



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 Home and Community Based Services Waiver program such as the Community Options Program (COP) or the Community Integration Program (CIP). These programs change when 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 Home and Community Based Services Waiver Program. In this program you and anyone else you choose to help you with decisions, choose supports and services to meet your long-term care needs within a specified budget. The Aging and Disability Resource Center (ADRC) will provide you with an estimate of a monthly budget amount for the purpose of planning for your services.

This program is different from the program in which you are currently enrolled. An IRIS member/participant plans his/her own supports and services within your budget.

The supports you select help you meet your long-term care needs and live the way you want. You will have an IRIS consultant to assist you. The IRIS consultant's job is to make sure your plan is written to include qualified providers, and that the cost of services fits within your budget. Then you monitor the quality of your services. You can apply to the Department of Health Services for an adjustment to your budget when you and your IRIS consultant conclude an adjustment is needed. Your health, medical care and prescription drugs continue to be covered by Medicare and/or using your Medicaid ForwardHealth card. The state contracted fiscal employer agency (FEA) pays your providers for the long-term care services you receive.

Will I have the same services?

The IRIS long-term care benefit package includes most of the services in the current Medicaid Waiver programs (CIP and COP) as well as a service category "customized goods and services." Customized goods and services allows you to purchase non-traditional supports and services with your budget. You will receive the services you choose at the level you need, to cost-effectively support the long-term care related outcomes you want to achieve. This may or may not be the exact same services at the exact same level you currently receive.



You can make changes in your support and service plan as needed. The type of planning that occurs in IRIS is focused on meeting your personal, individualized long-term care related outcomes. The cost of services that you choose may not exceed your monthly individual budget.



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

In IRIS, the ADRC will refer you to an IRIS consultant agency operating in your area, to help you select an IRIS consultant. The IRIS consultant will discuss your choices in how you arrange and manage your supports and services. 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, as that is your job. You may also have friends, relatives, or your guardian assist you as much as you desire.

Will I have the same providers?

You may select from a list of qualified providers – which may include your current providers. The cost of the provider's services must fit within your budget amount. You determine whether your current provider can meet your long-term care outcomes in a cost-effective way. You may 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, then you may select an agency, you may become the employer, or you may engage a co-employment agency to help you manage support staff. A state contracted fiscal employer agent handles all of the payroll functions and ensures criminal background checks are completed when you are the employer.

*Please note: Individuals living in a community based residential facility (CBRF), or nursing home, cannot be enrolled in IRIS while residing in these settings.

Are there any limits on how I spend the budget?

Expenses may be incurred only for services included in your approved care plan. The Department of Health Services through your IRIS consultant, may put limits on your self-directed supports options if:

- You are not staying within your available budget;
- You have used your budget in a way that is illegal;
- You have used your budget 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 need.

