



## IRIS Extraordinary Expense/Budget Review Committee (EE/BRC)

### Purpose:

1. To review and approve or deny requests for time specific and or infrequent expenses (home modification expense for instance) that will serve as a short term add on to the IRIS participant individual monthly budget allocation;
2. To serve as the Department budget allocation review process for persons who seek to have their ongoing monthly individual budget allocation adjusted either temporarily, or on an ongoing basis.

### POLICY

The long term care functional screen (LTCFS) calculates a individual monthly budget allocation (IBA) for each IRIS participant. This IBA is the monthly amount of funding available to the IRIS participant to fund his/her ongoing monthly support and service costs. The IRIS Independent Consultant will work with each IRIS participant to attempt to create an approvable support and service plan that can be funded with the amount of the original LTCFS calculated IBA. There are supports and services which IRIS participants may need that are not ongoing in nature. When such services and supports are needed and cannot be paid within the IBA, the Department of Health Services (DHS) needs a fair and prompt process to make decisions surrounding how to review funding requests for such services or supports and to distribute funds to those requests it approves.

The DHS recognizes that there are some situations where the IRIS IBA does not result in an amount that is sufficient to fund the IRIS participant's ongoing support and service costs. The first step in such situations is to verify that the LTCFS is accurate and if needed to re-do the participant's screen. After this verification, the independent consultant will assist the participant to make a request to the DHS for an adjustment of the individual budget allocation. The IRIS Independent Consultant Agency (ICA) will finalize all requests and will submit them to the IRIS Extraordinary Expense/Budget Review Committee (EE/BRC) for review. The IRIS EE/BRC has the authority to approve, modify or deny such requests and also may request additional information.

Urgently needed or emergency based individual allocation adjustment requests will be allowed without DHS EE/BRC approval for up to three days provided such costs do not exceed a total of \$300 for each occurrence. All emergency and/or urgent cases will be defined by the state contracted ICA, and shall be reported in writing to the DHS IRIS Manager no later than 14 days of the occurrence.

## PROCEDURE

- 1) Composition and decision making of the IRIS EE/BRC
  - a) IRIS EE/BRC Committee Members: IRIS Waiver Manager, representative from the IRIS Implementation Advisory Committee, a member of the Division of Long Term Care Fiscal Services Section.
  - b) The BLTS IRIS Manager will serve as the EE/BRC chairperson.
  - c) Each member will have equal weight in the decision making process.
  - d) Decisions shall be reached by consensus and are subject to review by the BLTS Director as indicated below.
  
- 2) Scheduling IRIS EE/BRC Meetings
  - a) Meetings are scheduled weekly and the committee will meet only if requests for review have been received prior to the meeting.
  - b) The IRIS Manager plans the meetings in advance to help members meet their appointments.
  - c) Meetings will only occur if the ICA request is completed and received prior to the meeting.
  
- 3) Requests that **are reviewed** by IRIS EE/BRC
  - a) Request for raising the monthly calculated and assigned ongoing individual budget allocation;
  - b) Requests for additional funding that exceed the IBA but that are time limited in duration EG: short term use of AFH, CBRF, or temporary increase in hourly units of supportive home care;
  - c) Request to fund infrequent support, service or goods– EG Housing Modification, Adaptive Aid or other items /goods that are not ongoing routine services, and other situations as determined by the IRIS Manager.
  - d) All requests shall be presented to the EE/BRC by the IRIS ICA.
  
- 4) Requests that **are not reviewed** by IRIS EE/BRC.
  - a) Requests involving reasonably permanent changes in condition necessitating increased funding that can be addressed through a new LTC-FS IBA calculation.
  - c) Requests that are urgent or emergency related as defined above.
  - b) Requests for funding before an individual is determined to be IRIS eligible and also requests that may be paid through the Medicaid Card or any other payer.
  - c) Requests that are not presented by the ICA.
  
- 5) Independent Consultant Agency /Independent Consultant duties to prepare the request for the EE/BRC
  - a) Using DHS prescribed forms, the ICA presents the request to the IRIS EE/BRC and prepares all pertinent information that is needed for the IRIS EE/BRC to reach a decision. Each request must include narrative statements that describe the request. As appropriate, the ICA gathers

- other supporting documentation or information that could include but is not limited to information from family members, vocational, or other contributors and any related clinical or medical information. Any community specific characteristics that influence the request should also be included in this information.
- b) The ICA presents the request to IRIS EE/BRC through the IRIS Waiver Manager or his designee.
  - c) The ICA may also be asked to provide additional information such as additional information to that which is required on the prescribed forms.
  - d) The ICA can request that expert opinion be heard during the IRIS EE/BRC meeting. In such cases, the ICA must inform the IRIS manager of this fact in writing prior to the scheduled meeting.
  - e) Any IRIS participant who wishes to prepare his/her own EE/BRC request may do so, but the ICA must present the request to the EE/BRC. All communications with the EE/BRC must be between the ICA and the EE/BRC.
- 6) ICA duties in preparing a request for the IRIS EE/BRC review
- a) Discuss the details of the request with the IRIS participant and also their Independent Consultant.
  - b) Gather all required documentation and list the activities that were already tried but proved insufficient or to be inadequate remedy.
  - c) Gather other information including but not limited to:
    - i) The IRIS participant preferences on the requested remedy;
    - ii) A copy of the IRIS participant's most recent Long Term Care Functional Screen;
    - iii) The most recent approved ISSP (IRIS or other) if applicable;
    - iv) Service utilization reports on paid services from either the FSA or from other sources.
  - d) Define the time period and any other projected time lines such as not later than, not to exceed X weeks, projected project completion (planned dates for home modification requests for example), specific to the request.
  - e) Complete the state required forms which must accompany each EE/BRC request and also documents the ICA recommended action.
  - f) Send the state required forms to the IRIS Waiver Manager through e-mail at least 2 days prior to the scheduled an EE/BRC meeting . Time permitting, the IRIS Waiver Manager may discuss the request with the ICA and help prepare the ICA for questions that may be asked.
  - g) Prepare copies of any additional written materials for the IRIS EE/BRC meeting.
- 7) IRIS EE/BRC Meeting and EE/BRC Decision Making.
- a) The IRIS Waiver Manager notifies through email that the committee will meet and provides a brief description of the nature of the request.
  - b) The EE/BRC convenes, and will contact the ICA or others by telephone to answer any questions that remain after their review of submitted materials

- and also to allow the ICA to present a brief summary of the request to the EE/BRC. This summary will include the ICA recommended action.
- c) The ICA may arrange for additional details to be shared either in person, by phone, by videoconference, or by letter. If approved in advance, other individuals may present information at the meeting.
  - d) After the EE/BRC review of all information presented the EE/BRC will discuss the request and evaluate it only according to the pre-established criteria listed at the end of this policy.
  - e) The decision of the EE/BRC will be achieved through a consensus process, and will be placed into written form summarizing the EE/BRC decision by the IRIS Manager or their designee.
  - f) The EE/BRC review process includes review and consideration of highly sensitive confidential and private information. Extreme care will be exercised by all involved to actively prevent any breach of the participant's ultimate right to confidentiality.
- 8) Outcomes of ECC meetings.
- a) Approval of the request as presented.
    - i) Revision of the IBA for a specified period of time.
    - ii) Short term increase of funding for period of one year or less. The ICA may be required to submit a progress plan that includes a timeline for restoring the participant's prior level of independence.
  - b) Approval of a lesser dollar amount than was requested and/or for a different duration.
  - c) Denial of request.
  - d) Tabling of request until more information is received. The following week's EE/BRC meeting will review all additional submitted information in such cases.
- 9) Bureau responsibilities after the EE/BRC meeting.
- a) The IRIS Waiver Manager forwards the decision summary to the Bureau of Long Term Care Director or their designee. Any Bureau Director concerns may be referred back to the EE/BRC for re-consideration.
  - b) The IRIS EE/BRC decision summary will be signed by the Bureau of Long Term care Director or designee once all concerns have been resolved.
  - c) The IRIS Waiver Manager will inform the participant, the ICA and also the FSA of the IRIS EE/BRC decision by letter within 10 business days of the decision and subsequent sign off by the Bureau Director.
  - d) DLTC Fiscal Services will place a copy of the IRIS EE/BRC request form, the decision summary along with a copy of the letter advising the Participant, ICA, and FSA separate EE/BRC file.
  - e) DLTC Fiscal Services staff will maintain an electronic file that will log all decisions of the EE/BRC. The file information shall identify the individual, the committee decision along with a date and also any and all other conditions that apply to the decision. This file will be shared with the Financial Service Agency and also the Independent Consultant Agency as necessary in Quality Management efforts.

- 10) Program integrity and quality management responsibilities
  - a) Revision of IBA
    - i) The ICA will include persons who have received an IBA adjustment as one of the targeted groups of quality management reviews and also will include verifying that IBA increases continue to be needed as an element of their internal Quality Management/ Improvement program.
    - ii) The Financial Services Agency will include verification that the IBA increase is recognized in their routine and ongoing claims payment processes and procedures.
  - b) Short term increase of funding for period of one year or less where the increase is approved subject to specific monitoring
    - i) The ICA and the participant will be advised of any and all conditions which must be met in order for the increase of the IBA to occur in their original notification letter. The ICA is expected to track any report back in accordance with any conditions that were applied to the decision
    - ii) The ICA will ensure that a participant specific plan is implemented whenever such conditions are attached to the approval decision, and shall also make routine reports including the approaches and also results of their monitoring activities to the IRIS Waiver Manager.
    - iii) The Waiver Manager can adjust specific timelines of such contingencies as warranted.
    - iv) Concerns identified by the ICA or FSA will be reviewed with the IRIS Waiver Manager. The Waiver Manager will decide on appropriate steps which may include modifying the approved funding contingencies, and in any circumstance where warranted, shall consult with the DHS Medicaid Fraud Unit.
  
- 11) Process for Appealing the decision of the IRIS EE/BRC
  - a) EE/BRC Decision Review: IRIS participants, who are dissatisfied with the EE/BRC decision, may send a letter to the Bureau of Long Term Care Director within 10 business days of the EE/BRC notice explaining their reasons for requesting a decision review..
  - b) The Bureau Director may ask the IRIS EE/BRC to re-consider the request.
  - c) The participant and also the ICA and the FSA and the IRIS Waiver Manager will be promptly notified of the Bureau Director's decision by letter within 10 business days of receipt of the request.
  - d) This review does not replace any Medicaid Appeal Rights available to the IRIS participant.

## **Extraordinary Expense/Individual Budget Allocation Committee Decision-making Criteria**

1. The requested good, item or service has a direct correlation to at least one of the IRIS participant's personal experience outcomes. The request includes clear documentation of the relationship between the item good or service and the outcome(s). Only goods, items or services that are intended primarily as a benefit to the status of the IRIS program participant will be considered for approval.
2. The requested item or service if approved will compensate the vendor or provider within the range of rates that is typical of what others may purchase the same or similar goods and services.
3. The requested item or service if approved is documented as needed to purport to either maintain or improve or to prevent the decrease in a functional skill; or, The requested item or service if not approved would result in a health and or safety risk for the participant, or  
The requested item or service if not approved would likely cause a situation of non-compliance of law, rule or regulation including but not limited to situations defined as neglect and/ or abuse.
4. The request for the good or service includes a IRIS Independent Consultant Agency recommendation to approve, and also a detailed explanation of how the item, good or service helps to meet the individual's personal experience outcome(s) in a cost effective way. Efforts to attempt to create a support and service plan within the existing individual allocation have occurred and the request includes a brief description of the result of such efforts.
5. The request includes a description of the time/duration of need for the increase- eg: 3 months, long term, etc...and the description of timing is consistent with other variables that relate to the participant's plan and current budget allocation. For example, An allocation that is 5,000 per month with a monthly budget of \$2,000 per month must first use their monthly under-spending to fund the request. The request then, would be reduced by \$3,000 , the amount of any actual under-spending.