

**Attachment 1 to DLTC Numbered Memo 2011-06/DMHSAS Numbered Memo 2011-09**

**PROGRAM SPECIFIC PROCEDURES AND CONSIDERATIONS WHEN A PERSON MOVES VOLUNTARILY**

**Procedures for Moves Involving Voluntary Change in Residency**

The following examples apply to a person who is participating in a long term care program and voluntarily chooses to change residency from one county to another within Wisconsin. This does not apply to a person in a long term care program that has a developed plan of care that places him or her in a facility or other setting in another county.

It is expected that the long term care agencies will collaborate in attempting to assure that there is no lapse in coverage and all parties will act in good faith to transfer responsibility in a timely manner. This includes, with the person's consent, the effective transfer of all information. This is particularly important when the person has emergency or crisis related needs.

**A. Managed Care Organization County to Managed Care Organization County**

1. If a Managed Care Organization member notifies the agency providing services that he or she is voluntarily changing residency to a county outside of the MCO/PACE/Partnership service area where there is a Managed Care Organization, the member is disenrolled from the current MCO/PACE/Partnership agency and he or she may enroll in the MCO/PACE/Partnership program in the new county of residence.
2. The current Managed Care Organization should refer the member to the ADRC serving the county in which he or she plans to establish residency for enrollment counseling. The current Managed Care Organization must assure that the contact between the member and ADRC has occurred. This does not constitute placement by the current MCO/PACE/Partnership agency.
3. If the person chooses to enroll in a program in the new county of residence, the ADRC will complete an enrollment form once the person makes a decision between available programs.
4. The current Managed Care Organization and ADRC will complete the appropriate disenrollment process and notify the Income Maintenance agency currently responsible for the person.
5. The disenrollment date from one program and enrollment date in the new program must be coordinated to the extent possible to allow for continuous enrollment and provision of services in a long term care program.
6. The Managed Care Organization in the new county of residence is responsible for services from the date of enrollment.
7. If a Managed Care Organization member notifies the agency providing services that they are voluntarily changing residency to a county within the MCO/PACE/Partnership service area, the enrollee may remain enrolled in the MCO/PACE/Partnership program. In this instance the Family Care/PACE/Partnership program should refer the person to the ADRC in the new county of residence to determine if there are additional program options that the person may want to consider. If the person chooses to remain with the same MCO/PACE/PARTNERSHIP agency, the appropriate form should be completed by the MCO/PACE/Partnership agency to assure proper notification to all interested parties. The MCO/PACE/Partnership agency is responsible to notify the Income Maintenance agency currently responsible for the person.
8. When a person establishes residency in a new ADRC service area, the cap on enrollments (as established under the 2011-2013 biennial budget) will be adjusted accordingly: the cap will go down in the former county of residence and increase in the new county of residence. The ADRC will be responsible tracking this information. No attrition opening will be used or generated and the person will not be placed on a wait list.

## **B. IRIS County to IRIS County**

1. If an IRIS participant notifies the IRIS consultant agency that they are voluntarily changing residency to another county, the participant may remain enrolled in the IRIS program. In this instance the IRIS program should refer the person to the ADRC in the new county of residence to determine if there are additional program options that the person may want to consider.
2. If the person chooses to remain in the IRIS program, the person and the IRIS consultant agency will determine if a new consultant will be selected to work with the person in the new county of residence.
3. The IRIS consultant agency must notify the ADRC serving the current county of residence that the participant is voluntarily moving to another county, through the appropriate established process.
4. The IRIS consultant agency is responsible to notify the Income Maintenance agency currently responsible for the person, through the appropriate established process.
5. When a person establishes residency in a new ADRC service area, the cap on enrollments (as established under the 2011-2013 biennial budget) will be adjusted accordingly: the cap will go down in the former county of residence and increase in the new county of residence. The ADRC will be responsible for tracking this information. No attrition opening will be used or generated and the person will not be placed on a wait list.

## **C. Managed Care Organization/IRIS County to CIP/COP/BI Waiver County**

1. If a Managed Care Organization/IRIS enrollee notifies the agency providing services that he or she is voluntarily changing residency to a county outside of the current MCO/PACE/Partnership/IRIS service area to a waiver county, the enrollee will be disenrolled from the MCO/PACE/Partnership/IRIS agency as described below. It is imperative that the person's current team assures that the person is well informed about the support and services which are and are not available in the county in which they intend to move, before he or she changes county of residence. The ADRC or waiver agency in the county in which the person wants to establish residency is responsible to provide this information to the person.
  - a. The current Managed Care Organization/IRIS agency should assist the person to contact the county waiver agency, or ADRC if available, in the county in which they plan to establish residency. If the waiver county has no wait list for waiver services the person should apply for waiver services in the new county of residence, through the usual application process for the program.
  - b. The current Managed Care Organization/IRIS agency should assist the person to contact the county waiver agency, or ADRC if available, in the county in which they plan to establish residency. If the waiver county has a wait list for waiver services the person should be placed on the wait list and the following will apply.
    - i. DHS will transfer funding to the waiver county to serve this individual in the waiver program. The waiver agency should develop a care plan and submit it to the appropriate DLTC waiver program for approval. Upon approval, DHS will contract with the county for the care plan. Once the person reaches the top of the county wait list, the person should be served within the county's allocation.
    - ii. If the person's needs change and there is a need for increased services while he/she is still on the wait list, the waiver county can submit an updated care plan to the appropriate DLTC waiver program for review. Funding to cover the cost of approved services will be made available to the waiver county.
    - iii. All funds transferred for the waiver plan of care will be Medicaid waiver funds, subject to rules of the waiver the person will be served under, unless the county

waiver agency makes other funds available. No Community Options funds will be made available for non waiver allowable costs.

- iv. Other considerations that the person should be aware of before deciding to move to a waiver county:
  - (a) The waiver county may have a wait list for care management services; therefore the person may be placed on a wait list for care management and may not receive waiver services until the county has capacity.
  - (b) The waiver county may have CBRF cap restrictions resulting in a wait list for CBRF services, therefore the person would be placed on a wait list and may consider other living arrangements.
  - (c) The waiver county may not have a contract with the person's choice of provider; the person may need to consider other living arrangements or service providers.
  - (d) The waiver agency may not have funding to assist the person with room and board expenses.
  - (e) DHS will not transfer COP funds or provide assistance with room and board costs for the person.
2. The current Managed Care Organization/IRIS program is responsible to continue funding for services to the extent possible until the person's waiver start date or placement on the wait list, if the waiver county cannot provide case management services. The disenrollment date and waiver start date should be coordinated to assure continuity of care.
3. The current Managed Care Organization/IRIS will complete the appropriate disenrollment process and notify the Income Maintenance agency currently responsible for the person.
4. The county waiver agency will complete the waiver application, which includes an assessment and updated LTC Functional Screen.
5. Under the enrollment cap policies in effect in accordance with the 2011-2013 biennial budget, when a person establishes residency in the waiver county, the ADRC serving the county from which the person disenrolled will receive an attrition opening. The ADRC will be responsible for tracking this information.

#### **D. CIP/COP/BI Waiver County to Managed Care Organization/IRIS County**

1. If a waiver participant notifies the county waiver agency that they are voluntarily changing residency to a Managed Care Organization/IRIS county, the person will be closed from the waiver and he or she may enroll in the Managed Care Organization/IRIS program. This person is not placed on any wait list that may exist in the Managed Care Organization/IRIS county.
2. The county waiver agency should refer the enrollee to the ADRC in the county in which the person plans to establish residency for enrollment counseling. The county waiver agency must assure that the contact between the enrollee and ADRC has occurred; this does not constitute placement by the current waiver county agency.
3. The ADRC will complete an enrollment/referral form once the person makes a decision between available programs. The ADRC will notify the county waiver agency of the effective date of enrollment in the new program.
4. The county waiver agency will close the person from the waiver through established processes.
5. The closure date from the waiver program and enrollment date in the new program must be coordinated to the extent possible to allow for continuous enrollment in a long term care program.
6. The county waiver agency is responsible to notify the Income Maintenance agency currently responsible for the person.

7. During the implementation of the enrollment cap, when the person establishes residency in the Managed Care Organization/IRIS county, the ADRC will use an attrition opening to enroll the person. The person will not be placed on a wait list.

#### **E. CIP/COP/BI Waiver County to CIP/COP/BI Waiver County**

1. If a waiver participant notifies the county waiver agency that they are voluntarily changing residency to another waiver county, the person will remain on the waiver program.
2. If the county to which the waiver participant is establishing residency has a wait list, the person should be added to the bottom of the wait list. The waiver agency from the prior county of residence may continue to provide care management and oversight of the services delivered to the person or makes other arrangements per the waiver manual.
3. If the county to which the person is establishing residency does not have a wait list, the new county of residency will assume responsibility for the person, provide care management and oversight of all services delivered to the person, as long as the county has funding sufficient to provide services to the person.
4. The county waiver agency is responsible to notify the Income Maintenance agency currently responsible for the person.
5. Additional information regarding changes in residency for waiver participants can be found at: <http://dhs.wisconsin.gov/bdds/waivermanual/index.htm>

#### **F. Children's Long Term Support (CLTS) Waiver in a CIP/COP/BI Waiver County to Managed Care Organization/IRIS County**

1. If a CLTS waiver participant voluntarily changes residency to a Managed Care Organization/IRIS county, he or she will be permitted to remain in the CLTS waiver until his or her 22<sup>nd</sup> birthday at the latest while enrollment caps are in effect.
2. The waiver agency should refer the child and family to the ADRC for adult eligibility determination at age 17 years 6 months. During the applicability of enrollment caps, if the young adult is eligible for adult long term care programs, the ADRC will place his or her name on the wait list; the person will be served according to wait list policy. Transition planning must occur so that eligible young adults are enrolled in adult long term care programs no later than his or her 22<sup>nd</sup> birthday.
3. Additional information regarding the transition from the CLTS waiver to adult long term care program can be found in the Operational Practice Guidelines Children Transitioning to Managed Long Term Care or IRIS located at: <http://dhs.wisconsin.gov/bdds/waivermanual/index.htm>

#### **G. Children's Long Term Support (CLTS) Waiver in a Managed Care Organization/IRIS County to a CIP/COP/BI Waiver County**

1. If a CLTS waiver participant residing in a Managed Care Organization/IRIS county voluntarily changes residency to CIP/COP/BI Waiver county, he or she will continue to receive CLTS waiver services and be placed on the wait list in the new county until age 18. If the child is still on the wait list at age 18 and is determined eligible for adult long term care programs, DHS will provide funding to cover the cost of approved services to the new county of residence in an adult waiver program until the person comes to the top of the wait list and can be served through the new county's waiver funding.
2. The waiver agency in the new county of residence should develop a care plan and submit it to the appropriate DLTC waiver program for approval. Upon approval DHS will contract with the waiver

agency for the care plan. Once the person reaches the top of the wait list he or she should be served by the county's waiver allocation.

3. Additional information regarding changes in residency for waiver participants can be found at: <http://dhs.wisconsin.gov/bdds/waivermanual/index.htm>

#### **H. Partnership enrollee in Dane County to Managed Care Organization/IRIS/Waiver County Managed Care Organization/IRIS County to Dane County Partnership**

1. If a Partnership enrollee in Dane County notifies the agency providing services that they are voluntarily changing residency to a county outside of Dane County, the procedures in section A or C above, as appropriate shall apply.
2. If a Family Care/PACE/Partnership enrollee notifies the agency providing services that they are voluntarily changing residency to Dane County and would like to enroll in the Partnership MCO in Dane County, the procedures in section A shall apply, except that the following individuals are not eligible to enroll in the Partnership MCO in Dane County.
  - a. Any individual who has a developmental disability.
  - b. Any individual who has a traumatic brain injury.
  - c. Any individual who has end-stage renal failure.
  - d. Any individual, who does not live in, or have the intent to return to, his/her own home or apartment.
3. If the person does not choose to enroll in Partnership in Dane County or number H. 2. a.-d. apply then section C above applies.