# Non-CARES Program

Information Indicator
 IMAC Presentation
 January 2022



# **Project Overview**

#### Background

The State is required to test people for Medicaid eligibility under every available category, but waiver Medicaid is not tested unless the IM worker fills out the request in CWW and obtains information from the LTC programs.

The CARES system does not have a mechanism to identify when an individual is seeking enrollment or renewal in one of the LTC programs, so IM workers are unaware that waiver Medicaid needs to be tested for. This can result in confusion or cause delays that impact access to needed services.

#### Vision

- Create a LTC Program Indicator to alert and inform IM Workers when an individual is in the process of enrolling, renewing, or terminating enrollment in one of the LTC programs.
- Improve communication between Wisconsin's interChange (iC) and CARES systems

# Key Goals

Our goal is to provide clear and up-to-date information to IM workers about the status of members' Long-Term Care enrollment.



Provide Better information

Provide clear information about Long Term Care enrollment status to IM agencies to support better customer service for members.





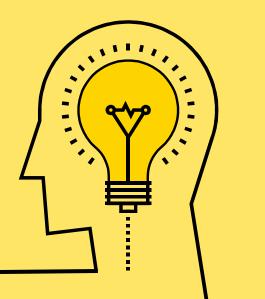
Improve the health and safety of members in need of long-term care services by (1) reducing delays in the provision of those services and (2) minimizing preventable losses of Medicaid.



### Foundation for the future

Establish a foundation for future enhancements to notices and eligibility determinations that will account for non-CARES program eligibility information.





# **Key CWW Functionalities**

# New Batch interface between CARES and interChange

Develop a new batch interface in CARES to receive and process an extract of current and future Long-Term Care (LTC) Enrollment and Dis-Enrollment information of members from interchange (iC). This will include the below LTC programs:

- Family Care (FAMCR)
- Partnership (PACPB)
- Program of All-Inclusive Care for the Elderly(PACE)
- Children's Long-Term Support (CLTS)
- Include, Respect, I Self-Direct (IRIS)

#### Individual Summary page enhancement

Enhance existing "Individual Summary" page to provide additional ability for the worker to navigate and view the LTC enrollment details by searching a member on an individual basis irrespective of case. The worker can also use this process before creating a case.

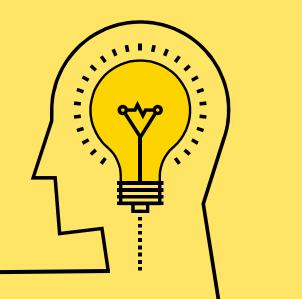
#### New Long Term Care Enrollment Information Page

Develop a new page that allows the workers to view the current and future LTC enrollment/dis-enrollment information of all the cleared individuals in a case.

#### Eligibility Online and Batch Enhancements

Enhance the online and batch eligibility process to add an action item/alert for the worker to determine eligibility for Waiver Medicaid whenever a member is losing a non-Waiver full benefit Medicaid and is enrolled in a LTC program outside CARES.

# CWW Page Mockups



#### Long Term Care Enrollment Information – Tracked outside CARES

Scenario A: IM worker opens a case and clicks on left navigation "Member's LTC Enrollment Information" link under Query

CARES Worker Web	User ID: XCTX88 User Name:	R BOYAPATI Quick Select :	ASE/RFA 🗸	😡 🎒 🚺 Help	Logout						
SYSTEMS	Primary Person : TESTING FOR Action Items (2) Docum		41 Status: Pending Mode: Work Items (74)	Intake	3.5 11/11/2021						
				- Aller and a second							
H Navigation Menu	🚟 Long Term Care En	rollment Information - Trac	ked Outside CARES								
Application Entry (25)	Member's LTC Enrollment Details										
Spousal Signature	Individual: YUVI JONES 41M	MCI: 5623823984	PIN: 5623823984								
* Generate Summary	LTC Program Code	LTC Program Name	MCO/Waiver Agency Name	Enrollment Begin Date	Enrollment End Date						
Initiate Eligibility Determination	FAMCR	Family Care	Community Dane - Family Care	02/01/2021	Date						
Eligibility	TAMOR		Community Dane - Family Care	02/01/2021							
Post Eligibility	Individual: KIM JONES 51F	MCI: 3873478231	PIN: 3982347822								
Potential Error Listing	LTC Program Code	LTC Program Name	MCO/Waiver Agency Name	Enrollment Begin Date	Enrollment End Date						
Confirm Eligibility	PACE	Program of All-Inclusive Care for the	Community RACINE	03/01/2021							
Refer to FSET		Elderly	PACE/Partnership								
FS Clock	Individual: MANNY JONES 10M	MCI: 4989349103	PIN: 8732422382								
Override AG Renewal / Review Dates	LTC Program Code	LTC Program Name	MCO/Waiver Agency Name	Enrollment Begin Date	Enrollment End						
W-2 Post Eligibility	IRIS	Include, Respect, I Self-Direct	IRIS - TMG	09/01/2021	12/31/2021						
Deductible Period and Bill Tracking Information	CLTS	Children's Long-Term Support	Children Care Center	03/01/2021	ILIO II LOLI						
Post Confirmation											
▼ Query											
<ul> <li><u>Confirmed Assistance</u></li> <li>Group Summary</li> </ul>											
Case Member History											
Change / SMRF / Renewal Details											
FFM Referral											
<u>Member's LTC</u> Enrollment Information											
FS Benefit Issuance											
W-2 Payment Issuance											
Worker Tools											
SSI-MA Administration											

#### Long Term Care Enrollment Information – Tracked outside CARES

**Scenario B:** IM worker searching an individual and clicks the "View Individual Long Term Care Enrollment Information" radio button on the Individual Summary page.

CARES Worker Web	User ID: XCTX88	User Name: R BOYAPATI Quick Se	elect : CASE/RFA	~	30 🖨 🛛 Help	Logout				
SYSTEMS					10	3,5 11/12/202				
					1	a poster				
333 Navigation Menu	Individual S	Summary				Reset				
Search										
CARES Home	Individual Name:	HJH F FDFDF	PIN:	1010442	651					
Search		HJH F FDFDF	Pin.	1010442	001					
Inbox Search	Associated PIN(s):									
Unlinked Documents	Alias(es):		110/15							
RFA / Case	SSN:	554-54-6576	MCLIL	D/MAID: 2126193	926					
Client Registration (0)	Inmate Number:									
Case Summary	Gender:	FEMALE	Birth D		18					
Case Comments	Language:	ENGLISH	Cleare	ed: YES						
Expected Changes	Where?	RFA/Case	FS Clo	ock: 🔍						
Application Entry (0)	Query									
Spousal Signature	O View Individual E	ligibility History								
Generate Summary	O View Individual P	articipation History								
Initiate Eligibility     Determination		X Discrepancy History	/							
Eligibility	0	ong Term Care Enrollment Information								
Post Eligibility										
Potential Error Listing	Health Care Informa									
Confirm Eligibility		opay Limit Met Summary								
A Refer to FSET	Resend Eligibility	Information to MMIS								
@ FS Clock	Discrepancy Overpa	ayment Information								
Override AG Renewal /	O Check Discrepan	cy Overpayment Status								
Review Dates	FSET Information									
W-2 Post Eligibility	O View FSET Partie	cipant Summary								
Deductible Period and Bill Tracking Information	<ul> <li>View FSET Refer</li> </ul>									
Post Confirmation	O View PIN Comme									
▶ Query ¥	<ul> <li>View Track Partic</li> </ul>									
	Create FSET Referral									
	Assign Referral to Me									
		cations and Unsubmitted Requests								
	0	11(Not Primary Person)	Otabasi	0051	0					
	Filing Date:	10/27/2021	Status:		Case Closed Date:	N/A				
	RFA Type:	ES - ECONOMIC SUPPORT (ES)	Overpayment:	NO						
	Eligibility Office:	MILWAUKEE ENROLLMENT SERVIC								
	County / Tribe: 40 - MILWAUKEE COUNTY 📳 Worker: RENUKA DEVI BOYAPATI (XCTX88)									
	IM Consortium:	11 - STATE CONSORTIUM								
	Primary Person:	YUVI JONES	Information Provider:	YUVI JONES						
	Household Address	999 W VLIET AVE SUITE # 3 MILWAU	JKEE , WI 53212	6	Phone:					
	Pending Programs:									
	O Enter page one of FoodShare Mail-in application									
	-	f Family Medicaid Mail-in application								
	O Create new RFA									

CARES Worker Web	User ID: XCTX88 User Name:	R BOYAPATI Quick Select :	ASE/RFA 🗸	😡 🎒 🖉 Help 🔹 Logout
SYSTEMS	Primary Person : TESTING FOR			Intake 3,5 11/11/202
	Action Items (2) Docum	nents (21) Discrepancies (0)	Work Items (74)	Ale and a second se
H Navigation Menu	III Long Term Care En	rollment Information - Trac	ked Outside CARES	
Application Entry (25)	Member's LTC Enrollment Deta			
A				
Spousal Signature	Individual: YUVI JONES 41M	MCI: 5623823984	PIN: 5623823984	Enrollment Begin Enrollment En
* Generate Summary	LTC Program Code	LTC Program Name	MCO/Waiver Agency Name	Enrollment Begin Enrollment En Date Date
<ul> <li>Initiate Eligibility</li> <li>Determination</li> </ul>	FAMCR	Family Care	Community Dane - Family Care	02/01/2021
Eligibility				
Post Eligibility				Previous
Potential Error Listing				
Confirm Eligibility				
Refer to FSET				
FS Clock				
Override AG Renewal /				
Review Dates				
W-2 Post Eligibility     Deductible Revised and Bill				
Deductible Period and Bill Tracking Information				
Post Confirmation				
▼ Query				
<u>Confirmed Assistance</u> <u>Group Summary</u>				
Case Member History				
Change / SMRF / Renewal Details				
FFM Referral				
<u>Member's LTC</u> <u>Enrollment Information</u>				
FS Benefit Issuance				
W-2 Payment Issuance				
Worker Tools 🗸 🗸 🗸				
SSI-MA Administration				

#### Long Term Care Enrollment Information – Tracked outside CARES

Scenario C: IM worker running eligibility where a member is losing full benefit Medicaid programs and that member has a current or future enrollment in a LTC program outside CARES, a worker action item/alert will be generated to calculate "Waiver Medicaid" for that individual.

CARES Worker Web	U	ser ID:	XCTX78	User Name:		JLURU	Quick Select	CASE/RI	FA 🗸	G	🗟 🦲 Hel	lp Logout	
SYSTEMS			Person : IM Items (1)	AGETRUST D	EMO 41N ents (24)		Case: 70042 repancies (0)		Status: Open ork Items (31)	Mode: Ongo	bing	3.5 11/1	6/2021
	[				5/100 ( <b>_</b> 1)	100		,					
H Navigation Menu	55	Octo	ber 27, 202	1									
✓ Initiate Eligibility Determination		• XCTX78 - KIM JONES 55F PP: RUN ELIGIBILITY FOR WAIVER MEDICAID (											
Eligibility ( 10 )	P												
Run Results													
→ Eligibility Run Results	ŀ												
<u>AG Composition</u> <u>Details</u>	R												
Eligibility Results	1												
Verification Details	L										Clear Che	cked Action Item(s	.)
Budgets				EDICAL ASSISTANCE -	ANCE -	1	12/01/2021		DENIED	FAIL	<u>C</u>	)54	٩
Post Eligibility			DID NOT AF	PPLY			11/01/2021	11/30/2021	DENIED	FAIL	<u>C</u>	) <u>54</u>	
Potential Error Listing	C	other P	rogram Res	sults									
* Confirm Eligibility			Assistance			Sequence	Benefit	Benefit End	AG Status	Eligibi	lity Status	Reasons	
✓ Refer to FSET							Begin Date	Date					
FS Clock	1		FS - FOODS	SHARE		1	12/01/2021		PEND	PEND	NG		٩
Ø Override AG Renewal /				D CARE-DID	NOT	1	12/01/2021		DENIED	FAIL	C	) <u>54</u>	(
Review Dates		4	APPLY				11/01/2021	11/30/2021	DENIED	FAIL		)54	
W-2 Post Eligibility     Deductible Deviced and Dill			WW Z - W-2 DID NOT APPLY		DID NOT APPLY 1	1	12/01/2021		DENIED	FAIL	C	) <u>54</u>	
Deductible Period and Bill Tracking Information						11/16/2021	11/30/2021	DENIED	FAIL	<u>C</u>	)54		
* Post Confirmation													
Query		Add	i Case Comm	ent							A Prev	vious Nex	t 🕨
FS Benefit Issuance													
W-2 Payment Issuance													
Worker Tools													
SSI-MA Administration													
Client Scheduling													
Worker Tasks													