



**Kitty Rhoades, Secretary**  
**Bill Hanna, Area Administration Director**  
**Department of Health Services**



# Family Care Benefit Package

Family Care Benefit Package		
Family Care Services: Managed by MCO		Medicaid State Plan Service- currently available to Family Care Enrollees through fee for service
<ul style="list-style-type: none"> <li>• Adaptive Aids (general and vehicle)</li> <li>• Adult Day Care</li> <li>• Assistive Technology/Communication Aids</li> <li>• Care Coordination</li> <li>• Consultative Clinical &amp; therapeutic services for caregivers</li> <li>• Consumer Education and Training</li> <li>• Counseling and Therapeutic Resources</li> <li>• Daily Living Skills Training</li> <li>• Day Habilitation</li> <li>• Financial Management</li> <li>• Environmental Accessibility Adaptations.(Home Modifications)</li> <li>• Housing Counseling</li> <li>• Meals: Home Delivered</li> <li>• Personal Emergency Response System Services</li> <li>• Prevocational Services</li> <li>• Residential Care                             <ul style="list-style-type: none"> <li>- Adult Family Homes</li> <li>- Community Based Residential Facilities</li> <li>- Residential Care Apartment Complex</li> </ul> </li> <li>• Relocation Services</li> <li>• Respite Care</li> <li>• Self-directed Personal Care</li> <li>• Skilled Nursing RN/LPN</li> <li>• Specialized Medical Equipment</li> <li>• Specialized Transportation</li> <li>• Support Broker</li> <li>• Supported Employment</li> <li>• Supportive Home Care</li> <li>• Training Services for Unpaid Caregivers</li> <li>• Vocational Futures Planning &amp; Support</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol and Other Drug Abuse, including AODA Day Treatment</li> <li>• Case Management</li> <li>• Community Support Program</li> <li>• Day Treatment Services</li> <li>• Durable Medical Equipment, except for hearing aids and prosthetics</li> <li>• Home Health</li> <li>• Mental Health Day Treatment Services</li> <li>• Mental Health Services, except those provided by a physician or on an inpatient basis</li> <li>• Nursing Facility (including Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) and Institution for Mental Disease)</li> <li>• Nursing Services (including respiratory care, intermittent and private duty nursing)</li> <li>• Occupational Therapy (in all settings except for inpatient hospital)</li> <li>• Personal Care</li> <li>• Physical Therapy (in all settings except for inpatient hospital)</li> <li>• Specialized Medical Supplies</li> <li>• Speech and Language Pathology Services (in all settings except for inpatient hospital)</li> <li>• Transportation: Select Medicaid covered (i.e., Medicaid covered Transportation Services except Ambulance and transportation by common carrier) and non-Medicaid covered.</li> </ul> <p style="font-size: small; margin-top: 10px;"><i>MCO enrollees can choose to self-direct most services. With the exception of care coordination and residential care which are managed by the MCO.</i></p>	<ul style="list-style-type: none"> <li>• Ambulatory prenatal</li> <li>• Ambulatory surgical center</li> <li>• Anesthesiology</li> <li>• Audiology</li> <li>• Blood</li> <li>• Chiropractic</li> <li>• Dental</li> <li>• Diagnostic testing</li> <li>• Dialysis</li> <li>• Drugs</li> <li>• Early and periodic screening, diagnosis and treatment (EPDST)</li> <li>• End-of-life services for PACE</li> <li>• Family Planning</li> <li>• Hospice Care</li> <li>• Hospital</li> <li>• Independent nurse practitioner</li> <li>• Medicare deductible and coinsurance</li> <li>• Nurse-midwife</li> <li>• Physician</li> <li>• Podiatry</li> <li>• Prenatal care coordination</li> <li>• Respiratory care</li> <li>• Rural health clinic</li> <li>• School-based Services</li> <li>• Vision Care</li> </ul>

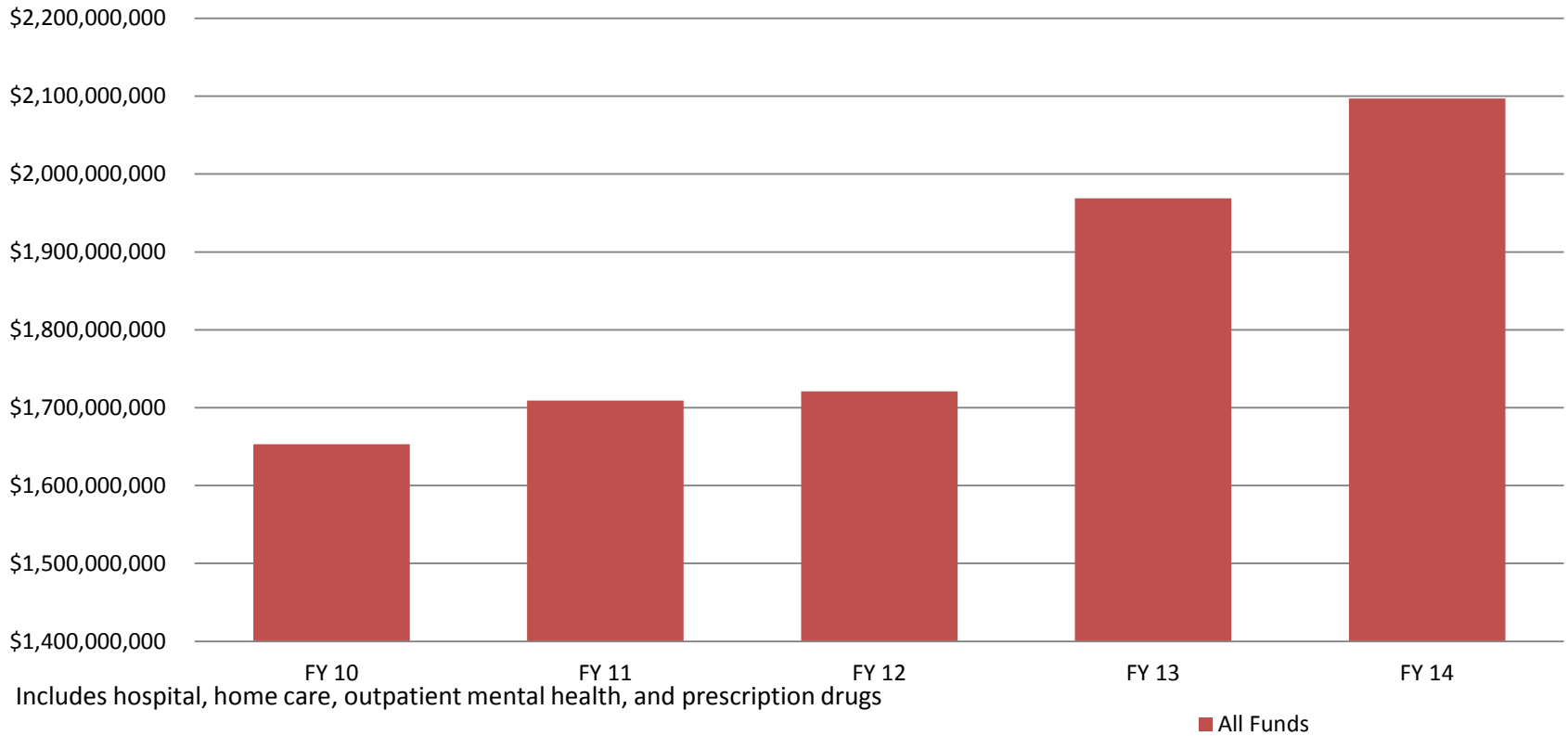


# IRIS Benefit Package

IRIS Benefit Package		
IRIS Benefit Package	Medicaid State Plan Services Currently Available to IRIS enrollees through fee- for -services	
Waiver Services- All self-directed by Enrollee		
<ul style="list-style-type: none"> <li>• Adaptive Aids (general and vehicle)</li> <li>• Adult Day Care</li> <li>• Assistive Technology/Communication Aids</li> <li>• IRIS Consultant **</li> <li>• Consumer Education and Training</li> <li>• Counseling and Therapeutic Resources</li> <li>• Customized Goods and Services</li> <li>• Daily Living Skills Training</li> <li>• Day Habilitation</li> <li>• Fiscal Employer Agency</li> <li>• Environmental Accessibility Adaptations.(Home Modifications)</li> <li>• Housing Counseling</li> <li>• Live in Caregiver</li> <li>• Meals: Home Delivered</li> <li>• Personal Emergency Response System Services</li> <li>• Prevocational Services</li> <li>• Residential Care                             <ul style="list-style-type: none"> <li>- Adult Family Homes</li> <li>- Community Based Residential Facilities</li> <li>- Residential Care Apartment Complex</li> </ul> </li> <li>• Relocation Services</li> <li>• Respite Care</li> <li>• Self-directed Personal Care</li> <li>• Skilled Nursing RN/LPN</li> <li>• Specialized Medical Equipment</li> <li>• Specialized Transportation</li> <li>• Support Broker</li> <li>• Supported Employment</li> <li>• Supportive Home Care</li> <li>• Vocational Futures Planning &amp; Support</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol and Other Drug Abuse, including AODA Day Treatment</li> <li>• Case Management</li> <li>• Community Support Program</li> <li>• Day Treatment Services</li> <li>• Durable Medical Equipment, except for hearing aids and prosthetics</li> <li>• Home Health</li> <li>• Mental Health Day Treatment Services</li> <li>• Mental Health Services, except those provided by a physician or on an inpatient basis</li> <li>• Nursing Facility (including Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) and Institution for Mental Disease)</li> <li>• Nursing Services (including respiratory care, intermittent and private duty nursing)</li> <li>• Occupational Therapy (in all settings except for inpatient hospital)</li> <li>• Personal Care</li> <li>• Physical Therapy (in all settings except for inpatient hospital)</li> <li>• Specialized Medical Supplies</li> <li>• Speech and Language Pathology Services (in all settings except for inpatient hospital)</li> <li>• Transportation: Select Medicaid covered (i.e., Medicaid covered Transportation Services except Ambulance and transportation by common carrier) and non-Medicaid covered.</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulatory prenatal</li> <li>• Ambulatory surgical center</li> <li>• Anesthesiology</li> <li>• Audiology</li> <li>• Blood</li> <li>• Chiropractic</li> <li>• Dental</li> <li>• Diagnostic testing</li> <li>• Dialysis</li> <li>• Drugs</li> <li>• Early and periodic screening, diagnosis and treatment (EPDST)</li> <li>• End-of-life services for PACE</li> <li>• Family Planning</li> <li>• Hospice Care</li> <li>• Hospital</li> <li>• Independent nurse practitioner</li> <li>• Medicare deductible and coinsurance</li> <li>• Nurse-midwife</li> <li>• Physician</li> <li>• Podiatry</li> <li>• Prenatal care coordination</li> <li>• Respiratory care</li> <li>• Rural health clinic</li> <li>• School-based Services</li> <li>• Vision Care</li> </ul>

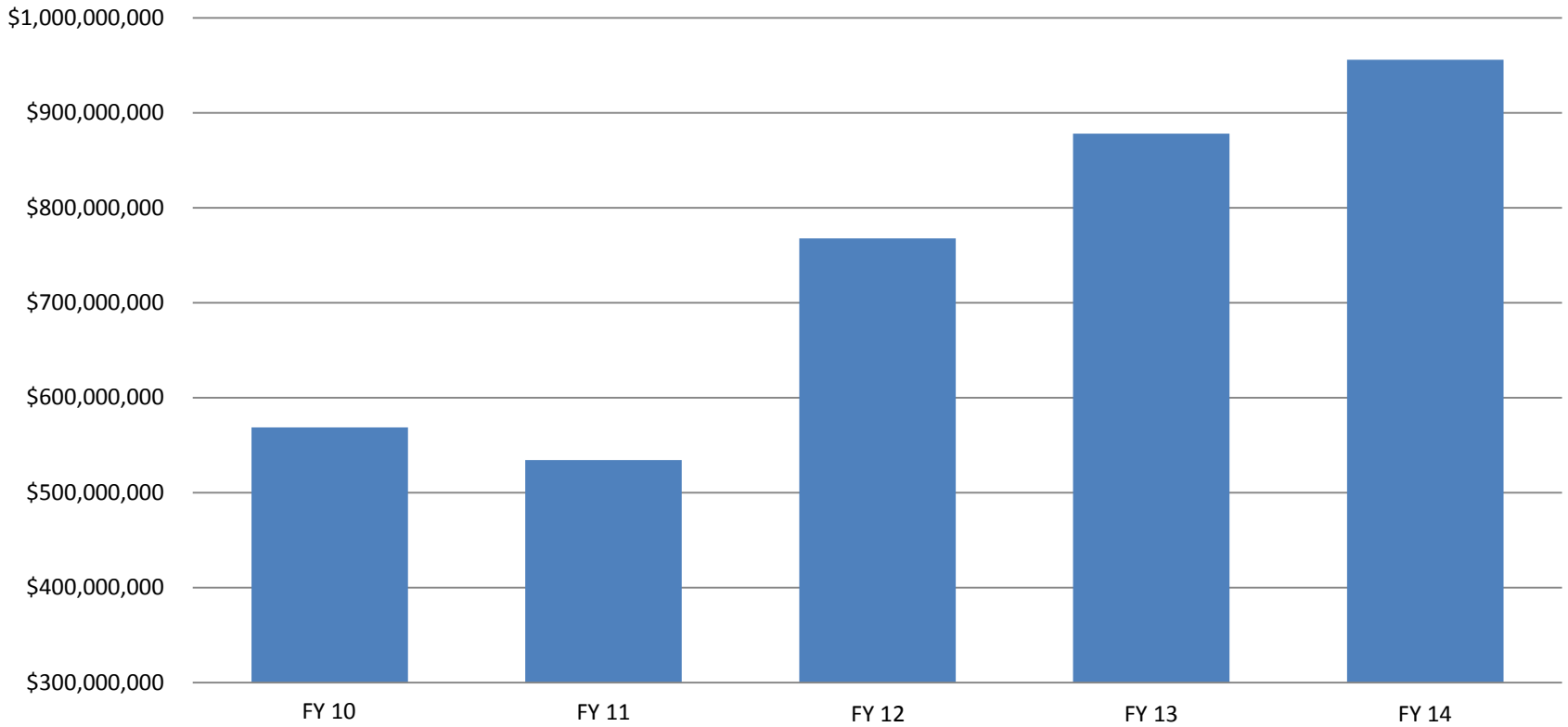


## Major Medicaid Fee for Service Categories - Actual Expenditures (All Funds)





### Medicaid Major Fee for Service Categories Expenditures (GPR/SEG)



Includes hospital, home care, outpatient mental health, and prescription drugs

■ GPR



**Medicaid Monthly Per Member Expenditures**  
**Per Member Per Month**  
**Managed Care v. Fee for Service**

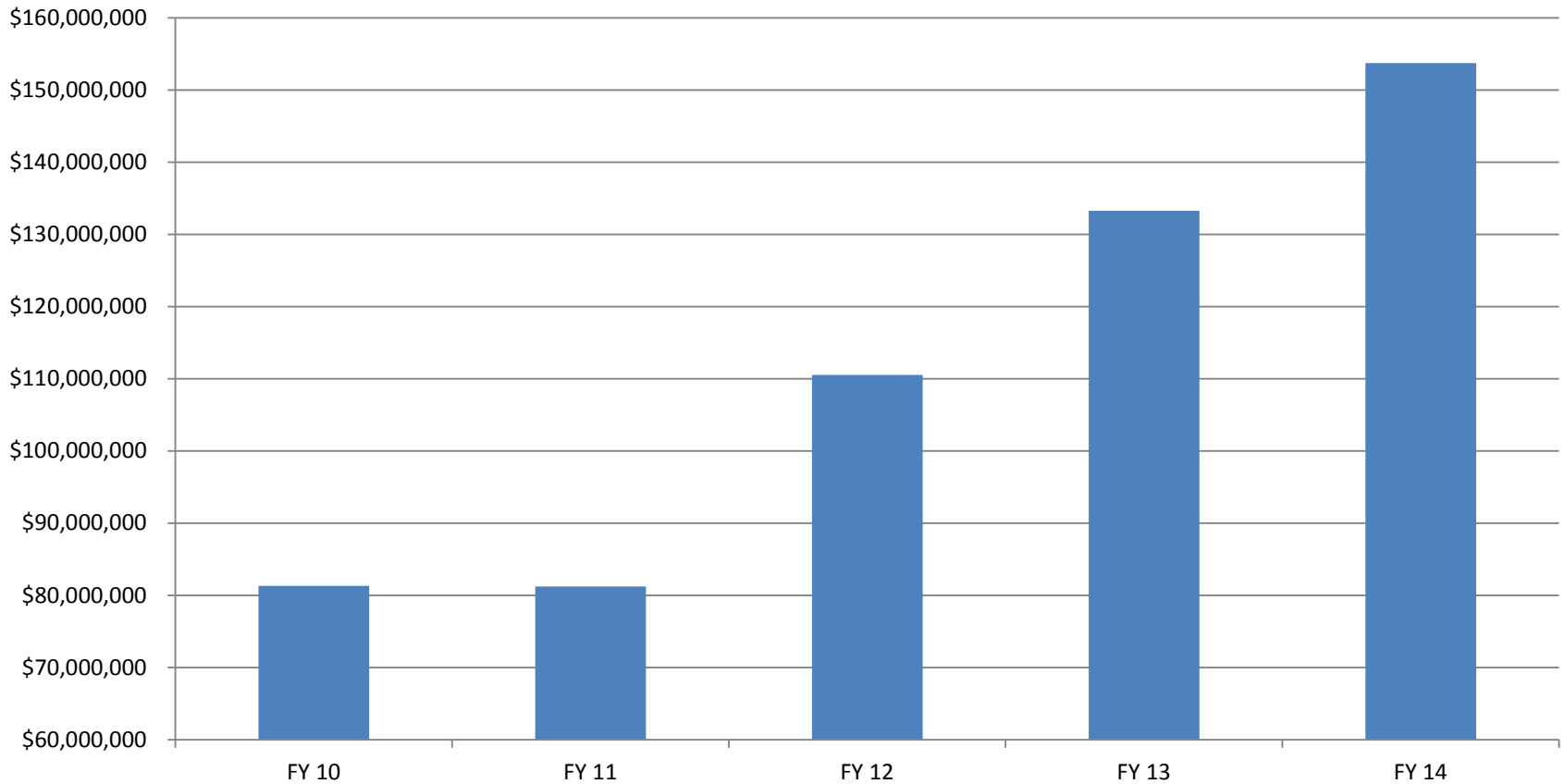
	2013	2014	2015
Family Care*	\$ 3,026	\$ 2,975	\$ 3,057
<i>% Increase</i>		-1.7%	2.8%
Badger Care Plus Families*	\$ 113.6	\$ 113.7	\$ 115.6
<i>% Increase</i>		0.1%	1.7%
Fee for Service Acute/Primary Care**	\$ 922	\$ 972	\$ 1,052
<i>% Increase</i>		5.4%	8.2%

*\*Reflects calendar year amounts*

*\*\*State fiscal year amounts for people with disabilities who are not also Medicare eligible. Services included prescription drugs, hospital, physician, lab, long term care fee for service, and outpatient mental health.*



### Medicaid Fee for Service Home Care (GPR/SEG)





### Medicaid Fee for Service Hospital Expenditures (GPR/SEG)

