

Talking Points for ADRCs Responding to Customers Who Have Been Encouraged by Providers to Consider a Different MCO or IRIS

ADRC customers may contact the ADRC to inquire about a change in program as a result of being encouraged or persuaded by his or her provider. These “talking points” may help the ADRC respond to situations where providers appear to be inappropriately influencing the person’s choice of Medicaid programs and services.

Addressing Providers’ Conflict of Interest

- Enrollment counseling is a function that only qualified and unbiased professionals at the ADRC can provide. ADRCs do not have a vested interest in the program or provider an individual chooses. There is concern that some providers are performing pseudo-enrollment counseling and providing inaccurate, misleading or coercive information that affect participant freedom of choice.
- Providers are a source of information for completing a long-term care functional screen (LTC FS). However, providers do not have the right to dispute information in the screen without the member/guardian being included, or in an attempt to change a program rate or budget.
- MCO members may be hearing about rate reductions from their providers. Customers who have either questions or concerns about the proposed provider rate reductions should discuss the issue with their MCO interdisciplinary team care manager, registered nurse, or other MCO representative.
- If a provider elects to discontinue contracting with the MCO, the MCO is expected to work with the member/guardian to identify and contract with an alternate provider to serve the member. In those instances where a discontinued contract results in a member moving, the member/guardian must be provided at least 30 days advance notice by the MCO. Residential facilities also have regulatory responsibilities requiring them to assist with the appropriate discharge and alternative placement planning in such situations.
- Providers have separate avenues to dispute issues with long term care programs and should not be involving their residents.

Responding to Customer Requests for a Re-Screen of Functional Eligibility at the Suggestion of Providers

An MCO member may approach the ADRC asking for a re-screen to determine whether the person’s IRIS budget would be sufficient to pay the rate the provider is seeking.

IRIS participants may contact the ADRC asking for a rescreen because the budget is not sufficient and want to see whether a new screen would produce a higher budget. While the long term care functional screen (LTC FS) may be completed at an individual's request, there are instances where it is not appropriate for multiple screens to be completed.

The ADRC can refer to the "[Long Term Care Functional Screen Implementation Series #1](#)" for guidance on when it is appropriate to conduct a re-screen of the person's functional eligibility.

- In situations where a MCO member is interested in getting information about IRIS, the guidelines indicate that:
 - It is appropriate for the ADRC to "review" the individual's current screen and make any necessary changes to assure the most accurate screen and IRIS allocation. The term "review" is intended to mean that if, in a conversation with the individual/guardian, something is identified as not accurately reflected in the screen, it should be further discussed and the LTC FS may need to be revised.
 - A LTC FS needs to be updated if there is a significant change in condition.
- The screen results should be the same regardless of who completes the screen.
 - Explain to individuals that staff conducting the screen are certified, receive on-going training, and use standardized screen instructions.
 - If a discrepancy is found in the screen between the ADRC and MCO screeners, they are encouraged to discuss their screen results.
- If an individual is found eligible for long-term care but does not agree with the screeners responses to certain questions:
 - The ADRC can explain their LTC FS quality assurance policy and procedure which includes a process for the screener to discuss their screen responses with the ADRC screen lead and with the Department screen liaisons.
 - The person has the right to file a complaint but, because the person is eligible for long-term care programs, there is no appeal or fair hearing process. For additional information on what is appealable to fair hearing, the ADRC can reference the "Being a Full Partner" handbook, the IRIS handbook, and/or the MCO member handbooks.
- If the person is not satisfied with the results of the LTC FS, the person can file a complaint. The ADRC can explain all of the complaint options and advocacy resources available to them.
- If a customer questions the accuracy of a screen completed by a MCO, it may be helpful for the ADRC to explain that the LTC FS is used to determine the capitated

rate for the MCO. So it is just as important for an MCO to complete an accurate screen as it is for the ADRC.

Responding to Customer Dissatisfaction with the IRIS Budget Allocation

- If an individual is found eligible for long-term care, but is not satisfied with the IRIS budget amount, the ADRC can:
 - Explain that until a plan is developed, it is difficult to determine whether or not a budget is adequate. This is because the budget allocation does not include services which can be paid for through the Medicaid card, such as personal care. The chart regarding [Covered Services in Wisconsin's Long-Term Care Programs](#) can be used to talk about these Medicaid covered services.
 - Encourage the individual to discuss their concerns with the IRIS Consultant (IC). IRIS Consultants can assist the individual with developing their plan and requesting a budget allocation adjustment.
 - It may also be helpful for customers (and providers) to know that there are limitations to when an increase in a budget allocation can be requested. Funding for an adult family home, residential care apartment complex (RCAC) or community based residential facility (CBRF) would need to be paid out of the existing budget.
- The ADRC can discuss with the person that IRIS budgets are recalculated annually and that the budget they receive this year may not be the same next year.
- In addition, there are risks to rescreening where the budget allocation may go down, as described in the document [ADRC/IRIS Implementation Series #1, IRIS Budget Calculation Changes for July 2010](#).

Additional Information

[Influencing the Exercise of Participant Freedom of Choice Memo](#)

Please send an email request to DHSRCTeam@wisconsin.gov for further information.