

# Wisconsin Partnership Program

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## Introduction

### Integrated model of medical and long term support services

The Wisconsin Partnership Program is a comprehensive program of services for people who are elderly or have physical disabilities. In 2001, the Partnership Program is available to individuals living in five Wisconsin counties (Dane, Milwaukee, Chippewa, Dunn and Eau Claire) with future expansions possible. Enrollment in the program is voluntary. For those enrolled, the program provides a broad array of services in the participant's home or another setting of his/her choice. The Partnership model was developed to especially benefit persons with complex medical and long term support needs by placing more emphasis on team coordination between these two (often disconnected) systems.



*If you are Medicaid eligible and do not have significant medical needs, you may conclude that it is simpler to get the long term support services you need by just enrolling in the Community Options Program or the Community Integration Program, or by purchasing home health or personal care services with your Medicaid card.*

### Capitated managed care approach

Under the Partnership Program, qualified community-based organizations (**CBOs**) enter into a Medicaid managed care contract with the Wisconsin Department of Health and Family Services (**DHFS**) and a Medicare contract with the federal Health Care Finance Administration. The CBOs receive monthly capitation payments for each participant. From the funds they receive, these organizations pay for all participant services. They are also responsible for the care each person receives regardless of the agency providing the services or the location of service provision, i.e., in the individual's home, a hospital or nursing home.

## Eligibility

[www.dhfs.state.wi.us/aboutdhfs/osf/](http://www.dhfs.state.wi.us/aboutdhfs/osf/)

Elderly people must be:

1. 55 years of age or older.
2. Certified by the DHFS - Bureau of Quality Assurance at the nursing home level of care (**LOC**) (Intermediate Care Facility - **ICF1**, **ICF2**, Skilled Nursing Facility - **SNF** or higher).

Note: People who are at an Intensive Skilled Nursing (**ISN**) **LOC** are not eligible for enrollment. People who become **ISN** after enrollment stay enrolled.

3. Financially eligible for Medicaid or a Medicaid waiver (many program participants are also eligible for Medicare, but Medicare eligibility is not required). *(See related chapters in this guide for more information about these programs.)*

People with physical disabilities must be:

1. Between 18-64 years of age.
2. Certified by the DHFS - Bureau of Quality Assurance at the nursing home level of care (ICF1, ICF2, SNF or higher). *(See note on pg. 213.)*
3. Financially eligible for Medicaid or a Medicaid waiver (many program participants are also eligible for Medicare, but Medicare eligibility is not required). *(See related chapters in this guide for more information about these programs.)*

## What the Program Offers

**Medicare**  
CFR §§ 417.101, 417.416  
**Medicaid**  
CFR §§ 434.20, 434.21  
Dual Waiver Contract, Article IV  
Wisconsin Partnership Program  
Protocol Manual, Part I,  
Site Operations, Service Summary

Sec. 49.46 (2)(b)(8), Wis.Stats.

The Partnership Program must provide or arrange for a wide variety of health and social support services, including all those provided by Medicaid, Medicare and additional services provided by waiver programs. Each member has an individual care plan developed to meet his/her support needs that aims at keeping the member in his/her home as long as possible. Care is provided through integrated care teams which include nurse practitioners. Examples of the services provided include: primary and specialist physician services, dental care, medications, durable medical equipment, physical therapy, attendant care (including personal care), inpatient and outpatient services, and services including adaptive aids, adult day services, transportation, home modifications, personal emergency response systems, and home delivered meals.

## Enrollment/Disenrollment

### Enrollment

Wisconsin Partnership Program,  
Protocol Manual Part I, Site Operations,  
Enrollment and Disenrollment Systems

The Partnership Program enrollment protocols require that if a person is functionally and financially eligible and interested, s/he must be offered the opportunity to enroll.

### Exceptions

Non-enrollment may occur under certain conditions (e.g., potential member at time of enrollment is living in a nursing home or CBRF; the potential member's physician refuses to participate and the potential member refuses to change physicians, among other reasons.)

If the CBO decides not to enroll a potential member, the organization must send their reasons for requesting a non-enrollment to the Department of Health and Family Services within 5 days. DHFS must

review the CBO's request within 15 days and may approve or disapprove the request for non-enrollment.

### **Disenrollment**

**Voluntary:** A member may voluntarily disenroll from the program at any time.

**Involuntary:** The Partnership organization must submit any proposals to involuntarily disenroll a member to DHFS, which will approve or disapprove the involuntary disenrollment.

Reasons for involuntary disenrollment include the individual has a demonstrated history of physical aggression or has a history of willful non-compliance with an essential component of his/her treatment plan.

### **Appeals and Grievances**

Dual Waiver Contract, Article XI  
CFR § 473.10-473.48

Members may file informal (verbal) or formal (written) grievances or complaints regarding services provided by the Partnership CBO.

Wisconsin Partnership Program  
Protocol Manual, Part 1,  
Site Operations, Grievance and Appeals  
42 CFR § 417.608

#### **Informal**

Informal complaints must be decided by the CBO within five days after receiving the complaint.

#### **Formal**

Formal (written) grievances or complaints may be filed with the Partnership organization or DHFS at any time. When the Partnership organization decides against a member who has filed a formal complaint, the organization must indicate exactly what is being denied, the reasons for it, the regulations which support or require the action taken, and (if appropriate) the member's right to a second opinion. A member who disagrees with the final decision of the Partnership organization may appeal to DHFS within 45 days after receiving denial notification.

#### **Expedited Reviews**

Also available to members is a 72-hour "expedited review" procedure in cases where members believe that the standard process may jeopardize their health or life.

### **Where to Apply**

Those interested in applying for the program may contact either the Partnership Program Manager at DHFS - Office of Strategic Finance at 608-261-7811, or one of the Partnership programs on the following page.

### **Current Partnership Programs**

#### **Community Health Partnership**

(serves elderly people and those with physical disabilities in Eau Claire, Dunn and Chippewa counties)

715-838-2900

[www.chp-wpp.org](http://www.chp-wpp.org)

#### **Community Care for the Elderly**

(serves elderly people in Milwaukee County)

414-536-2100 Ext. 265

#### **Community Living Alliance**

(serves members with physical disabilities in Dane County)

608-242-8335

[www.cla-madison.org](http://www.cla-madison.org)

#### **Elder Care of Dane County**

(serves elderly people in Dane County)

608-240-0020