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DIVISION OF LONG TERM CARE

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MEMORANDUM

DATE: April 29, 2008

TO: Family Care and Family Care Partnership Managed Care Organization Directors

FROM: Charles Jones
Family Care Program Manager

SUBJECT: Contract Interpretation Bulletin Attached

The purpose of the attached contract interpretation bulletin is to clarify the policy of the Department of Health and Family Services in relation to residential or day services options provided by a Family Care managed care organization as part of a participants individualized service plan. Participants have the right to file a grievance if they contest the choice of residential or day services provider.

Attached you will find a contract interpretation bulletin intended to clarify these issues.

Please read and maintain this contract interpretation bulletin with your 2008 Family Care contract.

If you have questions, you may contact Patricia McCollum at mccolpa@dhfs.state.wi.us.

HEALTH AND COMMUNITY SUPPORTS CONTRACT CONTRACT INTERPRETATION BULLETIN

For CY 2008 Contract

CIB #2008-1 – Choice of Residential or Day Services Provider
Final Issue: April 22, 2008

Statutory basis

§ 46.287 (2) (a) 1. f. Wisconsin Statutes
§ 46.287 (2) (b) Wisconsin Statutes
§ HFS 10.52 (3) Wisconsin Administrative Code
§ HFS 10.55 (1) Wisconsin Administrative Code

Related contract sections

Article IV. B. 6.
Article IV. B. 8.
Article V. F.
Article V. H. 1.

Statement of policy regarding choice of residential or day services provider

The policy of the Department of Health and Family Services is that residential or day services provided by a Family Care managed care organization as part of a plan of care assure that the participant receives care, treatment or supports that:

- are sufficient to meet the participant's needs or outcomes and
- are provided in the least restrictive, most integrated setting that is appropriate to the participant's needs.

Purpose of bulletin

Pursuant to Wis. Stat. §46.287(2)(b), a Family Care participant may contest the choice of residential or day services provider proposed by the managed care organization by pursuing Family Care grievance procedures or a fair hearing. The standard to be applied in resolving a choice of residential or day services provider grievance or appeal is whether the proposed plan would provide care, treatment or supports that are insufficient to meet the participant's needs or outcomes or are provided in a setting that is unnecessarily restrictive or less integrated than is appropriate to the participant's needs.

Whenever a managed care organization denies residential or day services the managed care organization must provide notice. The notice should follow the procedure detailed in §HFS 10.52 (3) Wis. Admin. Code and the 2008 Health and Community Supports Contract.