

# ***An Introduction to Publicly Funded Long-Term Care in Wisconsin***



## ***A PROFESSIONAL'S GUIDE***



# Webcast: An Introduction to Publicly Funded Long-Term Care in Wisconsin

Competency/skill – Understand publicly funded long-term care options.

## Objectives:

1. Describe clues that occur during conversations that suggest Medicaid funded services may be an option.
2. Explain a “waiver”.
3. Describe the general non-financial requirements for publicly funded long-term care.
4. List the information that is collected in the long-term care functional screen.
5. Explain the asset limits as they relate to eligibility.

## Sample discussion questions:

1. The process of applying for publicly funded long-term care can be confusing for consumers. Role play how you would explain the process to consumers and their families.
2. What are the general non-financial requirements for publicly funded long-term care?
3. [www.access.gov](http://www.access.gov) is a website that contains an online tool to assist with counseling. Role play how you would use this tool with consumers and their families.
4. In terms of waiver eligibility, what is Group A, B and C?
5. There are professionals who work with people concerning their eligibility for publicly funded long-term care. Discuss how you work with Elderly Benefit Specialists, Disability Benefit Specialists and Economic Support Specialists.



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# Publicly Funded Long-Term Care in Wisconsin

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An Introduction for staff at **Aging and Disability  
Resource Centers** who provide information and  
assistance and options counseling

June 15, 2006

DHFS – Division of Disability and Elder Services

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## Introduction

Overview of roles and responsibilities of ADRC  
staff who perform the functions of information  
& assistance and options counseling.

Overview of Part II choices for this webcast.

- ❑ Community Waivers programs
  - ❑ Managed Long-Term Care Waivers programs –  
Family Care, PACE and Partnership
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## Consumer focused counseling

- Clues in the conversation
  - Collecting information
  - Clarifying details
  - Comparing information to requirements
  - Coordinating with other professionals
  - Counseling about options
  - Supporting consumers through the process
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## Overview

- Medicaid Benefits
    - Institutions and Community settings
  - Non-financial requirements for publicly funded long-term care
  - Financial requirements for publicly funded long-term care
  - Consumer contributions necessary to receive benefits
  - ADRC Role in development of an Access Plan
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## What is Medicaid?

- Medicaid is a federal/state program that pays health care providers to deliver essential health care and long-term care services to frail elderly, people with disabilities and low-income families with dependent children, and certain other children and pregnant women.

Also known as Title XIX, T-19, MA, Medical Assistance

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## Who's eligible?

Medicaid programs serve three distinct populations:

- • Seniors with low-income and limited assets
  - • People with disabilities  
Also known as Elderly, Blind, Disabled (EBD) Medicaid
  - • Low-income families  
Also known as "Family" Medicaid, BadgerCare
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## Identification of Medicaid Recipients

- Forward Card



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## What do Medicaid recipients receive?

- Health care coverage for acute care  
Also known as Medicaid card services
  - Long term Care coverage
    - Institutional Care -
    - Home and Community Based Care or Non-institutional care
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## Medicaid coverage for Long-Term Care

### ■ Institutional services

- Nursing facility services for individuals 21 or over
- Inpatient hospital and nursing facility services for individuals 65 or over in an institution for mental disease
- Intermediate care facility for individuals with mental retardation services
- Inpatient psychiatric hospital services for individuals under age 21

Note: Individuals age 21-64 receive services through other payment methods.

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## More Medicaid coverage for Long-Term Care

### ■ Home and Community Based Services

Case management services

Respiratory care services for ventilator-dependent individuals

Personal care services

Private duty nursing services

Hospice care

Waiver and Integrated Waiver programs

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## Medicaid program overview

- For a full description of the Medicaid program:

[http://dhfs.wisconsin.gov/medicaid4/ma\\_overview/medicaid\\_overview.pdf](http://dhfs.wisconsin.gov/medicaid4/ma_overview/medicaid_overview.pdf)

- For a consumer description of Medicaid benefits:

<http://dhfs.wisconsin.gov/medicaid1/recpubs/eligibility/10025E.pdf>

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## Wisconsin's Community Long-Term Care Programs

- The Community Options Program (COP) 1981
  - The Medicaid home and community based waivers followed:
    - ⇒ CIP 1 A in 1983
    - ⇒ CIP II in 1985
    - ⇒ COP-W and CIP 1B in 1987
    - ⇒ Brain Injury Waiver program
  - Integrated Programs
    - ⇒ Program for All Inclusive Care for the Elderly
    - ⇒ Partnership program
    - ⇒ Family Care
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## What is a Waiver?

- The “waiver” refers to a waiver of the federal Medicaid rules. These rules generally restrict the use of Medicaid funds to primary and acute care.
  - Before the waivers came along, Medicaid funds for long-term care were primarily directed to institutional care such as nursing homes.
  - The federal waivers allow Medicaid money to go where it could not go before... **to fund home and community-based long-term care.** However, recipients must still be at a nursing home level of care.
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## Where does the money come from?

- Funding for Wisconsin's long-term care programs comes from a combination of federal, state and local sources.
  - State funds, also known as general purpose revenue or GPR, are budgeted as a “match” for federal dollars that together fund many of the programs.
  - In some instances counties provide the “match” to access additional federal dollars using local county funds.
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## Non-financial requirements for publicly funded long-term care

### ■ General requirements

- A person must:
    - 1) Be in an eligible target group
      - Elderly, Blind, Disabled (EBD)
      - Physically Disabled
      - Developmentally Disabled
      - Persons with Mental Illness
      - Persons with alcohol and other substance use disorders
    - 2) Be functionally eligible
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## Functional Eligibility

- The long term care functional screen is used to collect information about:
    - Medical conditions
    - Activities of Daily Living (ADL)
    - Instrumental Activities of Daily Living (IADL)
    - Living situation
    - Supports
    - Behaviors
    - Risk factors
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## Functional eligibility

- Using the information entered by a certified screener the LTCFS system calculates a level of care.
  - For more information about the functional screen system and how to become a certified screener:

<http://dhfs.wisconsin.gov/LTCare/FunctionalScreen/INDEX.HTM>

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## Non-Financial eligibility

In addition to the functional screen result these additional non-financial criteria are considered when determining eligibility for Medicaid:

- A Social Security Number (SSN) or willingness to apply for one
  - Age
  - Marital status
  - Applicant's relationship to household members
  - Residence (street address, city)
  - Citizenship/immigration status
  - Disability Status, if under age 65
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## Financial requirements for publicly funded long-term care – Elderly, Blind and Disabled (EBD)

- Asset test
  - Income test
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## Asset Test – EBD limits

- Countable assets
- Available assets

Detailed information about assets is found in the online Medicaid eligibility handbook in Appendix 4:

<http://www.emhandbooks.wi.gov/meh/>

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## Asset Limits

- Single person - \$2000
- Spousal Impoverishment
  - Consumer in a nursing home or applying for a waiver program (nursing home level of care) with a spouse who resides in the community  
\$2000 for the consumer and potentially up to \$99,540 for the community spouse

<http://dhfs.wisconsin.gov/medicaid1/recpubs/factsheets/pdfs/phc10063.pdf>

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## Income Limits

- Institutional Care
    - Need greater than income
      - Daily nursing home rate of care compared to gross income
  - Community Waivers programs
    - Group A
    - Group B
    - Group C
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## Group A Waiver eligibility

- A Medicaid recipient
    - Medicaid as an SSI recipient
    - Categorically eligible
    - Medicaid deductibles
    - Medicaid Purchase Plan for Working Disabled persons
    - Family Medicaid programs such as BadgerCare
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## Group B Waiver eligibility

- Nursing home level of care entitles individuals to the Group B test:
    - Up to \$1809 per month
    - Must agree to pay a cost share in order to be eligible, if applicable
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## Calculation of Group B Cost Share

- Total income
  - Less Deductions
    - Basic Needs Allowance
    - 65 ½ earned income disregard
    - Special exempt income – court ordered support or guardian fees
    - Community spouse income allocation, if applicable
    - Special Housing amount
    - Family or community dependent income allowance, if applicable
    - Health insurance premiums
    - Medical and Remedial expenses
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## Documentation of Medical and Remedial Expenses

- Items and services purchased “out of pocket” by consumers that are not covered (or will not be covered) by Medicaid, waivers programs or other responsible third party.
  
- For more information about cost sharing see program references or the Medicaid Handbook appendix 5.9.5

<http://www.emhandbooks.wi.gov/meh/>

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## Group C Waiver eligibility

- Monthly income \$1809 and above
- Documentation of medical remedial expenses, service costs and Medicaid coverable services to document need
- Test – If income less allowable expenses is below \$591.67

Webcast – Understanding Group C Eligibility

<http://dhfs.wisconsin.gov/aging/WebcastAnnounce-GroupC.htm>

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## References for detailed information

- Waiver Eligibility Reference Manual
- Working Together to Provide Access to Family Care training guide

Training references available upon request:

[rcteam@dhfs.state.wi.us](mailto:rcteam@dhfs.state.wi.us)

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## Screen for eligibility

- Use an online tool to assist with counseling:



<https://access.wisconsin.gov/access/>

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## Medicaid Eligibility Fact Sheets

Many single page fact sheets are available (some in other languages) to support information & assistance and options counseling

[http://dhfs.wisconsin.gov/medicaid1/publications.htm#Fact\\_Sheets](http://dhfs.wisconsin.gov/medicaid1/publications.htm#Fact_Sheets)

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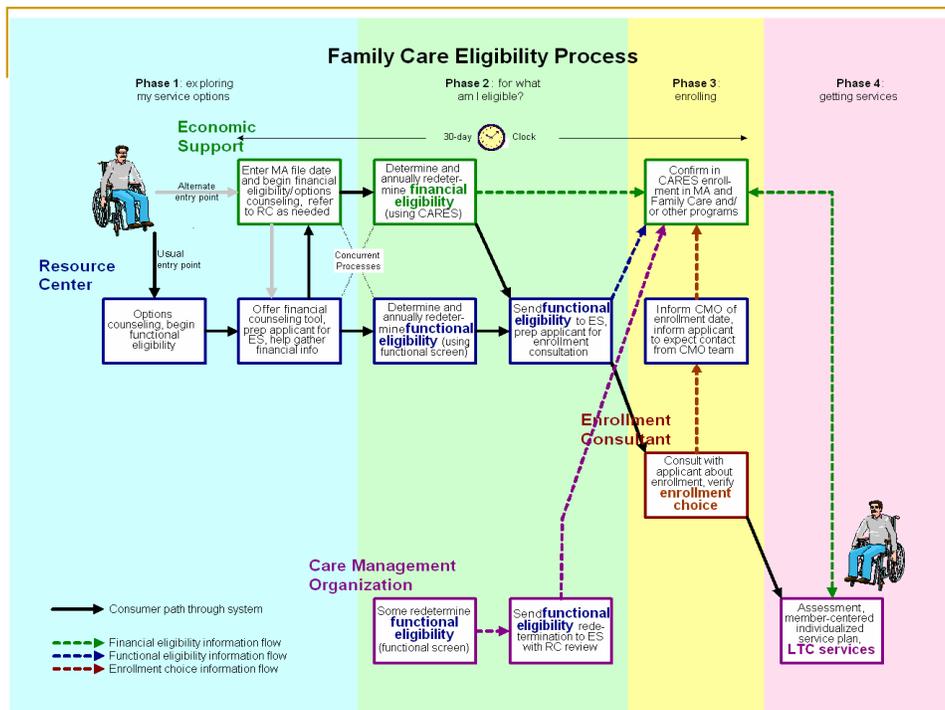
## Work with other professionals

- Elderly Benefit Specialists
  - Disability Benefit Specialists
  - Economic Support Specialists
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## ADRC responsibility for Access Plans

- MOUs document agreements between professionals at each entity involved in access to publicly funded long-term care
  - Documents the process for communication and coordination
  - Creates a streamlined and predictable process for the consumer
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## Summary

- Overview of Part II of this information session
  - Community Waivers Programs
  - Integrated Waivers Programs – Family Care, PACE and Partnership
- Information about other eligibility components in the Long Term Care Options Counseling Toolkit



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