



Managed Long-Term Care Expansion Planning Reports Technical Appendix

Introduction

In support of long-term care expansion planning efforts throughout the State of Wisconsin, the Department of Health and Family Services has made data available for three state fiscal years, July 1, 2002 through June 30, 2005. The release included data for individuals in the Medicaid database, Human Services Reporting System (HSRS), the Long-Term Care Functional Screen (LTCFS) or Care Management Organization (CMO) Encounter Data during the state fiscal years 2003 through 2005. *Not all Medicaid eligible/enrolled individuals were included in the data that were released.* The data sets included Medicaid eligibility, Medicaid claims, health status, functional status, and home and community based waiver cost data records. All data included in the release was de-identified in accordance with HIPAA rules and regulations. In addition, detailed claim information including procedure code, diagnosis code, and provider information was excluded and/or summarized into categories to further de-identify the data.

Data Sets

Six different data sets for managed long-term care expansion planning, which were released to the consortiums, were used to produce the report package described below. The datasets contain information for three general populations. First is the population of persons eligible for Medicaid through SSI or an SSI-Related eligibility category, the Medicaid Purchase Plan (MAPP), or a home and community based waiver (HCBW) program within a given month. Second is the population of persons who did not meet the first criteria but who had data tracked in the Human Services Reporting System (HSRS) Long Term Support (LTS) module. Third is the population of individuals who are enrolled in either Family Care or Wisconsin Partnership Program (WPP). The specific datasets as well as the fields used are identified in the detailed appendix for each report. The six data sets are:

- Medicaid Eligibility
- Medicaid Claims
- Home and Community Based Waivers
- Family Care CMO Encounter
- Long-Term Care Functional Screen
- CCS (Clinical Classifications Software) for Calendar Year 2004 & January through June 2005

Reporting Sections

Unless otherwise noted in the reports, the Managed Long-Term Care reports represent data for State Fiscal Year (SFY) 2005 (July 1, 2004 – June 30, 2005) or for the month of June 2005, for all planning consortia and the State of Wisconsin. Eighteen individual reports were developed from the data sets, several from each of the following categories:

- Demographic – six reports
- Utilization – four reports
- Illness Burden – two reports
- Functional Status – two reports
- Cost Data – four reports

Planning Consortiums

The reports display all counties associated with a planning consortium or geographical area. Most counties not currently identified with a planning consortium can be found in the “Northern Counties” grouping. One other county not currently associated with a planning consortium and also not adjacent to the other Northern Counties – Adams County – was grouped with a nearby planning group because of its geographic proximity to those counties. The following is the mapping of the counties to their associated report.

Planning Consortium	Counties
Community Care of Central Wisconsin	Marathon, Portage, Wood
Dane and Rock Counties	Dane, Rock
Family Partnership Care Management Coalition	Adams (included due to geographic proximity, but not presently affiliated with this consortium), Columbia, Dodge, Marquette, Jefferson, Green Lake, Waushara, Sheboygan, Ozaukee, Washington, Walworth, Waukesha
Milwaukee County DHHS/DSD	Milwaukee
Northeast Wisconsin - Long-Term Care Options	Brown, Door, Calumet, Fond du Lac, Kewaunee, Menominee, Manitowoc, Oconto, Outagamie, Shawano, Waupaca, Winnebago
Northwest Long-Term Care Options Collaborative	Rusk, Douglas, Bayfield, Ashland, Iron, Burnett, Washburn, Sawyer, Price
Southeast Wisconsin Care Management Organization	Kenosha, Racine
Southwestern Care Management Coalition	Crawford, Grant, Green, Iowa, Lafayette, Sauk, Richland, Juneau
West Central Consortium for Long-Term Support and Health Care Reform	Jackson, La Crosse, Buffalo, Monroe, Trempealeau, Vernon
West Central Wisconsin Care Management Collaborative (All)	Clark, Dunn, Polk, Barron, Chippewa, Pierce, Pepin, Eau Claire, St. Croix
West Central Wisconsin Care Management Collaborative (Sub-group)	Dunn, Chippewa, Eau Claire, St. Croix
Northern Counties (presently unaffiliated with any consortium)	Lincoln, Vilas, Oneida, Forest, Langlade, Taylor, Florence, Marinette

An additional set of reports presents the data for the entire State of Wisconsin.

Mapping of populations for the data reports

The data presented in the Managed Long-Term Care reports are stratified across Medicaid Program/Population and Target Group.

Medicaid Program/Population: Four groups of consumers were identified using HSRS and Medicaid Eligibility data set.

- *Family Care* – Identified with a “FC” Program Code in the Medicaid Eligibility data set.
- *Wisconsin Partnership Program* – Identified with a “WPP” Program Code in the Medicaid Eligibility data set.
- *Home & Community Based Waivers/COP-R* – Consumers identified in the HSRS data set that had a long-term care service (any Standard Program Cluster Code, or SPC) and are being served in a waiver or COP-R program. Consumers who are served in a Children’s Long-Term Care waiver are not included.
- *Wait List* – Individuals in the HSRS data set who did not receive a long-term care service other than SPC 603 and were coded with a member tracking SPC of 897-899.

Each of the Medicaid populations is mutually exclusive. Individuals who appear in one program or population will not appear in another during the same month.

Target Group: Four target group populations were used to re-stratify individuals in the Medicaid populations/programs above. These target group populations are:

- Elderly
- Developmentally Disabled
- Physically Disabled
- Mental Health/AODA

The consumers’ most recent Adult Long-Term Care Functional Screen (LTCFS) data is the primary source of the target group designation for individuals in the reports. Since the LTCFS allows more than one Target Group to be selected for each individual screened, accurately reflecting each individual’s co-occurring conditions, the Department of Health and Family Services (DHFS) sometimes uses a "Target Group Hierarchy" for reporting purposes. This hierarchy forces each person screened to be assigned to only one Target Group for a given report, as most reports are structured to count *unduplicated* persons. Most consumers in the Medicaid populations described above have been screened. For those who do not have functional screen data, the first Client Characteristic field was mapped (see chart below) to a particular target group.

HSRS Client Characteristic Field to Target Group

Target Group	Client Characteristic Code
Elderly	18 (age 65 or older), 37, 55, 57
Developmentally Disabled	23, 25, 26, 27, 28, 34, 87, 88, 89
Physically Disabled	7, 8, 9, 18 (age 64 or younger), 32, 35, 36, 79
Mental Health / AODA	2, 3, 4, 5, 10, 12, 77, 86

Individuals who are identified by the LTCFS in the “Disabled – Unspecified” target group were reassigned to the Physically Disabled population. Consumers found in the Mental Health/AODA target group did not have a functional screen and were mapped to this target group based upon their data in the first Client Characteristic field in HSRS.

Managed Long-Term Care Planning Reports

DEMOGRAPHICS

- **Report 1 – Medicaid Enrollment & Age Group by MA Eligibility Group**
 - **Data Source:** Medicaid Eligibility
 - **Fields:** Medicaid Status, Month, Age Group, County, and Medicaid Eligibility Group
 - **Other Technical Notes:** Not all Medicaid eligible/enrolled individuals are counted in this report. Please refer to the “Data Sets” section on page 1 for information on the population included in this report.

- **Report 2 – MA Enrollment Status in Family Care, Wisconsin Partnership Program, Home & Community Based Waiver (HCBW)/COP-R, and Wait List Consumers**
 - **Data Sources:** Medicaid Eligibility and HSRS Data
 - **Fields:** Medicaid Program/Population, County, Age Group, Dual Eligible
 - **Other Technical Notes:** The June 2005 Count is an actual count of unduplicated persons within each program/population for the month of June.

- **Report 3 – Count of individuals in HCBW/COP-R, Wait List, Family Care, and Wisconsin Partnership Program by Target Group as of June 2005.**
 - **Data Sources:** Medicaid Eligibility, HSRS, and LTC Functional Screen Data
 - **Fields:** Medicaid Program (Family Care & Wisconsin Partnership Program), LTC Name (HCBW/COP-R & Wait List) Month, County, Target Group Hierarchical (LTCFS data) or Client Characteristic 1 (HSRS data)

- **Report 4 – Residential Living Arrangement by Medicaid Program/Population as of June 2005**
 - **Data Sources:** Medicaid Eligibility, HSRS, Long-Term Care Functional Screen Data
 - **Fields:** Medicaid Program (Family Care & Wisconsin Partnership Program), LTS Name (HCBW/COP-R & Wait List) Month, County, Usual Residence Code (LTCFS) or Current Living Arrangement Code (HSRS)
 - **Other Technical Notes:** The individual’s current residence was identified in the Long-Term Care Functional Screen. If a screen did not exist for the individual, the Current Living Arrangement code in HSRS was used to determine residential status. The data identified in the current living arrangement and/or the usual residence code may refer to the original submission to the Long-Term Care Functional Screen (LTCFS) or HSRS as early as the start of the fiscal year. The actual living arrangement may have changed subsequent to that submission. The following schema was used to map the Usual Residence (LTCFS) and Current Living Arrangement Codes (HSRS) to the categories on Report 4.

Residential Arrangement Mapping (LTCFS Data)

Residential Category	LTCFS Usual Residence Code
Home/Apartment	1 – 6
RCAC	9
Adult Family Home	7, 8, 11
Community Based Residential Facility	10, 12
Nursing Home	14
DD Center	16
ICF-MR / Facility for the Developmentally Disabled	15
Mental Health Institute	17
Other IMD	18
Other Living Arrangement	13, 19, 20, 21, 22

Residential Arrangement Mapping (HSRS Data)

Residential Category	Current Living Arrangement (HSRS)
Home/Apartment	30
RCAC	60, 70
Adult Family Home	37, 38
Community Based Residential Facility	61, 63, 64, 65, 66, 67, 68
Nursing Home	33
DD Center	
ICF-MR / Facility for the Developmentally Disabled	07, 30
Mental Health Institute	06,
Brain Injury Rehab Unit	50, 51
Other Living Arrangement	21, 22, 23, 24, 27, 43, 44, 98

- **Report 5 – Count of individuals in Home & Community Based Waivers as of June 2005**
 - **Data Sources:** HSRS Data
 - **Fields:** LTS Name, Month, and County
 - **Other Technical Notes:** Waivers included in this report include BIW, CIP-1A, CIP-1B, CIP-1B – ICFMR, CIP-II, COP-W, and COP-R only. All Children’s Waivers have been excluded. A step down process was used to isolate individuals who are currently being served under the COP-R program. Consumers who are served under a waiver program (BIW, CIP-II, COP-W, CIP-1A, CIP-1B, CIP-1B-ICF/MR) were segregated from individuals who received COP-R services. COP-R services (beyond SPC 603) are included in the COP-R total.

- **Report 6 – Individuals on Wait List by Target Group as of June 2005**
 - **Data Sources:** HSRS and LTCFS Data
 - **Fields:** SPC Code (897-899), Target Group Hierarchical Field (LTCFS) or Client Characteristic 1 (HSRS), Month, and County

- **Other Technical Notes:** Wait list individuals are identified by SPC codes 897-899. If an individual was labeled with more than one SPC code, the highest SPC code was used.

UTILIZATION

• Report 7 – LTC & MA Card Service Counts by Medicaid Program/Population for SFY 2005

- **Data Sources:** HSRS, CMO Encounter, and Medicaid Claims Data
- **Fields:** Medicaid Program (Family Care), LTS Name (HCBW/COP-R), SPC Code (CMO & HSRS Data), Family Care Categories of Service (FC COS) Code/Description, County
- **Other Technical Notes:** Each person is only counted one time for a service category regardless of utilization frequency. Complete Wisconsin Partnership Program utilization data were not collected by the DHFS for this time period, and the WPP service counts have, therefore, been excluded from this report.

Long-Term Care services Mapping: LTC service categories are based on SPC Codes from the CMO Encounter and HSRS data sets (see chart below). The data reports do not include Cost Shares & Refunds (SPC 095.xx).

Medicaid Card Mapping: MA card claims are services reported on Medicaid claims that are grouped into Family Care Categories of Service (FC COS) based upon individual claim details (see mapping chart below). Note that the FC COS assignment given to a specific claim detail depends upon a set of complex logic, taking into account the provider, setting of care, and service provided. Non Covered Services are primary and acute services that are not included in the current Family Care benefit and have been paid for under the Medicaid Fee-For-Service benefit. Service counts related to Capitation, a subset in Non Covered Services, were excluded.

Long-Term Care Services Category Mapping (CMO & HSRS Data)

LTC Service Category	SPC Code(s) – CMO & HSRS Data
Adaptive Equipment	112
Adult Day Activities	102, 401, 403, 706
Case Management	113, 310, 406, 603, 604, 605, 619
Habilitation & Health	507, 509, 606, 704, 710
Home Care	104, 110, 402
Home Health Care	105
Housing	106, 610
Institutional	505
Residential Care	202, 203, 506, 711
Respite Care	103
Transportation	107
Vocational	108, 114, 615
Other Services	109, 609

MA Card Claims Category of Services Mapping

MA Card Service Categories	FC COS Codes/Descriptions
Case Management	11 – Case Mgmt
Community Support Program	20 – CSP
Community Care Organization	21 – CCO Services
DME / DMS	05 – DME; 06 – DMS
Home Care Services (PT, OT, ST, Private RN)	07 – OT, 08 – PT, 09 – ST
In Home Int. Psychotherapy	17 – In Home Psychotherapy
Medical Day Treatment	15 – Medical Day Treatment
Mental Health Service (Adult AODA)	14 – MH Services, AODA
Mental Health Day Treatment (Child/Adolescent)	19 – Mental Health Day Treatment
Mental Health/AODA Day Treatment	16 – AODA Day Treatment
Nursing Facility	01 – Nursing Facility, 02 – Nursing Facility – IMD
Personal Care	13 – Personal Care
DD Centers	03 – Residential Services – Centers
ICF MR Centers	04 – Residential Services – Other than Centers
Therapy, Office – OT, PT, ST	07 – Occupational Therapy, 08 – Physical Therapy, 09 – Speech & Language Pathology
Transportation	10 – Transportation – SMV
Non Covered Services in FC Benefit	22 – Non Covered Services

- **Report 8 – Service Counts for MA Card Primary & Acute Services by Medicaid Program/Population for SFY 2005**
 - **Data Sources:** HSRS, Medicaid Claims and Eligibility Data
 - **Fields:** Medicaid Program (Family Care), LTS Name (HCBW/COP-R), FC COS Description, Clinical Service Grouping (CSG), County
 - **Other Technical Notes:** This report does not represent total encounters for each service category. A consumer receives one count for a service category utilized regardless of utilization frequency. Wisconsin Partnership Program data is not available and therefore not included in this report. FC COS Code 22, Non Covered Services, are primary and acute services not currently covered under the Family Care benefit but paid for by Medicaid the Medicaid Fee-For-Service benefit. The services are further classified by using the Clinical Service Grouping (CSG) that represents detailed pieces of claim information grouped into the service categories. Service counts involving Capitation are not included in this report.

- **Report 9 – LTC & MA Card Service Counts by Target Group for SFY 2005**
 - **Data Sources:** HSRS, CMO Encounter, Medicaid Claims, and Long-Term Care Functional Screen Data
 - **Fields:** FC COS Description, Clinical Service Grouping, Target Group Hierarchy, First Client Characteristic, and County
 - **Other Technical Notes:** This report does not represent total encounters for each service category. A consumer receives one count for a service category utilized regardless of utilization frequency. Wisconsin Partnership Program data is not available and therefore not included in this report. For information on the mapping of LTC and MA Card services, please see the “Other Technical Notes” under report 7.

- **Report 10 – Service Counts for MA Card Primary & Acute Services by Target Group for SFY 2005**
 - **Data Sources:** HSRS, Medicaid Claims, Eligibility, and LTCFS Data
 - **Fields:** FC COS Description, Clinical Service Grouping (CSG), Target Group Hierarchical Field, Clinical Characteristic field 1, County
 - **Other Technical Notes:** This report does not represent total encounters for each service category. A consumer receives one count for a service category utilized regardless of utilization frequency. Wisconsin Partnership Program data is not available and therefore not included in this report. FC COS Code 22, Non Covered Services, are primary and acute services not currently covered under the Family Care benefit but paid for by Medicaid the Medicaid Fee-For-Service benefit. The services are further classified by using the Clinical Service Grouping (CSG) that represents detailed pieces of claim information grouped into the service categories. Service counts involving Capitation are not included in this report.

ILLNESS BURDEN

- **Report 11 – Top Twenty Clinical Classification Software Categories by HCBW/COP-R, Wait List, & Other MA Populations for CY 2004 & 1st 6 months of 2005**
 - **Data Sources:** HSRS, Medicaid Eligibility, CCS 2004 & CCS 2005 Data
 - **Fields:** CCS Label, Medicaid Program, County
 - **Other Technical Notes:** The CCS grouper is made up about 285 health conditions that classify detailed diagnostic information found on medical claims. Three

categories that initially made the top 20 listing were eliminated and replaced by the next 3 due to their general and administrative nature (Medical Examinations/Evaluations, Administrative/Social Admissions, & Residual Codes, unclassified). Other Medicaid Eligibility groups represent consumers not being served under HCBW/COP-R programs or consumers who appear on a county Wait List where CCS data is available (includes individuals from SSI/SSI-Related, MAPP, etc.).

- **Report 12 – Top Twenty Clinical Classification Software Categories by HCBW/COP-R & Wait List (with Target Group) for CY 2004 & 1st 6 months of 2005**
 - **Data Sources:** HSRS, Medicaid Eligibility, LTCFS, and CCS 2004 & CCS 2005 Data
 - **Fields:** CCS Label, Medicaid Program, Target Group Hierarchical field, Client Characteristic Field 1, and County
 - **Other Technical Notes:** The CCS grouper is made up about 285 health conditions that classify detailed diagnostic information found on medical claims for analytical purposes. Three categories that initially made the top 20 listing were eliminated and replaced by the next 3 due to their general and administrative nature (Medical Examinations/Evaluations, Administrative/Social Admissions, & Residual Codes, unclassified). Data for other MA Eligibility groups were not included due to a lack of available target group information.

FUNCTIONAL STATUS

- **Report 13 –Functional Status Categories for individuals in MA Programs/Populations as of June 2005**
 - **Data Sources:** LTCFS, HSRS, and Medicaid Eligibility Data
 - **Fields:** DDLOC, NHLOC, Bathing LOH, Dressing LOH, Toileting LOH, Transfer LOH, Meal Prep LOH, Meds LOH, Money LOH, Laundry LOH, Phone Use, Transport Code, Behavioral Variables, Medication Management, Medicaid Program, and County
 - **Other Technical Notes:** The most recent Long-Term Care Functional Screen data was used for this report. Please note that not all Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) are included in these reports. The ADLs and IADLs displayed in this report give the reader a basic, high-level understanding of a particular consumer’s functionality. Individuals without target group information were not included in this report. Some IADL fields had more than two choices, depending on various levels of assistance that may be required for a given category. A numeric method was developed by using either a “0” (Independent) or “1” (Assistance needed) to identify whether or not the individual required assistance. These values were added to find the total number of IADLs where a consumer required assistance. The mapping used to determine whether or not the person is independent or requires assistance for each IADL is described below:

Instrumental Activity of Daily Living (IADL)	Independent	Assistance Needed
Meal Preparation Level of Help	0	1, 2, or 3
Meds Level of Help	0	1, 2a, or 2b
Money Level of Help	0	1 or 2
Laundry Level of Help	0	1 or 2
Phone Use	1a	1b
Transport Code	1a or 1b	1c, 1d, 2, or 3

- **Report 14 –Functional Status Categories for individuals in MA Programs/Populations with Target Group as of June 2005**
 - **Data Sources:** LTCFS, HSRS, and Medicaid Eligibility Data
 - **Fields:** DDLOC, NHLOC, Target Group Hierarchical, Bathing LOH, Dressing LOH, Toileting LOH, Transfer LOH, Meal Prep LOH, Meds LOH, Money LOH, Laundry LOH, Phone Use, Transport Code, Behavioral Variables, Medication Management, Medicaid Program, and County
 - **Other Technical Notes:** See “Other Technical Notes” for report 13.

COSTS

- **Report 15 – LTC & MA Card Service Costs by Medicaid Program/Population for SFY 2005**
 - **Data Sources:** HSRS, CMO Encounter, and Medicaid Claims and Eligibility Data
 - **Fields:** Medicaid, SPC Code (CMO & HSRS Data), FC COS Description, CSG Code, Total Amount Paid, Month, County
 - **Other Technical Notes:** Service costs for consumers on a county wait list and coded with SPC 603 (COP Assessments & Plans) were not included. For information on the mapping of LTC and MA Card services, please see the “Other Technical Notes” under report 7. Capitation dollars, a subset in the Non Covered Services line, were excluded. Wisconsin Partnership Program data is not available and therefore not included in this report. Expenditures reported in the HSRS-LTS module do not include agency administration costs.
- **Report 16 – Service Costs for MA Card Primary & Acute Services by Medicaid Program/Population for SFY 2005**
 - **Data Sources:** HSRS, CMO Encounter, and Medicaid Claims and Eligibility Data
 - **Fields:** Medicaid Program, FC COS Description, Clinical Service Grouping (CSG), County
 - **Other Technical Notes:** Wisconsin Partnership Program data is not available and therefore not included in this report. FC COS Code 22, Non Covered Services, are primary and acute services not currently covered under the Family Care benefit but paid for under the Medicaid Fee-For-Service benefit. The services are further classified by using the Clinical Service Grouping (CSG) that represents detailed pieces of claim information that are grouped into these service categories. Service counts involving Capitation are not included in this report.
- **Report 17 – LTC & MA Card Services Costs by Medicaid Program/Population by Target Group for SFY 2005**
 - **Data Sources:** HSRS, CMO Encounter, Medicaid Claims, and LTCFS Data

- **Fields:** Medicaid Program, FC COS Description, Clinical Service Grouping, Target Group Hierarchical, Client Characteristic field 1, Amount Paid, and County
 - **Other Technical Notes:** Wisconsin Partnership Program data is not available and therefore not included in this report. For information on the mapping of LTC and MA Card services, please see the “Other Technical Notes” under report 7. Expenditures reported in the HSRS-LTS module do not include agency administration costs.
- **Report 18 – Service Costs for MA Card Primary & Acute Services by Target Group for SFY 2005**
 - **Data Sources:** HSRS, CMO Encounter, Medicaid Claims and Eligibility, and LTCFS Data
 - **Fields:** Medicaid Program, FC COS Description, Clinical Service Grouping (CSG), Target Group Hierarchical, Client Characteristic 1, and County
 - **Other Technical Notes:** Wisconsin Partnership Program data is not available and therefore not included in this report. FC COS Code 22, Non Covered Services, are primary and acute services not currently covered under the Family Care benefit but paid for under the Medicaid Fee-For-Service benefit. These services are further classified by using the Clinical Service Grouping (CSG) that represents detailed pieces of claim information that are grouped into the service categories. Service costs involving Capitation are not included in this report.