

COMPARISON OF BENEFITS CHART

FAMILY CARE PARTNERSHIP PROGRAM

FAMILY CARE PROGRAM			
Home and Community Based or Other Waiver Services (COP-W, CIP I, CIP II)	Medicaid Card Services – LTC Services	Medicaid Card Services – Acute/Primary	Medicare Card Services
<ul style="list-style-type: none"> • Adaptive Aids (general and vehicle) • Adult Day Care • Adult Family Home • Care/case Management (including Assessment and Case Planning) • Communication Aids/Interpreter Services • Community-Based Residential Facility (CBRF) • Community Support Program • Consumer Education and Training • Counseling and Therapeutic Resources • Daily Living Skills Training • Day Services/Treatment • Home Modifications • Housing Counseling • Meals: home delivered • Specialized Medical and Therapeutic Supplies • Nursing Services (not covered by Medicaid) • Personal Emergency Response System Services • Prevocational Services • Relocation Services • Residential Services: Certified Residential Care Apartment Complex (RCAC) • Respite Care (for caregivers and members in non-institutional and institutional settings) • Self-Directed Supports • Supported Employment • Supportive Home Care • Specialized Transportation • Vocational Futures Planning 	<ul style="list-style-type: none"> • Alcohol and Other Drug Abuse Day Treatment Services (in all settings) • Durable Medical Equipment, except for hearing aids and prosthetics (in all settings) • Home Health • Medical Supplies • Mental Health Day Treatment Services (in all settings) • Mental Health Services, except those provided by a physician or on an inpatient basis • Nursing Facility (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and Institution for Mental Disease) • Nursing Services (including respiratory care, intermittent and private duty nursing) • Occupational Therapy (in all settings except for inpatient hospital) • Personal Care • Physical Therapy (in all settings except for inpatient hospital) • Speech and Language Pathology Services (in all settings except for inpatient hospital) • Transportation: Select Medicaid covered (i.e., Medicaid covered Transportation Services except Ambulance and transportation by common carrier) and non-Medicaid covered 	<ul style="list-style-type: none"> • Physician Services • Laboratory and x-ray services • Inpatient hospital • Outpatient hospital services • EPSDT (under 21) • Family planning services and supplies • Federally-qualified health center services • Rural health clinic services • Nurse midwife services • Certified nurse practitioner services • Prescribed drugs • Diagnostic, screening, preventive and rehabilitation services • Clinic services • Primary care case management services • Physical therapy and related services • Prosthetic devices, eyeglasses • TB-related services • Other specific medical and remedial care • Inpatient mental health • Chiropractic services • Podiatry services • Outpatient mental health • Outpatient substance abuse • Outpatient surgery • Ambulance services • Emergency care • Urgent care Diagnostic services • Outpatient prescription drugs • Dental services dentures • Hearing services • Vision services 	<p>Medicare Part A (Hospital) Medicare Part B (Medical) Medicare Part D (Prescription Drugs)</p> <p>Includes:</p> <ul style="list-style-type: none"> • Ambulance services • Ambulatory surgical centers • Anesthesia • Blood • Bone mass measurement • Durable medical equipment, supplies and prosthetics • Cardiac rehab • Diabetes supplies • Diagnostic tests, x-rays and lab services • Physician services • Emergency and urgent care services • Home Health care in certain situations • Hospice care • Inpatient hospital care • Inpatient mental health care • Outpatient mental health care • Outpatient hospital services, including outpatient surgery • Limited skilled nursing facility care • Physical/speech/occupational therapy • Prescription drugs, including drugs covered under Medicare Part A, Part B and Part D • Substance abuse treatment (outpatient)
<p>For details on benefits and services, please see current manuals for each program and/or talk with the care management organizations in your service area. Family Partnership Care Management Coalition adapted this chart, with some revisions, from previous materials. For more information on Family Care expansion and long-term care reform, go to: www.dhs.wisconsin.gov</p>			