

# What Will Change?

## *From the Medicaid Waiver Programs to IRIS (Include, Respect, I Self-Direct)*

*You are currently receiving services that are funded by a Medicaid Waiver program such as the Community Options Program (COP), the Community Integration Program (CIP), or the Brain Injury Waiver (BIW). These programs are changing as long-term care reform occurs in your area. This document provides important answers to questions about this transition and the impact it has on you.*

## What is IRIS?

IRIS (Include, Respect, I Self-Direct) is a Medicaid long-term support Self-Directed Waiver Program. In this new program you and anyone else you choose to help are in charge of making the decision about which supports and services you would like to use. The Aging and Disability Resource Center (ADRC) will tell you your monthly budget allocation amount.

This program is different from the program you are currently in because you plan your own supports and services within your assigned budget. The supports and services that you select will help you live the way you want to. You will select an IRIS consultant whose job it is to make sure your plan is written, only includes qualified providers and does not exceed the amount of your budget. You can apply to the Department for an adjustment to your budget, if you and your IRIS consultant conclude an adjustment is needed. You decide how to define quality of your services, and the goods and services you select must be able to connect to the personal outcomes that matter to you. You may not purchase goods or services that are illegal or considered experimental. Your health and medical care and prescription drugs continue to be covered by Medicare and Medicaid. A state contracted financial services agent pays your providers for you from your budget.

## Will I have the same services?

The IRIS long-term care benefit package includes all the services in the current Medicaid Waiver programs (CIP, COP, and BIW) and also the new service “customized goods and services” which is a service that allows you to purchase non traditional supports and services with your budget. You will get the services you choose at the level you need them to cost-effectively support the outcomes you want to achieve through those services. This may or may not be the exact same services at the exact same level that you currently receive. Services will NOT be randomly cut, and there are no “across the board” decisions about who gets what services. If you decide you would like to make changes in your support and service plan you can. This is because the type of planning that occurs in IRIS is focused on meeting your personal, individualized outcomes. The cost of services that you choose may not exceed your monthly individual budget amount.

## **Can I keep the same care manager/support and service coordinator?**

In IRIS, the ADRC will refer you to the statewide independent consultant organization, which helps you select an independent consultant. The independent consultant will be especially respectful of honoring your choices in how you arrange and manage your supports and services. This person will assist you if you want them to. He or she may help you in some ways that your former care manager/support and service coordinator did, but they will not direct your plan. That is your job. You may also have friends, relatives, or a guardian assist you as much as you desire.

## **Will I have the same providers?**

You may select from any qualified provider– so if you would like to continue with your current provider and they remain otherwise qualified, yes. The cost of the provider’s services must fit within your budget amount. Remember, you determine if your current provider can meet your individual outcomes in a cost-effective way. You will be able to choose a new provider that wasn’t available to you in the past!

If staff or a paid attendant is part of your plan, you may select an agency, you may become the employer, or you may engage a co-employment agency to help you manage them. The state contracted financial services agency handles all of the payroll functions and makes sure criminal background checks are completed.

## **Are there any limits on how I spend my individualized budget amount?**

Expenses may be incurred only for services included in your approved care plan. The state (through the independent consultant) may put limits on your self-directed supports options if:

- You are not staying within your available resources;
- You have used resources in a way that is illegal;
- You have used resources in a way that is too much of a risk to your health and safety; or
- Someone else is making decisions for you that are not based on what you want.