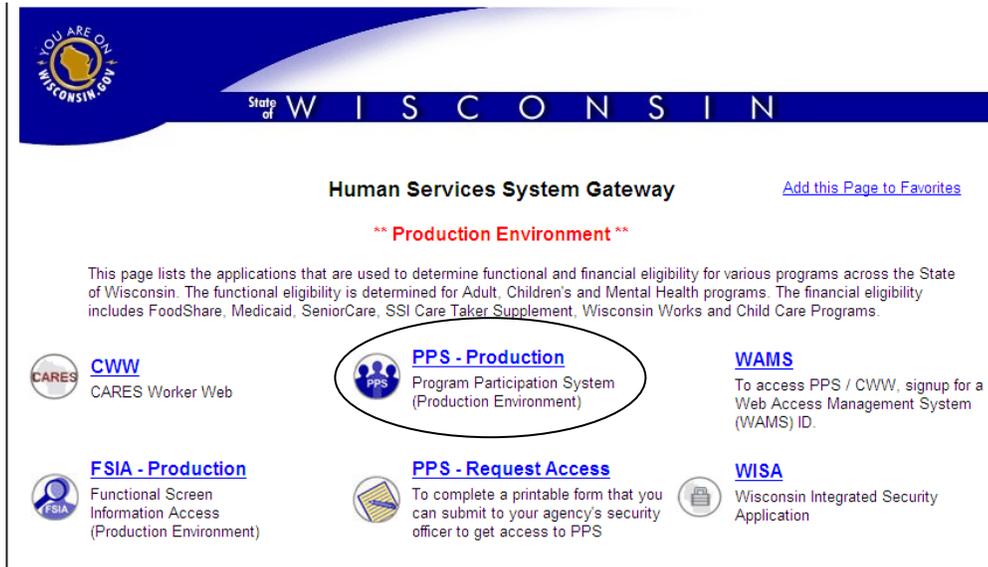


INSTRUCTIONS FOR GAINING ACCESS AND SEARCHING THE ONLINE TOOL TO DETERMINE A MEMBER'S INCOME AVAILABLE TO PAY FOR ROOM AND BOARD IN SUBSTITUTE CARE

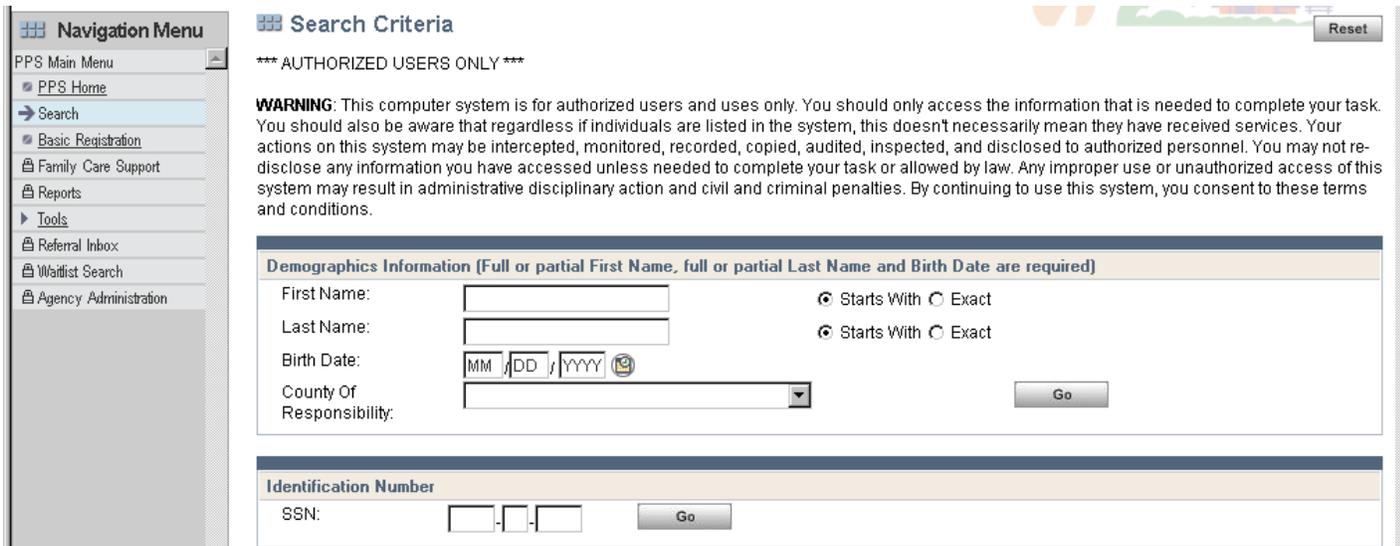
A. Instructions on gaining access to PPS

- To gain access to PPS, a WAMS ID and PPS-Request Access are required. For more information on these steps see: <http://dhs.wisconsin.gov/lcicare/Generalinfo/pps.htm>
- After you have a WAMS ID and PPS Access, go to <https://pps.wisconsin.gov> and select PPS



B. Instructions for Entering PPS and Searching for a Member

- Enter your User ID and Password, select Login
- From the PPS Navigation Menu, select Search
- From the Search Criteria screen, enter member information to search for the member in PPS. You can either enter name and birth date information or SSN. After you enter this information, select Go.



4. Results:

a. If the member is in PPS, an Individual Summary page will appear.

Navigation Menu

- PPS Main Menu
- PPS Home
- Search
- Basic Registration
- Family Care Support
- Reports
- Tools
- Referral Inbox
- Waitlist Search
- Agency Administration

Individual Summary

Cancel Reset

Basic Information

Title:

*First Name: Middle Name: *Last Name:

Suffix:

*Gender:

*Birth Date: / /

SSN: - - SSN Verification: **Unverified SSN**

This individual is currently on Medicaid:

County Of Responsibility:

Last Updated Date: **11/18/2009** Last Updated By: **Vaidheeswaran Suresh**

LTC Room & Board Calculation Information Add

Responsible Agency	Status	Income for Room & Board	Income for Personal Use	Room & Board Cost	Last Updated Date	View/Edit	Print
There is no calculation information at this time							

What would you like to do?

Saves Changes to Basic Information View/Add Notes

Previous Next

b. If the member is not in PPS, you will receive a message that your search found no data or the SSN was not found in PPS.

i. To add a member into PPS, select 'Basic Registration' from the left side navigation.

Navigation Menu

- PPS Main Menu
- PPS Home
- Search
- Basic Registration
- Family Care Support
- Reports
- Tools
- Referral Inbox
- Waitlist Search
- Agency Administration

Basic Registration

Cancel Reset

Basic Information

Title:

*First Name: Middle Name: *Last Name:

Suffix:

*Gender:

*Birth Date: / /

SSN: - - (Please enter if known)

County Of Responsibility:

Next

ii. Enter the member's 'First Name', 'Last Name' 'Gender' and 'Birth Date'.

iii. Select Next.

iv. A list of individual matches will appear.

- v. Select the Member from the matches, if he/she is listed.
- vi. If the Member is not listed
 1. Verify the spelling of his/her name and birthdate
 2. Verify that he/she is enrolled and in CARES. If the member is not in CARES, his/her information will not be available in PPS. **DO NOT CREATE A NEW INDIVIDUAL IN PPS.** You will need to wait for the member to be entered in CARES.

C. Instructions for the LTC Room and Board Calculation Information section (also see 'DHS Instructions for Determining a Member's Income Available to Pay for Room and Board in Substitute Care')

1. To enter room and board information from the Individual Summary page, select the Add button in the LTC Room and Board Calculation Information section.
 - a. If the individual is not currently enrolled in Family Care, Family Care Partnership or PACE an error message will appear:

The following events have occurred:

✘ **PP091** : Individual is not enrolled in Family Care/Waivers.

- b. If the individual is enrolled in Family Care, Family Care Partnership or PACE the Room and Board Calculation page will appear.
 - vii. Verify that the page is for the correct member, responsible agency, county, and facility type.
 - viii. Verify the member is currently MA eligible and is in a Waiver Group

<p>*1. Responsible Agency: <input type="text" value="Care Wisconsin"/></p> <p>DIA Amount for the Agency: <input type="text" value="80.0"/></p> <p>*2. County: <input type="text" value="28 Jefferson"/></p> <p>*3. Facility Type: <input type="text" value="Corporate AFH or CBRF"/></p> <p>4. Status: Pending</p> <p>5. Last Updated Date:</p>	<p>6. CARES Lookup Date: 02/23/2010</p> <p>7. Current MA Eligibility: FAMILY CARE</p> <p>8. Estimated MA End Date: 11/30/2010</p> <p>9. Waiver Group: Group B</p>
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2. Enter/verify information in the 'Income Information' and 'Allowance & Deductions Information' Sections to determine income available to pay for room and board in substitute care.
 - a. Information will appear in the CARES Amount as of (date) column:
 - i. Group A
 1. Monthly Unearned Income
 - ii. Group B
 1. Monthly Unearned Income
 2. Health Insurance Premium
 3. Medical/Remedial Expenses
 4. Spouse Income Allocation
 5. Family Maintenance Allowance
 6. Cost Share/Spenddown
 - iii. Group C
 1. Monthly Unearned Income
 2. Health Insurance Premium
 3. Medical/Remedial Expenses
 4. Cost Share/Spenddown
 - b. The information that is pulled from CARES needs to be verified by asking the member/guardian.
 - c. If there is no information from CARES or if the member/guardian has updated information enter in the 'New Amount' column.
 - d. Note there are fields that do not require entry and/or they are calculated fields. They include:
 - i. Earned Income Disregard
 - ii. Unearned Income Disregard
 - iii. Discretionary Income Allowance

DHS INSTRUCTIONS FOR DETERMINING A MEMBER'S INCOME AVAILABLE TO PAY FOR ROOM AND BOARD IN SUBSTITUTE CARE

Instructions: The instructions are for the purposes of determining a member's contribution to room and board in community substitute care settings (CBRF, AFH, RCAC) with the online automated version available through Program Participation System (PPS). Completed data will be uploaded into the DHS database and there is not need for the MCO to keep a copy.

The person completing the form must use the line-by-line instructions on the following pages. They identify where the information to be entered can be obtained. The underlying requirements for what information is to be used as income and what may be excluded from income available to pay room and board are also cited as hyperlinks.

Line-by-Line Instructions for Determining Income Available to Pay for Room and Board in Substitute Care in PPS (online automated version)

Room & Board Information

1. Select Responsible Agency
2. Select County
3. Select Facility Type
4. Status – no entry needed
5. Last Updated Date – no entry needed
6. CARES Lookup Date – no entry needed
7. Current MA Eligibility – no entry needed – verify that it is Family Care, Partnership or PACE
8. Estimated MA End Date – no entry needed – verify that the member is currently MA eligible
9. Waiver Group – no entry needed

Income Information

<p>10. Enter Net Monthly Earned Income. Net Monthly Earned Income is all income from employment after deducting state income taxes and federal income taxes (including Social Security, FICA and Medicare taxes) that have been withheld. [HFS 1.03 (3)]</p> <p>Obtain the earned income amount from the individual's pay stubs or most recent income tax forms. Use this information to calculate average <u>monthly</u> net income. Net income is income after deductions noted above. The CARES system records the individual's Gross monthly earned income. Net monthly earned income is required for determining income available to pay for room and board in substitute care.</p> <p>Income should be verified annually, generally at the time of review. However enrollees should be reminded to report any changes that occur throughout the year. Changes should be reported to both the Income Maintenance Worker and the Managed Care Organization. For more information on the requirement to report changes see the Medicaid Eligibility Handbook Section 12.1. The IM worker's name will appear on any notices of decision related to reported changes.</p>
<p>11. Verify/Enter Total Monthly Unearned Income is Income from pensions, annuities, interest, etc. Unearned Income information can be found on the Unearned Income pages or the Unearned Income Summary page in CARES Worker Web. (See CARES Worker Web Access Information on page 5.) [DHS 1.03(2)]</p>
<p>12. Total – Calculated field – no entry needed – PPS will add the Net Monthly Earned Income + Total Monthly Unearned Income</p>

Allowance & Deduction Information

<p>13. Earned Income Disregard – no entry needed – the first \$65 plus ½ of remaining earned income. (If the member's total earned income is less than \$65, the entire amount of Earned Income is entered here.) The Earned Income Disregard is income retained by the member for personal use: the higher the earned income, the more the member retains. The member or his representative must ensure that accumulated income does not result in excess assets, or s/he may risk ineligibility. Note that MAPP (Medicaid Purchase Plan) has a higher asset limit and that BadgerCare Plus has no asset limit. [HFS 1.03 (3)]</p>
<p>14. Unearned Income Disregard – \$20 – no entry needed.</p>
<p>15. Discretionary Income Allowance – no entry needed. This is an amount of unearned income that the applicant/member retains for personal use. The discretionary income allowance is approved by DHS for each service area at either \$80 or \$100. It assures that members have that minimum amount reserved for</p>

personal use. The amount on this supplements the disregarded income on lines 13 and 14 to assure that the member has a minimum of either \$80 or \$100 reserved for personal use. If the disregarded income on lines 13 and 14 exceeds the \$80 or \$100 minimum, there is no additional discretionary income allowance and the amount on this line will be \$0. [[DHS 1.03\(4\)](#)]

16. **Verify/Enter** Health Insurance Premiums. Health Insurance Premiums must be paid out-of-pocket from this member's income (i.e., if spouse is paying the premium, do not use this deduction). For a full a definition of Health Insurance see the Medicaid Eligibility Handbook Section [28.8.3.4](#) Health Insurance. Include all health and dental insurance premiums covering the member and for which s/he is responsible and pays a premium. This includes any Medicare Premium obligation including Medicare Part D, MAPP or BadgerCare Plus premiums. Insurance types for which premium deductions are not allowed can be found in the Medicaid Eligibility Handbook Section [9.6.2](#) Policies Not to Report.

If the member is part of a covered group, but not responsible for the premium, find his/her proportionate share by dividing the premium by the number of people covered. If both members of a couple apply, but only one pays the premium, divide the premium equally.

Convert any payment for which the member is responsible to a monthly premium. For example, if the member pays a \$600 premium quarterly for a Medicare supplement policy, divide \$600 by three months to convert to a \$200 monthly premium amount.

Health Insurance Premium information can be found on the Medical Coverage Page in CARES Worker Web.

17. **Verify/Enter** Medical/remedial expenses must be paid out-of-pocket by the person. The definition of medical/remedial expenses can be found in the Medicaid Handbook Section [15.7.3](#) Medical/Remedial Expenses (MRE). See also Appendix E: Medical Remedial Expenses Frequently Asked Questions, Worksheet and the medical/remedial expenses checklist.

Medical expenses are anticipated incurred expenses for services or goods that have been prescribed or provided by a professional medical practitioner (licensed in Wisconsin or another state). The expense is for diagnosis, cure, treatment, or prevention of disease or for treatment affecting any part of the body. These are expenses that are the responsibility of the member, and cannot be reimbursable by any other source, such as Medicaid, private insurance, or employer. The following are examples (not an all-inclusive list) of medical expenses:

- Deductibles and co-payments for Medicaid, Medicare, and private health insurances
- Bills for medical services which are not covered by the Wisconsin Medicaid program
- For purposes of meeting a Medicaid deductible, medical services received before the person became eligible for Medicaid

Remedial expenses are costs incurred for services or goods that are provided for the purpose of relieving, remedying, or reducing a medical or health condition. If an item can be covered in the Family Care, or Partnership benefit package it is not a remedial expense.

Certain medical/remedial expenses cannot be counted.

See operations memos: *Medical/Remedial Expenses Used for LTC Medicaid Eligibility and Cost Sharing*
IM operations Memo: <http://dhs.wisconsin.gov/em/ops-memos/2008/pdf/08-02Corr.pdf>, and
DLTC memo: http://dhs.wisconsin.gov/dsl_info/NumberedMemos/DLTC/CY2008/NMemo2008-02.pdf

Medical/remedial expense information can be obtained:

- For Group A individuals from the applicant/member.
- For Group B individuals from the Community Waivers Budget Screen in CARES Worker Web.
- For Group C married individuals from the Spousal Income Allocation Worksheet, Section C, Line 10. (See the definition of “single” below.)
- For Group C single individuals enter zero. The person should not have out-of-pocket medical/remedial expenses that are not already used to offset Group C spenddown liability. If the person does have MRE costs in excess of those counted to offset spenddown liability, refer this situation to the MCO fiscal office to correct the monthly spenddown liability collected.

(Note: The definition of “single” includes the following: an unmarried individual, or an individual whose spouse resides in an institution, or an individual whose spouse has been enrolled in an MCO or in a COP W program for one year or longer.)

18. **Enter** Special Exempt Income. Special Exempt Income is the cost of certain court ordered payments paid out-of-pocket by the person. The definition of Special Exempt Income is found in the Medicaid Eligibility Handbook Section [15.7.2](#) Special Exempt Income. Special exempt income includes:

- Income used for supporting others (see Medicaid Eligibility Handbook (MEH) Section [15.7.2.1](#)).
- Expenses associated with a Self-Support Plan (see MEH [15.7.2.2](#)). A PASS Plan allows a person set aside money for a specific work goal. This money set aside does not “count” as income in computing an SSI payment 1Must have income other than SSI (e.g. SSDI, work earnings)2Be in writing 3Establish a specific and feasible work goal 4Set up a specific timeframe for reaching the goal 5Plan must be approved and reviewed periodically
- Impairment Related Work Expenses (see MEH [15.7.4](#)). Out-of-pocket expenses related to a person’s disability AND working. Examples: special equipment, readers, interpreters, attendants, special transportation. The value of an IRWE can help reduce countable income below SGA. An IRWE must be approved by SSA.
- Costs for a person to temporarily maintain a home or apartment (see MEH [15.7.1](#)).
- Costs associated with real property listed for sale (see MEH [16.2](#)). Such as taxes, expenses to maintaining heating, lights, other incurred out of pocket expenses to maintain a property pending its sale.
- Certain fees to guardians or attorneys (See MEH [15.7.2.3](#))
 - **Not Countable** – **Do not** count the following as income available for room and board:
 1. Court-ordered guardian and/or attorney fees paid directly out of the person’s monthly income.
 2. Expenses paid by the person for establishing and maintaining a court-ordered guardianship or protective placement for him/herself.
 - **Countable** – **Do** count as income available for room and board any payments a person makes to:
 1. A legal guardian or attorney, which are not court-ordered payments. Do not deduct such payments from income considered available to pay room and board.
 2. A third party to reimburse a prepayment of a guardianship fee made by the third party. Do not deduct such payments from income considered available to pay room and board.

Exception: Deduct this third party prepayment from income considered available to pay room and board if:

- a. The third party was the county acting as guardian ad litem; and
- b. The prepayment was to an attorney who was not a county employee at the time the services were delivered; and
- c. A court ordered the person to reimburse the county's prepayment.

Other exempt Income for the purposes of calculating member contribution to R&B:

- Garnishments deducted from members earned income
- Deductions from unearned income including IRS and SS paybacks.

Special Exempt Income information can be obtained:

- For Group A, obtain this amount from the participant or IM Worker
- For Group B, obtain this amount from either the Community Waivers Budget page or the Expenses Summary page in CARES Worker Web. For Impairment Related Work Expenses you can find the information on the Employment Related Work Expense page in CARES Worker Web
- For Group C, obtain this amount for married individuals from the Expenses Summary page and the Impairment Related Work Expense page in CARES Worker Web
- For Group C, obtain this amount single from either the Community Waivers Budget page or the Expenses Summary page in CARES Worker Web. For Impairment Related Work Expenses you can find the information on the Employment Related Work Expense page in CARES Worker Web

19. **Verify/Enter** Family Maintenance Allowance. Family Maintenance Allowance is the cost of living allowance for maintenance of dependent family members paid out-of-pocket.

For Group A, enter \$0.

Under Spousal Impoverishment Rules, each dependent family member can be allocated a certain amount as a "Family Maintenance Allowance." The amount changes yearly in accordance to spousal impoverishment rules. Income that is allocated to a dependent family member doesn't actually have to be given to the family member, but it can be counted as a deduction from income. Dependent family members include:

- Dependent minor children (natural, adopted, step) of either parent who live with the community spouse.
- Children (natural, adopted, step), 18 years of age or older, of either parent, who are claimed as dependents for tax purposes under the Service Code Internal Revenue (IRSC) and who live with the community spouse.
- Siblings of either the institutionalized person or the community spouse who are claimed as dependents and who live with the community spouse.
- Parents of either the institutionalized person or the community spouse who are claimed as dependents and who live with the community spouse.

Family Maintenance Allowance information can be found:

- For Group B or C individuals who are single on the Community Waiver Budget Screen in CARES Worker Web
- For Group B or C individuals who are married on the Spousal Impoverishment Income Allocation Worksheet, Section B, line 4.

20. **Verify/Enter** Spousal Income Allocation. Spousal Income Allocation is income the person is allowed to and has chosen to allocate to support her/his spouse and any dependent family members who live in the community (applicable to Group B or C). For Group A, enter \$0.

More information on Spousal Income Allocation can be found in the Medicaid Eligibility Handbook Section [18.6](#). Income that is allocated for the community spouse must actually be given to the community spouse each month, in order for it to be allowed as a spousal income allocation deduction.

This information can be obtained from the Spousal Income Allocation Worksheet, Section C, line 4.

21. **Verify/Enter** Cost Share/Spenddown – Cost Share/Spenddown is an amount prior to determining the amount of income an individual has available for the cost of room and board, any income required to be used to establish eligibility (spenddown) or any required post eligibility treatment of income (cost share) must be deducted.

This information can be obtained:

- For Group B, from the Community Waiver Budget page in CARES Worker Web
- For Group C married, from the Spousal Income Allocation Worksheet, line 11
- For Group C single, from Community Waiver Budget page in CARES Worker Web

22. Total Calculated field – no entry needed – PPS will total the Allowance & Deductions information

Cost of Room and Board

23. Cost of Room and Board in This Facility – no entry needed.

Results

24. Total income available for room and board – no entry needed.

25. Total income available to meet deducted cost and for personal use – no entry needed.

26. Total cost of room & board – no entry needed

27. Total potential room and board subsidy – no entry needed

28. Total nursing facility statewide amount – no entry needed – statewide amount

29. Potential cost-effective supplementation – (supplementation for this individual in this facility).

If \$0, no room and board supplementation is needed for this member in this facility.

If greater than \$0, this is the amount of room and board supplementation needed for this member in this facility. The IDT, in accordance with MCO guidelines, must determine whether it is appropriate to use MCO funds to supplement the person's ability to pay for room and board and document its decision in the following section.

IDT Decision about Supplementation of Room and Board

If Total Potential Room and Board Subsidy (line 27) is \$0.00, this person has sufficient funds to pay the room and board cost in this facility. If there is an amount for Total Potential Room and Board Subsidy (line 27), that is the amount of room and board the MCO would have to supplement for this person to live in this facility. The IDT must, in accordance with MCO guidelines, determine whether it is appropriate to use MCO funds to supplement this member's ability to pay for room and board at this level in this facility.

- a. If the IDT decides to supplement the member's ability to pay room and board, document below whether this supplement is a cost-effective substitution for institutional care; include this form in the member's case file:
- i. This person is eligible for, and without room & board supplement is at imminent risk of institutionalization.

and

- ii. a) The entire amount of room & board supplement is cost-effective, because the MCO would pay more to supplement room and board in an institution Total Nursing Facility (line 28) statewide amount than the room and board supplement identified for Total Potential Room and Board Subsidy (line 27).

or

- ii. b) The amount in Total Potential Room and Board Subsidy (line 27) does not represent the entire room and board supplement the MCO will pay for this individual. Only the Total Nursing Facility statewide amount (line 28) is a cost-effective substitution for institutional care.
(See instructions for MCO Fiscal Staff)
- b. If the IDT decides not to supplement the member's ability to pay room and board, document in the member's MCP/ISP how the member's outcomes will be addressed.

D. Screen Shots of Online Automated Version

Room & Board Information				
*1. Responsible Agency:	Room and Board Agency	6. CARES Lookup Date:	03/16/2010	
DIA Amount for the Agency:	100.0	7. Current MA Eligibility:	COMMUNITY WAIVERS CIP-IB	
*2. County:	13 Dane	8. Estimated MA End Date:	04/30/2010	
*3. Facility Type:	Corporate AFH or CBRF	9. Waiver Group:	Group C	
4. Status:	Pending			
5. Last Updated Date:				
Income Information				
Category	CARES Amount as of 03/16/2010	Set CARES amount to New Amount	New Amount	Last Reported Amount
*10. Monthly Earned Income: ?			\$ 0 .00	\$ 40 .00
*11. Monthly Unearned Income: ?	\$0.00	<input type="checkbox"/>	\$ 0 .00	\$ 225 .00
12. Total	\$0.00		\$0.00	\$265.00
Allowance & Deductions Information				
Category	CARES Amount as of 03/16/2010	Set CARES amount to New Amount	New Amount	Last Reported Amount
13. Earned Income Disregard: ?			\$0.00	\$40.00
14. Unearned Income Disregard: ?			\$0.00	\$20.00
15. Discretionary Income Allowance: ?			\$0.00	\$40.00
*16. Health Insurance Premiums: ?	\$300.00	<input type="checkbox"/>	\$ 0 .00	\$ 300 .00
*17. Medical/Remedial Allowance: ?	\$95.00	<input type="checkbox"/>	\$ 0 .00	\$ 95 .00
*18. Special Exempt Income: ?			\$ 0 .00	\$ 0 .00
*19. Family Maintenance Allowance: ?			\$ 0 .00	\$ 0 .00
*20. Spousal Income Allocation: ?			\$ 0 .00	\$ 0 .00
*21. Cost Share or Spenddown Obligation: ?	\$155.83	<input type="checkbox"/>	\$ 0 .00	\$ 25 .00
22. Total	\$550.83		\$0.00	\$520.00
Cost of Room and Board				
Category				Amount
*23. Cost of Room and Board in this facility:				\$ 900 .00
IMPORTANT NOTE: If Income/Allowance and Deductions information is modified, please make sure to inform the ES worker about these changes.				
Results Calculate				
Category	Amount			
24. Total Income Available for Room & Board	\$0.00			
25. Total Income Available to Meet Deducted Costs and for Personal Use	\$0.00			
26. Total Cost of Room & Board	\$900.00			
27. Total Potential Room & Board Subsidy	\$900.00			
28. Total Nursing Facility Statewide Amount	\$828.00			
29. Potential Cost-effective supplementation	\$828.00			

IDT Decision

If Total Potential Room and Board Subsidy is \$0.00, this person has sufficient funds to pay the room and board cost in this facility. If there is an amount for Total Potential Room and Board Subsidy, that is the amount of room and board the MCO would have to supplement for this person to live in this facility. The IDT must, in accordance with MCO guidelines, determine whether it is appropriate to use MCO funds to supplement this member's ability to pay for room and board at this level in this facility.

a. If the IDT decides to supplement the member's ability to pay room and board, document below whether this supplement is a cost-effective substitution for institutional care; include this form in the member's case file:

- i. This person is eligible for, and without room and board supplement is at imminent risk of institutionalization.
and
- ii. a) The entire amount of room & board supplement is cost-effective, because the MCO would pay more to supplement room and board in an institution Total Nursing Facility statewide amount than the room and board supplement identified for Total Potential Room and Board Subsidy.
or
- ii. b) The amount in Total Potential Room and Board Subsidy does not represent the entire room and board supplement the MCO will pay for this individual. Only the Total Nursing Facility statewide amount is a cost-effective substitution for institutional care.
(See instructions for MCO Fiscal Staff)

b. If the IDT decides not to supplement the member's ability to pay room and board, document in the member's MCP/ISP how the member's outcomes will be addressed.

Worker Verification Completeness

*I have reviewed and verified the Room & Board Calculations

Historical Information

Income for Room & Board	Total Income Available to Meet Deducted Costs and for Personal Use	Room & Board Cost	Last Updated Date
0.00	1593.00	2554.00	11/18/2009
0.00	1508.00	2554.00	11/19/2009
0.00	1508.00	2554.00	11/19/2009
0.00	1488.00	2554.00	11/19/2009
0.00	1433.00	2554.00	12/15/2009
940.00	125.00	1075.00	01/15/2010
290.00	1010.00	1075.00	03/16/2010
0.00	280.00	1075.00	03/16/2010

New Room & Board

 **Return**