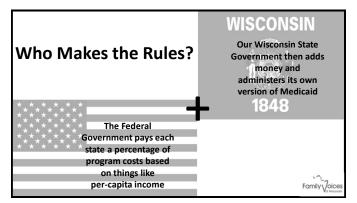


Medicaid? Medicare?

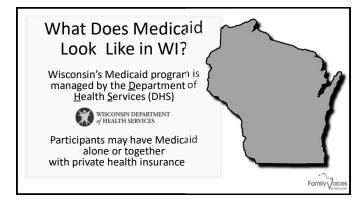
Is there a difference?



7



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What if Your Child has Both Medicaid & Private Insurance?

Medicaid is the Payer of Last Resort!

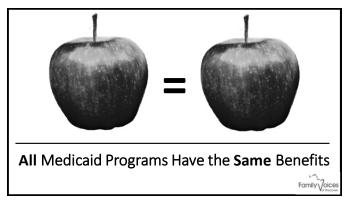
- All other insurance plans pay claims first
- Medicaid will only pay claims that private insurance has formally denied
 - All services MUST be billed to private insurance first or Medicaid will NOT pay
- Medicaid can cover private insurance co-pays
- Medicaid can cover additional therapies and services for your child above those covered by your private health plan

FamilyVoice

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How to Use the ForwardHealth Card to Access Services and Therapies ForwardHealth 9999 9999 9999 I.M. Covered ID: 1234567890

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Mandatory Services in Wisconsin's State Medicaid Plan

(*red = mandatory federal services):

- Case management services Chiropractic services
- Dental services
- *Family planning services
 *EPSDT (Health Check), including
- autism treatment services Home and Community-Based
- Services Waivers (including CLTS)
 *Home health services or nursing

- Hospice care *Inpatient hospital services
- *Inpatient hospital, nursing home Intermediate care facility services
- Laboratory and X-ray services
 Drugs listed in Wisconsin's Medicaid
- drug index Medical supplies and equipment

- Mental health and psychosocial
- rehabilitative services
- *Nurse midwife services
- *Nursing services
- Optometric
- Outpatient hospital services
- Personal care services
- Physical and occupational therapy
- *Physician services
- Podiatry services Prenatal care coordination
- Respiratory care services
- Rural health clinic services
- Skilled nursing home services Speech, hearing and language disorder
- Substance abuse services
- Transportation to obtain medical care

Family Voi

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What Can the Medicaid Card Pay for?



- Diapers for children over 4-years old
- Medical transportation
- Over-the-counter medications*
- · Services needed due to "medical necessity" including:
 - Mental Health Services
 - Personal Care Services
 - Behavioral Therapy

*"Health Check Other Services" may need to be used to access services.

Family Voice

EPSDT = Early
Periodic
Screening
Diagnosis
&
Treatment

Family Voice

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HealthCheck Other Services is a Doorway to Mental Health Services



Family 7oice

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Mental Health Services Covered by Medicaid

Medicaid covers a variety of supports, services and medications for children with mental health or behavioral health challenges:

- Visits with private or community-based mental health providers
- County-administered, mental health programs
 - For children with complex mental health, behavioral or substance abuse needs
 - <u>Coordinated Services Teams</u> (CST): "Wraparound" program with intensive, holistic care planning
 - <u>Comprehensive Community Services</u> (CCS): Community-based supports and services
 - Family is a necessary team member as treatment and service plans are made



Non-Emergency Medical Transportation

Schedule a ride with MTM: 866.907.1493 or

mtminc.net/wisconsinwebsite/ wisconsin-home



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Diapers and Incontinence Supplies

J&B Medical Supply

866.674.5850 or

jandbmedical.com

- Briefs (diapers that open on each side)
- Pull-up or pull-on type diapers
- Disposable under pads
- Liners
- Disposable gloves
- Catheters
- Skin Barrier swabs
- Lubricants
- Other Related Supplies



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Personal Care Services

- Bathing
- Dressing
- Feeding
- Laundry
- Light Housekeeping
- Meal Preparation
- Toileting



Long-Term Support Programs

Home and Community-Based Waivers

For children:

• CLTS—Children's Long-Term Support Program

For adults:

- Family Care
- IRIS—Include, Respect, I Self-Direct
- Partnership (not all counties)



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The CLTS Waiver gives supports and services that let children and their families thrive in the community



The CLTS Waiver Helps Your Child and Your Family

- Adaptive aids
- · Home modifications
- · Parent training and education
- Peer supports
- Respite
- Specialized equipment
- Vehicle modifications



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Respite Care vs. Personal Care: What's the Difference?

Respite Care Services

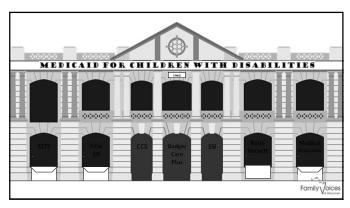
- Short-term relief, or "time off," from caregiving responsibilities for parents and families
- Can be provided at home or in the community
- Paid for by state and county programs including CCOP and CLTS Waivers

Personal Care Services

- Assists a child with daily-living activities like feeding, toileting, bathing and dressing
- MUST be provided in the home
- Paid for as a Medicaid Card benefit







There are 3 ways to define eligibility for Medicaid* 1. Disability: (Katie Beckett) Considers only child's income 2. Income: (BadgerCare Plus) Considers family income Do not need a disability 3. Disability and Income: (SSI) Supplemental Security Income Considers both disability and income *Proof of citizenship is required for all programs There are "Different Doors" to Medicaid* There are "Different Doors" to Medicaid* There are "Different Doors" to Medicaid* There are "Different Doors" to Medicaid*

Is My Child a Good Fit for BadgerCare Plus?

<u>BadgerCare Plus</u>: A health care coverage program for low-income Wisconsin residents

- Family income limit based on 306% of the Federal Poverty Level for child eligibility
 - · Limit will vary annually
- To apply, go to ACCESS.wi.gov or call 800.362.3002
- When can I enroll my child?
 - Any time—BadgerCare Plus does not have an open enrollment period



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Is My Child a Good Fit for SSI?

<u>Supplemental Security Income</u> (SSI): A program offered through the Social Security
Administration that provides a monthly cash benefits and Wisconsin Medicaid
to those who qualify.

Disability Standard

- Your child must have a "marked and severe" limitation in functioning
- This limitation, or condition, must last for at least 1 year

AND

Income Standard

- For children *under* 18-years old, family income is considered
- For youth over 18-years old, individual's own income is considered



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Is My Child a Good Fit for the Katie Beckett Program?

- Your child must have a "marked and severe" limitation in functioning for at least 1 year
- Your child's disability must require an "institutional" level of care
- This will be assessed every year using the CLTS Functional Screen tool; They will also be assessed for participation in the CLTS Waiver program
- Your child is under the age of 19
- Only child's income is considered; not family income and assets
- Children may also be covered under private



FamilyVoice

Is My Child Eligible for Long-Term Supports?

- Your child must be living with your family
- The child must meet the "institutional level of care"* in one of three areas of disability:
 - 1. Physical
 - 2. Developmental
 - 3. Severe emotional
- A parental cost share may be assigned using a sliding-fee scale
 - Makes sure that the cost is based on your family's income

*The institutional level of care is the same rule used to get **Medicaid** through the **Katie Beckett** program. This is decided by using the "CLTS Functional Screen."



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CLTS Functional Screen: A Reality Check

<u>CLTS Functional Screen</u>: A tool that determines a child's eligibility for programs.

- You can **appeal** the decision if the screen finds that your child does not meet the eligibility standards
- Your child can take the functional screen again in the future
 - Changes in needs or abilities as your child gets older
- You have the right to ask for the functional screen to be done for your child
 - Even if the screener doesn't think that your child will qualify



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Rosy vs. Realistic: Completing the CLTS Functional Screen

<u>vs</u>

Rosy

vs Realistic

Ben can dress himself independently.

Ben can dress himself independently about one day a week, if I have the right clothes out for him.

Mikayla can communicate her needs to me.

Most of the time, people who aren't familiar with Mikayla do not know what she wants or can't understand her words or signs.



	Katie Beckett	BadgerCare Plus	SSI
Child's Age	Under 19	Under 19	Under 18
Disability	Meet a level of need (Reviewed by the Disability Determination Bureau) Meet an Institutional Level of Care	No disability consideration	Meet a level of need (Reviewed by the Disability Determination Bureau)
Income	Only child's income is considered No asset test	Family Income must be lower than 306% of the Federal Poverty Level (\$75,276/year for a family of 4) If family income is over 200% FPL (\$49,200/year for a family of 4) will result in a premium per child	Part of the parent's income and resources are considered for eligibility Certain earned and unearned income is disregarded as part of the calculation of parent's income
Other Factors	Families will work with a Katie Beckett consultant when applying A recertification is required annually or whenever there is a significant change	Eligibility criteria look at access to other insurance Coverage could be retroactive for some children Eligibility thresholds are different for adults than for children	Once the child turns 18, they no longer count the family's income and assets The disability determination criteria change when moving from childhood to adulthood

Applying for Medicaid

- Apply online at the online application portal: <u>Access.wi.gov</u> or call Member Services **800.362.3002**
- For more application information and to find a service center near you, visit the <u>How to Apply</u> page
 - You can download an application form from this site
 - • Find out if you qualify through the $\underline{\text{Marketplace}}$ or call 800.318.2596
- To learn more about the program, visit BadgerCare Plus



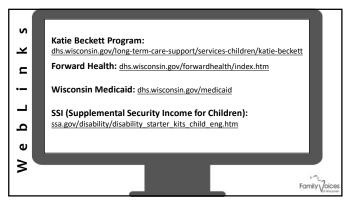
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Contact Your County's Human Services Department

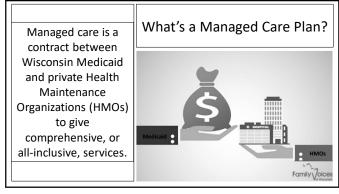
- Call your Regional Center to get your county's phone number or
- Go to the DHS website for a listing:
 dhs.wisconsin.gov/clts/contact.htm

How to Enroll in Children's Long-Term Supports

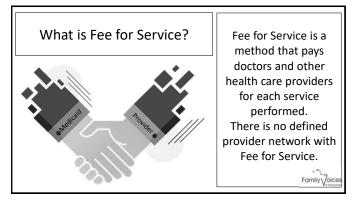












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Questions about Applying? Contact What They Do Phone Give you information **Enrollment Specialist** 800.291.2002 enrollment process Determine eligibility Income Maintenance and case 800.362.3002 Specialist management for you Help you with appeals and grievances Ombuds 800.760.0001 access.wi.gov



Who Approves a Prior Authorization?

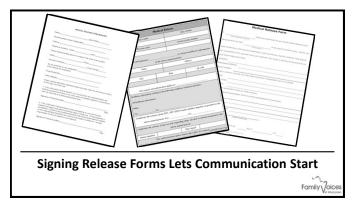
<u>Prior Authorization</u> (PA): A written request between either your private insurer or Medicaid, and the health care provider asking to explain why a service is medically necessary before payment can be approved.

- Medicaid has staff at the Department of Health Services (DHS) who check PA's
- Private insurance have their own reviewers for PA's
 - Staff specialize in different area of disability
 - Each PA is decided independently
 - Staff may ask for extra information to help make a decision
 - PAs include the time period and number of services approved



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Avoiding Duplication of Services

Educational Necessity



Medical Necessity

The PA must show that these two goals are different

Medicaid will check

- Medicaid will ask for a copy of the school's IEP with the PA
- Medicaid will **NOT** pay for a service that's already being given
- A good check because schools also bill Medicaid for services



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Let's Practice! Is this a Duplication of Services?

Physical Therapy Goal

Community-Based:

Judy will independently transfer herself to the toilet and in and out of the bathtub, bed and car.

Treatment: Improve muscle and trunk strength

IEP:

Judy will move independently throughout the school building using a walker and attend classes on time.

Treatment: Gait training with a walker in empty and crowded hallways



Let's Practice! Is this a Duplication of Services?

Speech and Language Goal

Community-Based:

Eduardo will improve speech intelligibility.

Treatment: Specific bilabial therapy (two-lip consonants, b, p, m and w)

IEP:

Eduardo will be understood by his teachers.

Treatment: Work on diction and production of specific consonants



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Let's Practice! Is this a Duplication of Services?

Occupational Therapy Goal

Community-Based:

Keesha will strengthen and relearn how to use her right hand following surgery.

Treatment: Mobility exercise and ongoing caregiver training

IEP:

Keesha will independently complete classroom assignments using adapted writing instruments.

Treatment: Use of a weighted pencil, positioning adaptations and therapeutic techniques to improve coordination



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How Can I Appeal a PA Denial?

Medicaid Card holders can ask for a "Fair Hearing" from the state

A Fair Hearing is NOT going to court and you do NOT need to hire a lawyer

- Often done as a phone meeting
- You can have someone take part to support you

1st Write a letter to: Wisconsin Department of Administration, Division of Hearings and Appeals

2nd Use the form on the DHS website to ask for a Fair Hearing

 $\underline{ \textbf{Important Reminder}} : \textbf{ONLY} \text{ reply to the reason for the denial as}$ it's written in the letter that you received





