

## FAQ's - County/Partnership/Family Care Transition

May 1, 2008 is the start date for the transition of certain consumers receiving services through their county Human Service Departments to Managed Care. Community Health Partnership, Inc. (CHP) is offering two options; a) Community Health Partnership, a program of Partnership Health Plan, Inc. and Community Family Care. (Partnership/Family Care). In anticipation of those currently served by the county system transitioning into one of CHP's programs a workgroup consisting of staff from CHP and each County has been diligently working to develop processes to allow for a smooth and consistent transition.

Following are some **Frequently Asked Questions** regarding this transition.

### ***How will consumers/providers be notified of when individuals will be transferred to Partnership/Family Care?***

Each county will be mailing notifications to both their consumers and the providers in place at the time of transfer. Letters will include 1) a general notification letter which discusses the upcoming changes; and 2) a member specific letter stating the month in which the member will be transitioned out of the county system. It is the responsibility of the member to choose a Managed Care Organization (MCO) plan to continue receiving benefits. County workers will also be meeting one-on-one with consumers and/or their legal representative to discuss the options available to the individual and to begin enrollment processes. Members must decide what program to be transitioned to within 45-60 days prior to enrollment.

### ***Will the member be able to switch plans once enrolled?***

Yes, if a Member decides that one plan will be a better fit for their circumstances, they may transfer from Family Care to Partnership or Partnership to Family Care at any time.

### ***How is the order of transition determined?***

The placing county is developing the order of transition based on requirements by the State of Wisconsin, Department of Health and Family Services (DHFS). For a period of six months after county implementation, 1/6<sup>th</sup> of the County Waiver recipients, along with 1/24<sup>th</sup> of their waiting list over 24 months, will start the process of being transferred from the county to Partnership/Family Care. DHFS requires an approved balance of total cost/month of transitioned consumers; consumers Medicaid eligibility must be in place for at least 60 days post enrollment; and counties must make best efforts to have a balanced proportion of target groups each month.

### ***Will the consumers case manager remain the same?***

Once an individual enrolls in Partnership/Family Care they will be assigned to an Interdisciplinary Team (see *Program Services, p.3*). This Team will make a phone contact with the Member within 3 working days after enrollment and will make a face-to-face meeting within 10 calendar days. In most cases, this will be done solely by Partnership/Family Care staff. In certain circumstances, coordination for a joint meeting with Partnership/Family Care staff and the Member's previous county case manager may be made.

### ***Once an individual becomes a Partnership/Family Care Member, will all of their services remain the same?***

Extensive planning and communication between the counties and Partnership/Family Care have been taking place for nearly two years to insure that services will remain as consistent as possible and will not be interrupted. Part of this plan is that all services will remain intact and unaffected for the first 60 days

after enrollment. During this time, the Member's care plan will be reviewed by the Member, Interdisciplinary Team (IDT) and others as appropriate. At this time, services will be determined to be kept, added or removed from the Member's care plan based on collaborative agreement regarding appropriateness of services to meet Member outcomes.

***What if the Provider is not currently contracted with Partnership/Family Care?***

Providers currently providing services to county consumers will have the option of joining Partnership/Family Care's Provider Network. For months, there has been a great amount of activity surrounding the development of the Providers Networks for both Community Health Partnership and Community Family Care in all counties . The intent is to meet the needs of both current and future members. As prioritization is based on county & member implementation, those who are not currently contracted with Partnership/Family Care should call 715/838-2900 and ask to speak to a Contract Specialist upon receipt of the county letter stating the month of consumer transfer.

***How do I make referrals to Partnership/Family Care?***

All referrals must be made to the individuals county Aging and Disability Resource Center (ADRC). ADRC's will have Benefit Options Counselors to assist people in choosing which program will be best for him/her. Upon county implementation, all Partnership/Family Care referrals will be processed through the ADRC.

Though the changes are significant, CHP is excited to be able to expand services to meet the ongoing needs of people in this region. Whether the choice is to enroll in Community Health Partnership or Community Family Care, CHP will continue to strive to meet people's needs one unique life at a time in West Central Wisconsin.