

STATE OF WISCONSIN  
Department of Health Services  
Division of Long Term Care

**DLTC Numbered Memo Series 2011-01**  
**Date: 2-25-2011**  
**Index Title: Setting an MCO enrollment date  
for relocation from ICFs-MR**

To: Listserv

For: Aging and Disability Resource Centers  
Managed Care Organizations  
IRIS consultant Agency

From: Fredi Bove  
Deputy Division Administrator

Subject: Setting an MCO enrollment date for people relocating from private intermediate care facilities for mental retardation (ICFs-MR) or State Operated ICFs-MR before a Family Care/IRIS county is at entitlement.

### **Document Summary**

The purpose of this memo is to establish the policy that guides ADRC and MCO action when a resident or guardian of a resident of an ICF-MR or State Center requests to relocate in counties with a waiting list for long term support services while the county is in transition from legacy waivers to Family Care Managed Care Waivers before a Family Care/IRIS county is at entitlement. This memo does not apply to relocations necessitated by a facility closure or downsizing, which follows the Wis. Stat. Chapter 50 protocols established by the Department.

### **Background**

A basic premise of Wisconsin's community-based long term care programs since their inception has been to foster consumer choice of living arrangement. The Community Integration Program 1A began in 1981 to support relocations of individuals with developmental disabilities from the three State Centers for the Developmentally Disabled to community settings. The ICF-MR Restructuring Initiative was authorized in the 2003-05 biennial budget bill and became effective on January 1, 2005. Since January 1, 2005, 725 people have moved out of ICFs-MR to homes in the community and another 150 moved from long-term beds at State Centers.

Family Care further improved the system by eliminating artificial barriers of setting by combining institutional and community based funding to support people wherever they chose or needed to live by including ICF-MR care within the Family Care and Partnership benefit package.

In addition, the Supreme Court Olmstead decision stated that residents in institutions be given the same opportunity for community care as community dwelling individuals in need of long term care. Further, the federal government expected that where there were waiting lists, people in institutions would be served at the same pace as those not in the institution. These principles are the basis for this policy regarding ICF-MR relocations in Family Care, Partnership and IRIS.

## **Applicability**

This memo applies to the discharge of any and all ICF-MR or State Center residents in long term care unit seeking enrollment into Family Care Managed Care or IRIS while the county is in transition from the Legacy Waivers with the following:

- The person is functionally eligible for his/her preferred program;
- The person is the legal responsibility of a county currently being served by Family Care, Partnership and IRIS;
- The person is not currently enrolled in Family Care or Partnership (and has never been in the past)
- The person may or may not be on the ADRC's wait list.

## **Policy**

Residents of ICFs-MR including State Centers seeking to enroll in Family Care or Partnership will be enrolled in the program of their choice no later than six (6) months from the date of their enrollment counseling session with the Aging and Disability Resource Center (ADRC). This policy is specific to counties that are not at full entitlement. (If the county is at full entitlement then the person can enroll into Family Care Managed Care and IRIS immediately due to full entitlement status). In the event that there is an ADRC wait list for services in the transition county, the six months from the time of the ADRC referral prevails and the person will not be placed on the ADRC wait list.

## **Rationale**

Sometimes for new members in Family Care, Partnership and IRIS community living options need to be developed, because:

- Mental health, medical or behavioral issues make finding a suitable provider tailored for the individual challenging,
- Intensive training of direct care staff and development of comprehensive back up plans prior to placement in the community is needed,
- Housing modifications such as ramps, bathroom modifications etc. need to be installed,
- Guardians who live out of the area, or even out of state, means that negotiating care plans and completing paperwork may take a longer period of time.

## **Implementation**

When an ICF-MR resident who meets the above criteria comes to the attention of the ADRC, the ADRC will confirm financial eligibility, determine functional eligibility, and provide enrollment counseling. When the person selects a benefit package (Family Care, Partnership, PACE) and a Managed Care Organization (MCO), the ADRC will discuss with the consumer various factors that contribute to selecting an appropriate enrollment date for that individual. These factors might include the person's readiness to relocate (e.g., the person's medical condition is sufficiently stable); and, the financial implications of any date chosen (e.g., cost share).

The ADRC will indicate to the consumer that the MCO enrollment date will be six months from the date of the consumer/ADRC consultation (unless the MCO has chosen a shorter timeframe as a general policy). This advance notice is intended to give the MCO some time to prepare for the relocation before having to assume the cost of the ICF-MR care.

The ADRC will complete the enrollment form including the enrollment date. The ADRC notifies the MCO immediately of the new enrollee, the enrollment date and any other information helpful to relocation planning. Also, the ADRC is to notify OFCE (send secure email to [DHSOFCE@dhs.wisconsin.gov](mailto:DHSOFCE@dhs.wisconsin.gov)) that

an ICF-MR resident intends to become a member and relocate, the planned enrollment date and the facility where the person is residing.

If the ICF-MR resident prefers to relocate sooner, and if the MCO can arrange an earlier relocation date, the MCO will notify the individual and the ADRC, and the ADRC will revise the date on the enrollment form and re-submit the form to the local income maintenance agency or CAPO, whichever is processing the enrollment.

If the individual selects IRIS as his/her program choice, the standard IRIS referral process applies. In addition, the ADRC is to notify the Division's IRIS program manager of each ICF-MR resident referred to the IRIS Consultant Agency (ICA). The person will be able to relocate once their IRIS service plan is approved. IRIS is a home and community based waiver and cannot support a resident while in an institution.

When an MCO accepts an enrollment date six months from referral, the MCO is expected to contact the consumer as soon as possible to begin relocation planning. At a minimum, the MCO must have an initial in-person meeting with the resident within two weeks after the referral date. All other requirements for MCO activity remain the same as outlined in the MCO contract.

**Effective Date**

This policy and procedure is to be implemented no later than March 15, 2011.

The provisions contained in this numbered memo will be incorporated into subsequent contracts for MCOs and ADRCs.

REGIONAL OFFICE CONTACT: ADRCs - Contact ORCD Regional Quality Specialist

MCOs - Contact OFCE Contract Coordinator

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- cc: Area Administrators / Human Services Area Coordinators
- Area Agencies on Aging
- County Aging Unit Directors
- County COP Coordinators
- County Department of Community Program Directors
- County Departments of Developmental Disabilities Services Directors
- County Departments of Human Services Directors
- County Departments of Social Services Directors
- County Waiver Coordinators
- County DD Coordinators
- Independent Living Centers
- Human Services Facilitators
- Tribal Chairpersons