



Covered Services

...in Wisconsin's Long-Term Care Programs

The following chart is a **partial** listing of long-term care and health related services. The chart indicates whether the service is included in the specific program's benefit package. The services that a person actually receives are based on assessed needs and other program specific requirements. Some services may require prior authorization.

| Long-Term Care Service | Family Care* | Partnership* | PACE ^{1*} | IRIS** | Medicaid "ForwardHealth" Card |
|---|---|---|---|--|-------------------------------|
| Service Coordination / Care Management | Included: you will work with a nurse and a care manager | Included: you will work with a physician, nurse practitioner, nurse and social worker | Included: you will work with a physician, nurse and care manager, PACE center coordinator, therapists, dietitian and more | Included: you will work with an IRIS consultant and a Fiscal Employer Agent to help you manage your services | |
| Home Health or Personal Care | Included | Included | Included | <i>Choose to use your Medicaid "ForwardHealth" Card to purchase this service or self-direct this service</i> | Included |
| "Supportive Homecare" This includes assistance with daily activities and tasks such as eating and grooming; and assistance with household tasks, for example, meal preparation, laundry and house cleaning. | Included | Included | Included | Included | |
| Nursing Home | Included | Included | Included | <i>Use your Medicaid "ForwardHealth" Card***</i> | Included |



| Long-Term Care Service | Family Care* | Partnership* | PACE ^{1*} | IRIS** | Medicaid "ForwardHealth" Card |
|---|---|---|---|--|-------------------------------|
| Assisted Living / Residential Care Services | Included, but limited | Included, but limited | Included, but limited | Included in part*** | |
| Adult Day or Respite Care | Included | Included | Included | Included | |
| Home Delivered Meals | Included | Included | Included | Included | |
| Home Modifications | Included | Included | Included | Included | |
| Non-Medical Transportation | Included | Included | Included | Included | |
| Medical Transportation | Included | Included | Included | Use your Medicaid "ForwardHealth" Card | Included |
| Hospice | <i>Coordinated by the MCO and/or paid for using your Medicare or "ForwardHealth" Card</i> | <i>Coordinated and paid for by MCO or at your discretion may be paid for using your Medicare Card</i> | <i>Coordinated and paid for by MCO or at your discretion may be paid for using your Medicare Card</i> | <i>Use your Medicare and/or Medicaid "ForwardHealth" Card to purchase this service</i> | Included |
| Wheelchairs and other equipment | Included | Included | Included | Use your Medicaid "ForwardHealth" Card | Included |
| Adult diapers, gloves, and other medical supplies | Included | Included | Included | Use your Medicaid "ForwardHealth" Card | Included |
| Mental Health, Mental Health Day Treatment and Community Support Programs (CSP) | Included | Included | Included | Use your Medicaid "ForwardHealth" Card | Included |
| Counseling and Therapeutic Services | Included | Included | Included | Included | Included |



| Long-Term Care Service | Family Care* | Partnership* | PACE ^{1*} | IRIS** | Medicaid "ForwardHealth" Card |
|----------------------------------|--------------|--------------|--------------------|--|-------------------------------|
| Alcohol and Drug Treatment | Included | Included | Included | Use your Medicaid "ForwardHealth" Card | Included |
| Daily Living Skills Training | Included | Included | Included | Included | |
| Communication Aids / Interpreter | Included | Included | Included | Included | |
| Employment Services | Included | Included | Included | Included | |
| Customized goods and services | | | | Included | |

| Health Care Service | Family Care* | Partnership* | PACE ^{1*} | IRIS** | Medicaid "ForwardHealth" Card |
|--------------------------|---|---|---|--|---|
| Physician Services | <i>Coordinated by the MCO and/or paid for using your Medicare or "ForwardHealth" Card</i> | <i>Coordinated and paid for by the MCO. Must use physicians in provider network, except in case of emergency or urgent care</i> | <i>Coordinated and paid for by the MCO. Must use physicians in provider network, except in case of emergency or urgent care</i> | <i>Use your Medicare and/or Medicaid "ForwardHealth" Card to purchase this service</i> | <i>Included, but use your Medicare first</i> |
| Hospitalization | <i>Use your Medicare and/or Medicaid "ForwardHealth" Card to purchase this service</i> | <i>Coordinated and paid for by the MCO. Must use hospitals in provider network, except in case of emergency or urgent care</i> | <i>Coordinated and paid for by the MCO. Must use hospitals in provider network, except in case of emergency or urgent care</i> | <i>Use your Medicare and/or Medicaid "ForwardHealth" Card to purchase this service</i> | <i>Included, but use your Medicare first</i> |
| Prescription Medications | <i>Use your Medicare and/or Medicaid "ForwardHealth" Card to purchase this service</i> | <i>Coordinated and paid for by the MCO. Must use pharmacy within the MCO's network</i> | <i>Coordinated and paid for by the MCO. Must use pharmacy within the MCO's network</i> | <i>Use your Medicare and/or Medicaid "ForwardHealth" Card to purchase this service</i> | <i>Included, but use your Medicare Part D first</i> |



| Health Care Service | Family Care* | Partnership* | PACE ¹ * | IRIS** | Medicaid "ForwardHealth" Card |
|--------------------------------|---|--|--|--|--|
| Dental Care | <i>Coordinated by the MCO and/or paid for using your Medicare or "ForwardHealth" Card</i> | <i>Coordinated and paid for by the MCO. Must use provider network or staff dentist</i> | <i>Coordinated and paid for by the MCO. Must use provider network or staff dentist</i> | <i>Use your Medicare and/or Medicaid "ForwardHealth" Card to purchase this service</i> | <i>Included, but use your Medicare first</i> |
| Foot Care: Podiatry | <i>Coordinated by the MCO and/or paid for using your Medicare or "ForwardHealth" Card</i> | <i>Coordinated and paid for by the MCO</i> | <i>Coordinated and paid for by the MCO</i> | <i>Use your Medicare and/or Medicaid "ForwardHealth" Card to purchase this service</i> | <i>Included, but use your Medicare first</i> |
| Vision (including eye glasses) | <i>Coordinated by the MCO and/or paid for using your Medicare or "ForwardHealth" Card</i> | <i>Coordinated and paid for by the MCO</i> | <i>Coordinated and paid for by the MCO</i> | <i>Use your Medicare and/or Medicaid "ForwardHealth" Card to purchase this service</i> | <i>Included, but use your Medicare first</i> |

¹ Program of All-Inclusive Care for the Elderly (PACE)

* With the help of an interdisciplinary team, participants in a Family Care or Family Care Partnership (also known as Partnership program) choose their long-term care providers (and their health care providers in Family Care Partnership) from the network offered by the Managed Care Organization (MCO).

**IRIS participants purchase services, supports and goods within an individualized budget amount based on an approved care plan. Participants hire some service providers directly, or may purchase services from an agency.

*** Note: Individuals living in a nursing home or a Community Based Residential Facility (CBRF) cannot be enrolled in IRIS.

Note: **Estate Recovery** provisions apply for Family Care, Partnership, IRIS, and will apply to PACE as of July 1, 2014. In addition, individuals who choose PACE do not pay prescription co-pays or deductibles.

Note: To be eligible for Partnership, you must be enrolled in every part of Medicare for which you are eligible.

