is anyone in your household functionally eligible for Family Care OR requesting Family Care? ← ▾
- Are you or your spouse requesting BadgerCare Plus Core Plan for Childless Adults? ▾

Based on client's response, populate blank fields as N

Add Case Comment Cancel **Previous** **Next**

FAMILY CARE PAGE:

The Family Care page will not be updateable after 12/20/2014. Information entered on this page prior to that date will continue to be viewable in history mode.

CWW will no longer build the Family Care AG when eligibility is run.

COMMUNITY WAIVER PAGE:

The following changes will be made to the Community Waiver Page:

- The program types “PA-PACE” and “PR-Partnership” in the “Program Type” drop down list will be disabled.
- The “PACE or Partnership Level of Care” question will be disabled and moved to a new “Obsolete Information” section.
- The PACE or Partnership Disenrollment Date field will be disabled and moved to a new “Obsolete Information” section.
- All fields, except the “Are you meeting your cost share/spend down obligation?” question and the begin month, in the Managed Care section will be disabled. This section will remain updateable until after Adverse Action in January when all PACE and Partnership Assistance Groups (AG) have been closed.
- Historical information from these fields will still be available when viewing the page in history.

Community Waivers Information

Effective Period

* Begin Month: / End Month: / Last Updated: 11/07/2014
 Delete Reason:

Details

* Individual: **31M PP**

* Do you want Community Waivers services? Date of Request: / /

Functionally Eligible? Is Disability Determination Required?

Program Type: Verification:

Program Start Date: / / Verification:

Medicaid Card Coverable Expenses: \$. Group C Medical Remedial Expenses: \$.

Slot Available:

Obsolete Information ←

PACE or Partnership Level of Care? PACE or Partnership Disenrollment Date: / /

Enter New Begin Month /

CONVERSION:PRIOR TO JANUARY 3, 2015

The CWW changes will take place over the weekend of 12/20/2014. When eligibility is run on a PACE, Partnership or Family Care case after 12/20/14, a 1/31/2015 disenrollment date will automatically populate in the disenrollment date field on the Family Care or Community Waiver page. The FC, PACE or Partnership eligibility will terminate in CARES effective 1/31/2015. CARES will not send the disenrollment information to iC so the LTC MCO enrollment will remain on file and any future updates to the enrollment information will be completed by the ADRC.

When eligibility is run, the FC AGs will close with a new reason code "723-FC/PACE/Partner enrollment is no longer determined in CARES". Family Care AG closure notices will not be generated. The Medicaid eligibility for the Family Care members will remain open in CWW. Workers will not have to take any additional action on Family Care cases.

When eligibility is run on a PACE or Partnership case after 12/20/2014, the 1/31/2015 disenrollment date will populate and the MCWR or MCWP AG will terminate effective 1/31/2015, with the new 723 reason code. MCWR and MCWP AG closure notices will not be generated.

REQUIRED WORKER ACTIONS:

Workers will have to take action to create an MCWW AG for individuals who are not eligible for another category of Medicaid and must be tested using Home and Community Based Waiver (HCBW) logic. This action can be taken the same day the disenrollment has been confirmed for the MCWP or MCWR AG. The LTC MCO disenrollment information will not be sent to iC since the person will remain enrolled in the MCO.

To create the MCWW AG, workers must update the following fields on the Community Waiver Page:

- Program Type to "OP-COP-W/CIPII",
- Program Start Date to 02/01/2015 and,
- Remove the SMCP code.

Run eligibility for February and confirm. The MCWW AG must be created and confirmed open **prior to Adverse Action in January** to avoid any gaps in Medicaid coverage for the individual.

Individuals eligible for a non-HCBW full benefit Medicaid category will not have to be tested for HCBW eligibility to remain enrolled in the MCO.

When eligibility is run for PACE and Partnership members who are institutionalized, the 1/31/2015 disenrollment date will be populated on the Community Waiver page and the MIR or MIP AG will close with the new 723 reason code. MIR and MIP AG closure notices will not be generated. The MIS AG will build during the eligibility run with a 2/1/2015 start date. Confirmation of the MIR/MIP closure and start of the MIS AG must be confirmed prior to AA in January.

January 3, 2015 Automated Conversion:

A batch conversion will be completed over the weekend of 1/3/2105 to terminate eligibility for Family Care, PACE and Partnership in CWW (reason code 723) for any cases that have not been processed and terminated by the IM worker.

The disenrollment information will not be sent to iC. The closure notices will not be generated for changes updated during the batch conversion.

A report with cases that exception during the batch run will be sent to IM agencies for manual processing on 1/5/2015. Eligibility must be run and confirmed on these cases prior to Adverse Action (AA) on January 16, 2015.

FAMILY CARE CASES:

During the conversion process the 1/31/2015 disenrollment date will be automatically updated on the Family Care page. Eligibility will be run and the Family Care AG will close effective 1/31/2015. The Medicaid eligibility will remain open in CWW.

Workers will not have to take any action on the Family Care cases that have gone through the conversion process.

PACE AND PARTNERSHIP CASES:

The 1/31/2105 disenrollment date will also be automatically populated for PACE and Partnership cases. Eligibility will be run and PACE and Partnership eligibility will be terminated in CWW effective 1/31/2105.

Because CARES is unable to build a new AG during a batch run, the individuals who are not eligible for a non-HCBW Medicaid category will have to be updated by the IM worker with the MCWW AG prior to adverse action on January 16, 2015. Please see the worker required actions above. A report of these cases will sent to the IM agencies on 1/5/2015 with instructions for updating the case.

Cases with an institutionalized member will also have to be run by the IM worker prior to AA in January to build the MIS AG. This report will also be distributed to IM agencies on 1/5/2015.

DHS staff will monitor the cases on the reports to ensure Medicaid eligibility for 2/1/2105 is established timely.

CONTACTS:

BEPS CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – SeniorCare, CTS – Caretaker Supplement, FSET – FoodShare Employment and Training.

DHS/DHCAA/BEPS/LA