ADRC/IRIS Implementation Series #3

Topic: New Process for Annual Long Term Care Functional Screen Recertification and Change in Condition Screens for IRIS Participants

Purpose
This information bulletin is intended to notify ADRCs of the new process for conducting long term care functional screens for annual determination of functional eligibility of *IRIS participants*. IRIS will begin to assume responsibility for the completion of the annual recertification of the Long Term Care Functional Screen (LTC FS) and any change in condition screens for IRIS participants in 2011.

Annual recertification for waiver participants
In IRIS, Family Care, PACE/Partnership and the traditional home and community-based waivers, an initial LTC FS is required to establish functional eligibility prior to receiving services or being placed on a waitlist. An annual LTC FS is required thereafter to ensure continued functional eligibility. Annual recertification screens for MCO enrollees are performed by the MCO. Annual recertification screens for IRIS participants are currently performed by the ADRC but will mirror the MCOs and be performed by the IRIS Consultant Agency for IRIS participants.

When will this new process go into effect?
The date of this change will be different for each ADRC. There will be a seven month transition process beginning January 1, 2011 that will continue through July 1, 2011. Attached is a copy of the transition plan indicating when an ADRC will be scheduled for its transition. The IRIS Consultant Agency will be contacting the director of each ADRC to set up a conference call 2-3 months prior to the ADRC transitioning. The purpose of this call is to ensure continuity and a smooth transition to the new process.

Will the ADRCs be completing any LTC FSs for IRIS participants?
Yes, the ADRCs as part of options counseling will continue to complete the initial LTC FS for IRIS participants. If an IRIS participant wants to change from IRIS to Family Care then the ADRC will have access to the LTC FS and be able to screen an IRIS participant. This is to give the IRIS participant the freedom to contact the ADRCs without having to go through the IRIS Consultant Agency.

Should the ADRCs ever edit information on an existing screen or complete a change in condition screen?
No, only the IRIS Consultant Agency should update information in the LTC FS. If an address or other information is incorrect the IRIS Consultant Agency will make these changes. The ADRCs should treat the screen as “read only” unless they are conducting an initial screen. In addition, the ADRCs should refer any Medicaid Personal Care agencies to the IRIS Constultant Agency for cross validation issues as well as any IRIS participants to the IRIS Consultant Agency for a change in condition screen.

How are annual recertification dates determined?
Federal Home and Community-Based Waiver regulations stipulate that functional eligibility is determined at least every 365 days. IRIS will be required to update screens using this 365 day rule. So for example, if a participant's screen is due on April 5, 2011 then their screen must be completed on or before April 5, 2011. In addition, recertification dates are determined using the most recent 'Eligibility Determined on' date on the LTC FS.

How does the IRIS program notify IRIS participants of upcoming annual recertification dates?
The IRIS Consultant Agency has a full time LTC FS scheduler that will be contacting each participant 60 days prior to their annual recertification date to set up an appointment with one of the IRIS Screening Specialists in their region. An appointment reminder letter will be sent to the participant after the appointment is confirmed. If the IRIS participant does not have a working phone or has not returned messages left by the scheduler a letter will be sent out 60 days prior to the annual recertification date requesting they contact the IRIS Consultant Agency to set up an appointment. If needed, another notice letter is mailed out 30 days prior to the annual recertification date.

Will the IRIS Consultant Agency also be completing IRIS participant's annual financial review?
No, the IRIS Consultant Agency will only be assuming responsibility for the LTC FS recertification and any change in condition screens. All IRIS participants must have an annual financial review to assure that his/her eligibility for Medicaid continues. This financial review continues to be completed by the county's Income Maintenance (IM) unit. The IRIS program will continue to assume responsibility for following up with IRIS participants regarding completion of their determination of financial eligibility.

How will IRIS ensure quality of the screens?
IRIS will follow the same quality standards for completion of the LTC FS that other agencies that conduct screens are expected to adhere to as outlined in the Wisconsin Long Term Care Functional Screen Instructions manual under section 1.4. In addition, IRIS will follow all CMS assurances that DHS is required to meet. In addition, the IRIS Consultant Agency Screening Specialist will not have access to the individual participant's allocation amount.

What happens if an IRIS participant does not have an annual rescreen done?
Continued participation in a Home and Community-Based Waiver is dependent on annual determination of functional eligibility. An IRIS participant may be disenrolled from the program if, after repeated attempts to contact an IRIS participant, he/she does not have an annual rescreen performed. The IRIS program will continue to assume responsibility for following up with IRIS participants regarding completion of their verification of continued functional eligibility.