

PACE/Partnership Program (benefit package includes all 4 columns) CALUMET, KENOSHA, MILWAUKEE*, OUTAGAMIE, OZAUKEE, RACINE, WASHINGTON, WAUPACA, WAUKESHA*

(PACE*)

Family Care Program

(benefit package includes first 2 columns (at NH LOC)) CALUMET, FOND DU LAC, KENOSHA, MANITOWOC, MILWAUKEE, OUTAGAMIÉ, OZAUKEE, RACINE, SHEBOYGAN, WALWORTH, WASHINGTON, WAUPACA, WAUKESHA, WINNEBAGO

- Adaptive aids
- Adult day care
- Assistive technology/ communication aids
- Care/Case management
- Consultative clinical and therapeutic services for caregivers
- Consumer education and training
- Counseling and therapeutic services
- Environmental accessibility adaptations (home modifications)
- Financial management services
- Habilitation services: daily living skills training
- Habilitation services: Day habilitation services
- Home delivered meals
- · Housing counseling
- Personal emergency response system
- Prevocational services
- Relocation services
- · Residential care: adult family homes of 1-2 beds
- · Residential care: adult family homes of 3-4 beds
- Residential care: Community-Based Residential Facility (CBRF)
- Residential care: Residential Care Apartment Complex (RCAC)
- Respite Care
- Self-directed personal care
- Skilled nursing services RN/LPN
- Specialized medical equipment and supplies
- Support broker
- Supported employment individual employment support
- Supported employment small group employment support
- Supportive home care (SHC)
- Training services for unpaid caregivers
- Transportation (specialized transportation) - community transportation
- Transportation (specialized transportation) - other transportation
- Vocational futures planning and support (VFPS)

- AODA day treatment (all settings, except hospitalbased or physician provided)
- AODA services (not inpatient nor physician provided)
- Case Management
- Community support program
- Durable medical equipment and medical supplies (except for hearing aids, prosthetics' and family planning supplies)
- Home Health
- Mental Health Day Treatment
- Mental Health Services. (except inpatient or physician provided)
- Nursing Home services including ICF-IID any age and IMD under age 21 or over age 64
- Nursing Services (including respiratory care, intermittent and private duty nursing) and **Nursing Services**
- 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: (i.e., Medicaid covered Transportation Services except Ambulance)

Please see Member Handbook, or DHS/ MCO Contract for services covered in Family Care at the Non NH LOC

Medicaid Card Services Acute and Primary

- 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
- Dental services, dentures
- 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
- Hearing services
- Vision services

Medicare Card Services

Medicare Part A (Hospital) Medicare Part B (Medical) Medicare Part D (Prescription Drugs)

- 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)