

## Implementation of the Enrollment Cap for the Family Care, IRIS, PACE, and Partnership Programs and Urgent/Emergency Enrollment Guidance

*This document provides guidance to ADRCs on how to implement the cap on enrollment into Family Care, IRIS, PACE, and Partnership between July 1, 2011 and June 30, 2013 based on the 2011-2013 biennial budget provisions. Also provided is Department of Health Services (DHS) criteria to enable urgent/emergency enrollments while implementing the cap.*

### Enrollment Cap

There will be a cap, or limit, within each ADRC service area, on enrollments into any of the available managed care or IRIS programs effective July 1, 2011. In general, an ADRC will be able to enroll individuals from the wait list when there is attrition. There are some exceptions which are described in this bulletin.

*Attrition.* Attrition occurs when someone *disenrolls* from Family Care, IRIS, PACE or Partnership, typically due to death, loss of eligibility, moving out of state, or choosing fee-for-service Medicaid, including voluntary disenrollment to reside permanently in a nursing home. An attrition opening does not occur when a person who has relocated from an institution, under the provisions in the “Relocation” section below, subsequently leaves the program.

*Calculating the Enrollment Cap.* DHS plans to inform ADRCs of a preliminary enrollment cap number by the end of July 2011 and will provide a final number by September 2011. This time frame allows for complete data to be entered into the various enrollment systems to ensure compliance with enrollment cap requirements. In the event that there is a system error or delay, the signed enrollment form will be used to establish enrollment numbers until all data systems are synchronized.

### Wait List

*Developing a wait list policy.* ADRCs serving areas that have available an entitlement to long-term care programs will need to develop a wait list policy consistent with DHS guidance for a [Model Wait List Management Policy](#) as described in the Resource Centered bulletin #07-01, entitled, Enrollment Plan. Additional information on managing a wait list is provided in [Information Bulletin #21](#), dated 1/20/2010. ADRCs are required to use the Program Participation System (PPS) to manage the wait list. (See [Operational Practice Guide](#) on this topic, dated 11/19/2009.)

*Placing people on the wait list.* A functionally eligible person may be placed on the adult long term care wait list, if the ADRC anticipates that the individual’s personal resources will be exhausted prior to the state establishing entitlement to long-term care programs, or during this biennium, even though the person is not immediately financially eligible. [Note that [Information Bulletin #21](#) will be revised to reflect this change.]

*Enrolling people from the wait list.* ADRCs are expected to enroll people from the wait list in accordance with the State's wait list policies (as detailed in the above referenced documents.) This is a first come-first serve requirement, with consideration for priority situations as described in the ADRC's approved policy and the additional criteria on urgent/emergency enrollment during the 2011-13 biennium. ADRCs are expected to manage enrollments across client groups in a fair and equitable manner. (See [Information Bulletin #21](#) for guidance.)

### **Urgent/Emergency Enrollment**

The 2011-13 biennial budget, section 9121 (2g), provides funding during the biennium to provide services and supports to individuals on wait lists who are in urgent/emergency need for publicly funded long term support services, as determined by the Department.

DHS has developed guidance in the attached document titled: [Use of Urgent/Emergency Funding and Criteria for Urgent/Emergency Needs for Family Care, IRIS, PACE and Partnership Programs](#) and criteria for urgent/emergency enrollment in the checklist titled: [Criteria for Urgent/Emergency Enrollment in Family Care, IRIS, PACE, Partnership](#). ADRCs must submit this document to DHS when a determination is made that a person meets urgent/emergency enrollment criteria and that the ADRC does not have room within the enrollment cap.

An ADRC is expected to use enrollment capacity resulting from attrition to continue an individual previously enrolled under the emergency/urgent provisions. DHS will require monthly reports related to urgent/emergency enrollments. DHS will provide ADRCs with the format for these reports.

### **Moves**

If a person who is currently enrolled in Family Care, IRIS, PACE, or Partnership voluntarily moves from a managed care/IRIS county to a managed care/IRIS county, the ADRC's cap will be adjusted down in the sending ADRC and up in the receiving ADRC.

A voluntary move from a managed care/IRIS county to a legacy waiver county will create an attrition opening in the managed care/IRIS county. For legacy waiver participants who move to a managed care/IRIS service area, ADRCs will manage the use of attrition and/or urgent/emergency enrollment in such a way as to assure continuity of service to the person.

ADRCs will be required to report these moves to the Department for tracking purposes.

### **Relocations**

An individual interested in relocating from a nursing home, an ICF-MR, or a center for people with developmental disabilities, funded under the Medicaid Program,\* may be enrolled in one of the long term care programs without regard to the limitations of the enrollment cap under the criteria as defined in the 2011-13 biennial budget, section 9121 (1g): The Department may enroll an individual who is relocating from an institution into a long term care program without regard to the limitations of the enrollment cap if any of the following applies:

1. The individual has resided at the institutional facility for at least 90 days.
2. The Department removes the individual from the institutional facility under section 50.03 (5m) (a) of the statutes.
3. The institutional facility is closing or relocating residents under section 50.03 (14) of the statutes.
4. The institutional facility is not licensed to operate in this state.
5. The individual is relocated due to an emergency, as determined by the Department.

ADRCs are required to report relocations using the (forthcoming) wait list module in PPS.  
\*[Note: A child “aging out” of a child caring institution (CCI) is not defined as a relocation.]

**Youth Turning 18 Years Old***Youth Participating in Children’s Waivers.*

- Youth turning 18 years of age who are already enrolled in the Medicaid children’s long-term support (CLTS) waivers will be permitted to remain on the CLTS waiver up to their 22<sup>nd</sup> birthday, at the latest. The ADRC should determine the young adult’s eligibility for the adult long term care programs and place him/her on the adult wait list. This individual would be served on a first-come, first-serve basis in accordance with standard wait list management policy. When the person’s name is reached on the wait list, enrollment into adult programs will occur. In any circumstance, transition planning must occur so that the eligible young adult is participating in the adult long term care program no later than the 22<sup>nd</sup> birthday.
- For young adults participating in the CLTS waivers who are in foster care or treatment foster care settings, or whose needs cannot otherwise be met with the current funding source or in the current living arrangements, transition to adult services should be coordinated as soon as feasible. In some circumstances, the young adult may meet the criteria for urgent/emergency enrollment in an adult long-term care program.

*Children Waiting for Waiver Services.* Children not receiving CLTS waiver services, who have been on the children’s wait list and who turn 18 years of age, are to be provided with eligibility determination for the adult programs and then placed on the adult wait list using the same date on which they were placed on the children’s wait list. The ADRC shall use attrition and enrollment changes to equitably assist the young adult to enroll in an adult program, unless an urgent/emergency circumstance arises.

**Temporary Loss of Eligibility**

*Non-allowable Setting.* If an enrollee/participant is disenrolled as a result of entering a non-allowable temporary setting such as an institute for mental disease (IMD), nursing home (for IRIS participants), or incarceration, then the ADRC is expected to manage the use of attrition and enrollments in such a way as to be able to re-enroll the person when he/she is ready for discharge.

*Loss of Financial Eligibility.* If an enrollee/participant loses financial eligibility due to an uncharacteristic or accidental failure to meet their obligations for Medicaid recertification or cost-share, or if an enrollee/participant loses financial eligibility due to excess assets or income and is expected to regain eligibility within a short period of time, the ADRC can manage the use of attrition and enrollments in such a way as to be able to re-enroll the person.

**Additional Information**

Please send an email request to [DHSRCteam@wisconsin.gov](mailto:DHSRCteam@wisconsin.gov) for further information.