

Jim Doyle  
Governor

Karen E. Timberlake  
Secretary



**State of Wisconsin**  
Department of Health Services

**DIVISION OF LONG TERM CARE**

1 WEST WILSON STREET  
PO BOX 7851  
MADISON WI 53707-7851

Telephone: 608-266-2000  
FAX: 608-266-2579  
TTY: 888-241-9432  
[dhs.wisconsin.gov](http://dhs.wisconsin.gov)

## MEMORANDUM

**DATE:** December 9, 2008

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

**FROM:** Monica Deignan, Managed Care Section Chief  
Tom Lawless, Fiscal Management and Business Services Section Chief

**SUBJECT:** 2008 Contract Interpretation Bulletin Attached

The purpose of the attached Contract Interpretation Bulletin is to encourage MCOs to access funding for certain members who have relocated from an ICF-MR. The Department intends to reimburse MCOs for the actual cost of serving certain relocated members, up to a pre-approved maximum amount. This necessitates that the Department review the MCO's individual service plan for each affected member to determine the maximum amount of reimbursement for each individual. To date, MCOs have submitted very few service plans for review under this provision and, therefore, MCOs are not maximizing their use of this provision. March 1, 2009 is the deadline to submit individual service plans for approval for reimbursement of 2008 service costs for individuals who relocated under the CIB 1B waiver ICF-MR Downsizing Initiative prior to enrollment in Family Care or Family Care Partnership.

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

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

If you have questions, you may contact the Member Care Quality Specialist assigned to your MCO or Jennifer Wiens at [jennifer.wiens@wi.gov](mailto:jennifer.wiens@wi.gov) or 608.266.5304.

# HEALTH AND COMMUNITY SUPPORTS CONTRACT CONTRACT INTERPRETATION BULLETIN

## For CY 2008 Contract

CIB #2008-3 – Funding for Family Care or Family Care Partnership Members who Relocated from an ICF-MR into the community under the CIP IB ICF-MR Downsizing Initiative

Final Issue

### I. Statutory basis

§ 46.284 (4) (b) - (d) Wisconsin Statutes  
HFS 10.44 (2) (e) - (h) Wisconsin Administrative Code

### II. Related contract sections

Addenda I. Actuarial Basis

The Family Care and Family Care Partnership contracts permit adjustments to the capitation rate for two groups of members: (1) people who relocated to CIP IB waiver ICF-MR Downsizing Initiative and later enrolled in Family Care or Family Care Partnership and (2) people who relocate directly into Family Care or Family Care Partnership.

#### **Statement of Family Care policy regarding ICF-MR relocations that occurred BEFORE Family Care or Family Care Partnership.**

The policy of the Department of Health Services is to provide funding to MCOs for Family Care and Family Care Partnership members who relocated into the community as part of the ICF-MR Downsizing Initiative before Family Care began in the member's county of financial responsibility. The Department intends to reimburse MCOs for the actual costs of serving these members, up to a pre-approved maximum.

For the purposes of this adjustment, the ICF-MR Downsizing Initiative refers to a discrete list of individuals who relocated under the CIP IB waiver ICF-MR Restructuring Initiative. A list identifying these individuals will be provided to each MCO.

The following individuals are not eligible for the adjustment under the 2008 Family Care contract language:

- Individuals who relocated from an ICF-MR into the community, but were not funded under the ICF-MR downsizing initiative;
- Individuals who did not relocate from an ICF-MR, but are funded by the CIP IB waiver (i.e. people who “back-filled” slots); or
- Individuals who relocated from a state center for the developmentally disabled into the community under the CIP IA waiver prior to enrollment in Family Care.

The Department reviews and approves care plans for people who relocate under the CIP IB ICF-MR Downsizing Initiative. However, the care planning process in Family Care differs

from that in the CIP IB waiver and the Family Care or Family Care Partnership benefit package is broader. The care plan must be reviewed again once the individual is enrolled in managed care to determine the maximum amount of actual costs that will be reimbursed.

**Statement of policy regarding individuals who relocate from an ICF-MR directly into Family Care or Family Care Partnership**

Capitation rates are also adjusted for individuals who relocate from an ICF-MR, including the state DD centers, directly into Family Care or Partnership. This policy applies when the relocation occurred after Family Care began operating in the member's county of financial responsibility. These adjustments do not apply to MCO enrollees who are first admitted to an ICF-MR after enrollment in Family Care or Partnership has occurred.

**III. Purpose of Bulletin**

March 1, 2009 is the deadline to submit individual service plans for approval for reimbursement of 2008 service costs for individuals who relocated under the CIB 1B waiver ICF-MR Downsizing Initiative prior to enrollment in Family Care or Family Care Partnership. These plans will be reviewed by DHS and an appropriate care plan cost will be approved. Once plans are approved, the MCO will receive reimbursement of the actual cost of the individual's services, up to the approved amount, for all the dates of enrollment in 2008.

MCOs should use the following process for submission of care plans for reimbursements for 2008 and 2009 dates of enrollment.

- Identify a contact person. Because of the relatively large number of enrollees who fit in this category, we are asking each affected MCO to designate a contact person for this work. Please email Jennifer Wiens at [jennifer.wiens@wi.gov](mailto:jennifer.wiens@wi.gov) with the name of that contact person.

DHS will provide the contact person identified for each MCO with the list of the MCO's members who relocated under the ICF-MR Downsizing Initiative. DHS will also identify individuals who relocated under the ICF-MR Downsizing Initiative in the counties within which each MCO operates and may potentially enroll in your MCO.

- Each MCO must revise care plans for each of these members, incorporating the appropriate Family Care program benefit package and utilizing managed care principles.
- MCOs should send care plans to their assigned DHS Member Care Quality Specialist (MCQS) for review. Care plans will be reviewed by a team of DHS staff, including each MCO's assigned MCQS. Member names, identification numbers and care plan information are protected health information (PHI). Please remember to password protect PHI when such information is sent to DHS electronically.

Care plans for people enrolled during 2008 must be received by March 1, 2009 in order to be considered for reimbursement of actual costs up to a pre-approved maximum. Care plans for people enrolling during 2009 should be sent as soon as possible and no later than 90 days after enrollment.