

Dane County Frequently Asked Questions About Family Care, Family Care Partnership, and IRIS

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Below are answers to common questions about the implementation of the [Family Care](#) and [IRIS](#) programs in Dane County.

The Transition

What is changing?

You currently receive long-term care services and supports through the county-run [Community Integration Program \(CIP\)](#) or [Community Options Program \(COP\)](#). Effective February 1, 2018, long-term care services in Dane County will be available through programs called Family Care, Partnership, and IRIS (Include, Respect, I Self-Direct). Dane County residents in CIP and COP will be transitioned to Family Care, Partnership, or IRIS beginning in February. CIP and COP will phase out May 1, 2018, and all current CIP and COP consumers will receive their long-term care services and supports through either Family Care, Partnership, or IRIS. You can choose which of these programs you want.

What do I need to do now?

You do not need to do anything right now. The [Dane County Aging and Disability Resource Center \(ADRC\)](#) will contact you to talk about the upcoming changes and to fully explain these changes.

Why are these programs changing?

The Department of Health Services (DHS) and counties have been working to improve Wisconsin's long-term care services. The new programs are designed to maintain or improve the quality of the services you receive and to serve more people. Family Care, Partnership, and IRIS are different from your current program in that they can coordinate all the services a person needs to maintain or improve their health and well-being. The IRIS program is designed for people who want to take full responsibility for managing their long-term care services.

When are these programs changing?

Family Care, Partnership, and IRIS will become available in Dane County on February 1, 2018. Dane County residents enrolled in CIP and COP will be transitioned to Family Care, Partnership, or IRIS beginning on that date.

What will happen to my current program?

As Family Care, Partnership, and IRIS become available in Dane County, the COP and CIP programs will be discontinued. This is because these programs are being replaced by Family Care, Partnership, and IRIS.

I understand my current long-term care program will be ending. What choices will I have about continuing to get long-term care services?

You will have a choice whether to enroll in one of the new programs. Some of the services you get right now are only available when you enroll in one of these new programs. Services will continue to be available through your ForwardHealth card if you are eligible for Medicaid.

Who will operate the new programs?

DHS will contract with Care Wisconsin and My Choice Family Care to provide the Family Care program in Dane County. DHS will contract with Care Wisconsin and iCare to provide the Partnership program. IRIS is managed by DHS through contracted agencies referred to as the IRIS consultant agency and the fiscal employer agent.

Will I lose the services I am getting now to make room for waitlist participants?

No. Family Care and IRIS cover the same services as CIP and COP.

If I enroll in one of the new programs, how will decisions be made regarding the services I receive? Will my services change?

You will continue to get services during the transition.

- If you enroll in Family Care, you will have a case manager or service and support coordinator. You will also have a nurse working with you. Both of these people will work with you as a team to determine the services you need to effectively meet your long-term care needs.
- If you enroll in Partnership, you will have team-based care management. Under this arrangement, you as the participant, your physician, and a team of nurses and social workers develop a care plan together. The team coordinates the service delivery of all your long-term care needs.
- If you enroll in IRIS, you will be responsible to coordinate your home and community-based services waiver plan, which includes hiring, scheduling, and budgeting for your service providers. You will work with an IRIS consultant agency and fiscal employer agent to meet program requirements and to assist you with these tasks.

Will my family or guardian still be able to help me?

Yes, your family, guardian, or others will still be able to help develop your care plan when you enroll in one of these programs.

Once I pick my program, will a care manager or consultant help me with the transition?

Yes, care managers (Family Care and Partnership) or consultants (IRIS) will work with you to help make a successful transition.

If I pick Family Care Partnership, could I enroll before February 1, 2018?

Yes, but only if you are in the physically disabled or frail elder groups.

Who should I call if I have questions or concerns about the upcoming changes?

If you would like more information now, you can call the Dane County ADRC at 608-240-7400 to ask any questions or discuss any concerns you might have. Representatives from the ADRC will be at the community forum to provide you with additional contact information and answer questions.

Who should I call if I have questions or concerns about the Family Care or IRIS programs?

Please contact DHS toll free at 1-855-885-0287.

MCOs, ICAs, and FEAs

How soon after I pick a program will I hear from my care team?

In Family Care, the managed care organization (MCO) must call or make face-to-face contact with you within three days after the enrollment date is officially registered with the MCO. MCOs may make a courtesy call as soon as your program selection is communicated to them. Within 10 days after the enrollment date is registered with the MCO, the care team will meet face-to-face with you. The Dane County ADRC started enrollment counseling on October 2. Every week the Dane County ADRC sends the names of people who have chosen an MCO to the selected MCO. In the IRIS program, the IRIS consultant agency you picked will call to welcome you to the program within three business days of the referral date.

Will the IRIS program have enrollment limits?

No, the IRIS program does not have any limits on how many people can enroll.

When will I be able to meet with IRIS consultant agencies (ICAs)?

You can meet with ICAs after you have picked a program at enrollment counseling. You can call the Dane County ADRC at 608-240-7400 to get information on IRIS consultant agencies in Dane

County. ICAs are also listed on the Department of Health Services website at www.dhs.wisconsin.gov/medicaid/fc-iris-transition.htm.

Where can I find a list of service providers for each MCO?

You can find a list of service providers on each MCO's website. Go to the Department of Health Service's website at www.dhs.wisconsin.gov/medicaid/fc-iris-transition.htm for links to the Family Care and Family Care Partnership MCOs. The MCOs also share their updated provider lists weekly with the ADRC.

If I pick Family Care, how do I know which MCO is best for me? Who is overseeing MCOs?

All MCOs must follow the standards in the MCO-DHS contract, which can be found at www.dhs.wisconsin.gov/generic-final.htm. MCOs are selected through a competitive process that reviews their programmatic and financial capability to provide services. This process is followed by a certification where DHS staff review their ability to operate in a particular county or area. This process reviews their financial, operational, and provider networks. DHS certification is needed for the Office of the Commissioner of Insurance to issue their approval to operate in a particular area or region.

To learn more about MCOs, ask the Dane County ADRC for the "MCO Options Chart," which has helpful information about each MCO.

How long are the MCO contracts?

MCO contracts are usually for one or two years.

How will residential support agencies be monitored to ensure they are providing quality services and their staff is properly trained?

The Department of Health Services Division of Quality Assurance regulates residential support agencies. In Family Care and Partnership, the MCOs monitor the performance of their providers and collect evidence that providers are meeting required licensure, certification, or other standards, including education and skills training.

In IRIS, providers send their credential or certificate to the fiscal employer agent before providing services.

What is the role of a “fiscal employer agent” (FEA) in IRIS?

In IRIS, an FEA does the paperwork, tax reporting, and caregiver background checks that are needed when you hire a caregiver. The FEA also pays for the services you get from an agency. If you have a Medicaid cost share, you would send your monthly payment to your FEA.

How often does my interdisciplinary team meet?

Your interdisciplinary team will meet every six months or more often as needed.

What are the qualifications for a care manager or an IRIS consultant?

In Family Care and Partnership, a care manager must have one of the following:

- Certification as a social worker in Wisconsin
- A bachelor’s degree in the human services area
- A bachelor’s degree in any other area with a minimum of three years of experience in the social service care management or related social service experience in the MCO’s target population.

IRIS consultants must have at least one of the following:

- A minimum of a bachelor’s degree in social work, psychology, human services, counseling, nursing, special education, or a closely related field and at least one year’s supervised experience working with seniors or people living with disabilities
- A minimum of four years of direct experience related to the delivery of social services that addresses the long-term care needs of seniors or people with disabilities living in community settings. DHS requires that consultants pass a background check (www.dhs.wisconsin.gov/caregiver/cbcprocess.htm).

Who will do background and reference checks?

In IRIS, the fiscal employer agent does background checks for all workers you hire, and you do the reference checks. When you pick an agency, the agency does the background checks on the agency-hired employees.

Program Financing and Budgets

Are income rules for Family Care, Family Care Partnership, and IRIS the same as Medicaid (medical assistance)?

Yes.

How is Family Care funded?

Family Care is funded through the Medicaid program through the state and federal government.

How does Family Care save Wisconsin money?

Family Care saves money because the cost of care is less for someone living in their home or community than it is for someone who needs to be in a long-term care facility.

Does the waitlist being eliminated mean that the state is budgeting more money for Family Care, Family Care Partnership, and IRIS?

Family Care, Family Care Partnership, and IRIS cost less than the programs they are replacing. Family Care, Family Care Partnership, and IRIS save money by keeping people healthier, maintaining their level of activity, and lowering the need for institutional care. These savings make it possible for more people on the waitlist to get care.

What are Family Care rates?

Managed care organizations (MCOs) must meet your long-term care needs as identified by your assessment and the services needed from your member-centered plan. The Family Care rate is not a limit—a maximum or a minimum—on the dollar value of your care plan. The value of the services you get is decided by the services needed to meet your outcomes. You will work with your MCO to develop a plan for the services you need in the most effective way.

In Family Care, the rate is the amount the state pays monthly to each MCO for each member enrolled in the MCO. This is also called a capitation payment. The MCO takes the funding received for its members on a monthly basis from the state and provides all the services each member needs. For example, if the MCO has 10 members and the capitation payment for the MCO non-nursing home level of care is \$400 per member, then the MCO receives \$4,000 per month to meet the expenses of all 10 members. Some people's care plans will cost more than the rate and some will cost less. The monthly capitated rate that each MCO receives is on the DHS website at www.dhs.wisconsin.gov/familycare/mcos/capitationrates.htm.

How are Family Care rates determined?

Each MCO receives its own single Family Care rate based on the costs and characteristics of its members. The rate is based on the following:

- Actual costs of services provided to every Family Care member in the previous year.
- Functional information from the long-term care functional screen for every member enrolled in the MCO.

The rate the MCO gets is recalculated each year.

Because the rate is based on individual information, it reflects individual differences and accounts for things such as the lack of availability of natural supports or the relatively higher cost of supporting people with developmental disabilities in the community. Therefore, other things being equal, an MCO with a larger proportion of adults with developmental disabilities would always receive a higher rate because services for these adults cost more than they do for elders or adults with physical disabilities.

The rates also reflect regional variation in costs including wages of long-term care workers. For example, wages in urban areas are often higher than wages in rural areas.

The federal government requires that the state provide MCOs with enough money for the MCO to fully meet the needs of all of its members. DHS contracts with independent actuaries who must verify that each individual MCO's rate is appropriate.

It is important to understand that the amount of services Family Care members receive does not change when the MCO's rate changes. Service amounts change when a member needs change or new outcomes are identified.

How is my budget determined for Family Care?

In Family Care, there is no individual budget. (See previous question, "What are Family Care rates?") Your service plan will address all your identified needs.

You are central to developing your member-centered plan. Based on your assessment, your plan identifies all of your long-term care and personal experience outcomes. In other words, rather than setting a budget first and determining which services can fit within it, all of the services and supports you need to meet your outcomes are included in your plan.

How is my budget determined for IRIS?

IRIS sets your budget estimate by reviewing your needs and comparing them to the costs of others who have similar needs. After you select the IRIS program, you will develop your IRIS plan with the help of your IRIS consultant. Once your IRIS plan is approved, your budget is the amount of your approved IRIS plan.

How will I transition from my current program to Family Care?

When you choose Family Care or Family Care Partnership, any of your current services that are also covered by Family Care will be immediately authorized so no lapse will occur in these services. You will get a welcome call from your managed care organization within three days of your enrollment, and you will meet with your interdisciplinary team within 10 days of your

enrollment date. At that time, you and your interdisciplinary team will determine any additional and necessary services to include in your plan. Your plan will be authorized and signed within 30 days.

How will I transition from my current program to IRIS?

In the IRIS program, your IRIS consultant agency will call to welcome you to the program within three days of making your choice. You and your consultant will build an IRIS plan that will have a start date no sooner than February 1, 2018. Your current services will continue until your IRIS plan starts. You will be able to decide which current services you want to continue for your IRIS plan.

With IRIS, will I have enough funding to hire support workers?

As your IRIS consultant meets with you to develop your plan and you select the best way to meet your needs, your consultant will help you calculate the cost for your caregivers. If your needs are more than your initial budget estimate, your consultant will send a request to the state to increase your budget.

If my needs change or I don't have enough money to pay for my services, how do I get a revised budget or revised monthly rate amount?

There is no individual budget in Family Care. The managed care organization (MCO) is required to re-assess when a member's condition changes and update the plan to accommodate the member's changing needs.

In IRIS, if your needs change and your budget is not enough to meet your long-term care needs, your IRIS consultant will send a request to the state to have additional funds added to your budget. The time needed to review a complete request is five business days.

Is the IRIS consultant's wage taken out of my monthly budget?

Your IRIS consultant's wage is paid at no cost to your individual IRIS budget.

In Family Care, Family Care Partnership, and IRIS, who handles the individual's money, such as SSDI benefits?

In all three programs, you, your guardian, or a family member could handle your personal finances. If these are not options for you, then you may receive services from a Social Security appointed representative payee.

A representative payee is a person who receives your United States Social Security Disability or Supplemental Security Income for a person who is not capable of managing their own benefits.

Aging and Disability Resource Center and Enrollment Counseling

Is there an advantage to scheduling my enrollment counseling and enrollment start date early?

If you currently receive waiver services through Dane County, you will have an opportunity to enroll in Family Care, Partnership, or IRIS. You will also choose an enrollment start date between February 1 and May 1, 2018. Before you make your choice, you will meet with the Aging and Disability Resource Center (ADRC) of Dane County between now and April 2018 to learn more about the programs.

By choosing an enrollment date closer to the beginning of the enrollment period (February 1, 2018), you would avoid any impact to you as Dane County phases out its waiver programs.

Another advantage to choosing an earlier enrollment date is that it can be moved to a later date if your personal schedule changes unexpectedly. A later enrollment date (May 1, 2018) leaves little or no time to reschedule the start date. Dane County cannot provide waiver services past April 30, 2018.

For enrollment counseling, you should schedule your appointment no more than four months prior to your enrollment start date in case your situation changes. Within that four-month time frame, earlier counseling allows you more time to consider your options and make a choice.

Who chooses my program and my services if I have a guardian?

Your preference is important, and you should make your program selection known to your guardian. The guardian, however, is required to sign the program enrollment form on your behalf. Similarly, you and your guardian will take part in developing your service plan, and the guardian will sign it.

My family member is still covered under my employer-sponsored private insurance. How will this change? Will it impact my choices?

This may or may not change depending on the program option your family member chooses. The ADRC can help you understand how each option affects your insurance coverage.

When we call the ADRC, will we be assigned to a particular staff person? Do we have any choice of staff person?

One ADRC staff person will work with you to help you make your choice between Family Care, Partnership, or IRIS, and between MCO or ICA providers. You may request a specific ADRC

staff person, and the ADRC will do their best to accommodate your request. You may call the ADRC at 608-240-7400.

Can you meet with your options counselor more than once?

You can meet with an options counselor as many times as you want to get the information you need to make a decision. If you make a decision and later decide it is not the right fit, you can contact the ADRC to consider another program or provider.

If I need time to think about my decision after my ADRC enrollment counseling, do I need to make another appointment to enroll?

If you have met with the ADRC and have enough information to make a choice, you can sign the enrollment form and mail it to the ADRC. If you have a legal guardian, he or she would sign on your behalf.

How hard is it to switch between Family Care and IRIS? How many times can I switch, and how long does a switch take?

You can switch programs whenever you like if you decide your program is not the right fit for you. The ADRC can help. The time it takes to make a change depends on other factors. It could take less than a week if you do not need more information to make a choice and you are not enrolled in a program or not yet referred to IRIS. On the other hand, it could take longer if you would like more information or time to decide on your program, or if you are developing a plan with an IRIS consultant agency.

I met with the ADRC, picked the IRIS program, and picked my IRIS consultant agency. Am I finished?

Everyone who picks IRIS as their long-term care program must have an **IRIS service plan** to be enrolled. If you have an **approved plan** and have set your start date, then you are finished and will be enrolled on your IRIS start date.

If you still need to finish your IRIS service plan, you are not finished. You need to take two more steps:

1. Call your IRIS consultant as soon as possible. If you don't have the phone number, call the IRIS call center at 1-888-515-4747, and ask for the name and phone number of your IRIS consultant.
2. Complete your IRIS service plan.

One of the jobs of your IRIS consultant is to help you build your IRIS service plan. It usually takes about 45 days to complete a plan, so you should get started right away.

If you do not have an approved IRIS plan by April 16, 2018, you will be referred to the ADRC for more enrollment counseling. Please remember that your services will no longer be funded by Dane County Human Services after April 30, 2018.

When must my IRIS service plan be finished in order for me to start in IRIS on May 1?

To start in IRIS on May 1, 2018, your IRIS service plan must be finished and approved by your IRIS consultant agency no later than April 16, 2018. You should start putting together your plan right away because it can take several weeks to complete.

What happens if I cannot finish my IRIS service plan by April 16?

If your IRIS service plan is not finished by April 16, 2018, you will be referred back to the ADRC for more enrollment counseling.

If you have not finished your plan, you should call your IRIS consultant as soon as possible. Your IRIS consultant will help you finish your plan. If you don't have the phone number, call the IRIS call center at 1-888-515-4747, and ask for the name and phone number of your IRIS consultant.

What happens if I cannot finish my IRIS service plan by April 16 and am referred back to the ADRC for enrollment counseling?

The ADRC will offer you Family Care or Family Care Partnership.

What will happen to my county-funded services if I do not pick IRIS, Family Care, or Family Care Partnership before May 1, 2018?

On May 1, the funding for your current services will end. This means that the services you are currently getting will end. You will then go to the end of the waitlist for services.

If you picked IRIS, make sure you have finished your IRIS service plan. If you still need to finish your plan, call your IRIS consultant as soon as possible. If you don't have the phone number, call the IRIS call center at 1-888-515-4747, and ask for the name and phone number of your IRIS consultant.

Support Broker

What is a support broker?

A support broker is a person who assists a member in planning, securing, and directing self-directed supports. The services of a support broker are paid for from your self-directed supports

budget authority. Support brokers must pass a criminal background check and must be independent of any other waiver service provider. A support broker knows the local service delivery system and community-integrated services and resources available to you. A support broker also knows the needs of people in your target group.

The time I spend looking after my own health is increasing, and I have less energy to coordinate my son's care. Can I use a support broker to self-direct my son's care?

The support broker service is intended to assist persons to self-direct and not to replace them in self-direction. Using the support broker to self-direct your son's long-term care services would not be permissible. With that said, you are not in this alone. Contact the ADRC to talk about setting up a plan to transition services in a way that works for both you and your son.

Can I keep our support broker and not have either a Family Care care manager or an IRIS consultant to help self-direct care?

Many people involved in self-direction are able to use family and friends to self-direct. The support broker you had in the past provided case management services in place of a care manager. In the new program models, the support broker service may be used to help you self-direct and may not duplicate the assistance you receive from either your IRIS consultant or Family Care care manager.

Can I find out what agency my support broker will be employed with?

Some Dane County care managers may seek employment with an MCO or ICA; however, there is no guarantee that if you selected that MCO or ICA, you would be assigned to that care manager or care consultant. You are highly encouraged to carefully review the various long-term care options available and select the option that best fits your expectations and needs, rather than attempting to follow familiar staff. Both programs offer support so you can successfully navigate the program you select.

Self-Directed Services

Why do people choose to self-direct?

Self-direction offers you the chance to be in charge of deciding how to get your long-term care services and supports. You may choose to fully self-direct your services by selecting IRIS, or you may self-direct one or more of your services under a Family Care or Family Care Partnership plan. By self-directing your care, you also accept the responsibility of managing services within your budget.

A primary goal of Family Care and Family Care Partnership is for people to live with more freedom in a community setting. Self-directing in these programs gives you choices. For example, you get to decide who you hire, when and how you get services, and where and with whom you live.

What are the living situations of people who self-direct their care?

Currently 97 percent of IRIS participants live in their own homes or with a family member, and 42 percent of Family Care, Partnership, and PACE participants live in their own home or apartment.

Family Care offers some self-directed services. Do I pay for those services, or are they included in my Family Care coverage?

Self-directed services are covered in Family Care. If transportation is listed on your care plan, for example, you can choose to self-direct and hire your transportation provider, or you may use the MCO-contracted provider. Whether self-directed or managed by the MCO, these services are covered by Family Care.

Is there a difference between IRIS and Family Care self-directed services?

In Family Care and Partnership, you can choose to self-direct many of your services and supports, and the MCO will continue to manage any of the services you choose not to self-direct. In IRIS, you are in charge of self-directing all of your long-term care services. In other words, you have full budget authority.

Which services can I self-direct in IRIS or in Family Care?

IRIS provides full budget authority so you are in charge of self-directing all of your long-term care services. In Family Care and Partnership, you may self-direct any home and community-based services except care management and community residential care services.

What parts of care management and case management are NOT covered by IRIS because they fall within my responsibility to self-direct? What is NOT covered by Family Care and Family Care Partnership?

IRIS is a self-directed program, so it is largely your responsibility, together with your guardian or your family and friends, to direct your services. The IRIS program does not include care management. Care management is included in Family Care and Family Care Partnership and is coordinated by the interdisciplinary team.

Your IRIS consultant provides case management, and your fiscal employer agent (FEA) will help you with paperwork and bill paying. When you need more help than what your IRIS

consultant and FEA provide, friends and family can often help. When this is not possible, the support broker service may be used to help you plan, get, or direct services.

Do all worker expenses (for example, wages, FICA, workers' compensation, and unemployment taxes) have to be included in my plan?

In Family Care, Family Care Partnership, and IRIS, your fiscal employer agent will pay the employer's share of payroll, taxes, and benefits. Worker expenses are included in your self-directed services budget.

In IRIS, these expenses are included in the worker wage that is listed on your IRIS plan.

I don't have a guardian or any family. Who can help me ask for a reconsideration or an appeal of a decision in the IRIS program?

Ombudsman programs can help you with this. If you are between 18 and 59 years old, call 1-800-928-8778 to talk to the Family Care and IRIS Ombudsman Program at Disability Rights Wisconsin. The governor's latest budget included funding that will make an ombudsman available to adult long-term care users 60 and older later in 2018.

My guardian and I sometimes need help getting staff for direct support, but we don't want to use an agency. How can we get the help we need in the IRIS program?

Your IRIS consultant can talk to you about this during the planning process. Depending on your goals, your IRIS consultant can show you how to find providers and have this service added to your plan.

How can I get help finding nursing, physical therapy, home health, or other [Medicaid card services](#)?

Your IRIS consultant can help you find qualified service providers. Because you are self-directing your care, you having the largest role in finding qualified service providers.

The interdisciplinary teams in Family Care or Family Care Partnership programs help find these services.

Medicaid card service providers often tell me they do not have the space or that their staff has little experience working with intellectually or developmentally disabled participants. What can I do to get the services I need?

You have the same access to card services as you had historically under the county programs. Call ForwardHealth Member Services at 1-800-362-3002 if you need help finding qualified providers.

The interdisciplinary teams in Family Care or Family Care Partnership programs help you get the services you need.

Specialized Nursing Services

In the past, I have used wellness inclusion nursing (WIN) services to teach my caregivers the best way to provide my personal care. Can I use WIN services in the IRIS program?

It is possible to use WIN services in the IRIS program, but the IRIS services you pick may not replace your Medicaid card services. To get the services you need, add personal care to your IRIS service plan. A Medicaid personal care agency will provide the personal care services. The personal care agency has nurses who oversee care and teach workers the best way to provide personal care.

Can I get private duty nursing *and* be in the IRIS program?

Yes, you can get private duty nursing and also be in the IRIS program. Skilled nursing, which includes private duty nursing and specialized nursing of any kind, is a Medicaid-covered card service when ordered by a doctor.

If you need skilled nursing care (or other care only a nurse can provide with a physician order), a licensed nurse would provide it. You must make sure you have enough nursing staff to cover all shifts, and a backup plan, as ordered by the doctor.

You would bill all your nursing care, as well as any additional personal care, to your ForwardHealth card first. Then use the IRIS supportive home care services for care not covered by Medicaid to avoid duplicating services.

Your IRIS consultant has access to an IRIS nurse consultant who can help review and provide guidance for organizing private duty nursing services.

I believe my need for specialized nursing goes beyond the nursing services covered through Medicaid card services. How do I get specialized nursing services in IRIS?

When you meet with your IRIS consultant, provide information and documentation that clearly describe the needs and the services you want. The IRIS consultant will then talk with a nurse who reviews specialized nursing requests for the IRIS program. The nurse will make sure specialized nursing services are the best way to meet your needs and check whether the services are covered through Medicaid card services. If specialized nursing is approved, the IRIS

consultant will add specialized nursing services to your IRIS service plan. If your IRIS budget is not enough to pay for the services, your IRIS consultant will apply for a budget amendment.

What kind of information do I need to give to the IRIS consultant agency if I am asking for specialized nursing services?

- All Wisconsin long-term care programs are person-centered. Your request should be tailored to your needs and include details explaining why specialized nursing services are necessary.
- Be clear about your medical condition(s) and why your health and unique needs for behavioral, communication-related, or other forms of support require specialized nursing services.
- List the tasks needing specialized nursing services and explain why those tasks would not or could not be done by any other nurse or service staff.

Remember, care management and mediation do not typically require the clinical skills of a registered nurse and would not likely be approved for specialized nursing services.

What happens if the nurse reviewer decides that specialized nursing services are not necessary for my care?

You will get a [letter in the mail](#) explaining why the services were denied.

Can I appeal the decision to deny specialized nursing services?

Yes. The [letter with the decision](#) includes instructions on how to ask for an appeal or a fair hearing. If you give additional information before the fair hearing that supports the need for the specialized nursing services, your IRIS consultant will see if the new information would change the decision. If so, the IRIS consultant would approve the services.

Supported Employment

Will employing people with developmental disabilities in the community continue to be a priority?

Yes. One of the core values of Family Care, Family Care Partnership, and IRIS is making sure that people, including those with intellectual or developmental disabilities, are able to remain employed in the community. This value is shared by all the participating managed care organizations and IRIS consultant agencies.

Family Care, Family Care Partnership, and IRIS will pay for services to help people remain employed in the community.

What will happen to my employment support services?

In Family Care and Family Care Partnership, supported employment is a covered benefit, and your care team will work with you to get the support you need for successful employment.

In IRIS, you will add supported employment services to your IRIS service plan when you meet with your IRIS consultant. After you get the services, your fiscal employer agent will pay their cost.

How do I look for new employment?

In Family Care and Family Care Partnership, the first step is to tell your care team that you want to find meaningful work. Your care team will add this as an employment outcome on your member-centered plan. They will then help you with other resources to meet your long-term care outcome, such as the state's [Division of Vocational Rehabilitation](#).

In IRIS, you set your goal to work in the community. Your IRIS consultant will help you find the most cost-effective way to meet your goal. Vocational futures planning and supported employment are services that may help you. Your IRIS consultant can also help you with other resources to meet your long-term care outcome, such the state's Division of Vocational Rehabilitation.

What will happen to my supported employment services after I leave high school?

It depends on how old you are or what your specific situation is.

Dane County, Division of Vocational Rehabilitation (DVR), and Department of Health Services (DHS) staff have been meeting to develop plans for youth who will be moving to adult long-term care services. You will keep the DVR employment supports you need through your move to long-term care services. Once the current groups (2018 and 2019 graduates) are moved from the waitlist, future students will likely be enrolled in long-term care services at age 18, and their educational and long-term care services should be coordinated.

Federally required agreements through the Workforce Innovation and Opportunity Act (WIOA) promote referring you to the proper services at the right time. Schools, the DVR, and other service providers will keep referring students in need of long-term care services to the aging and disability resource center (ADRC). Starting at age 17 years and 6 months, ADRCs will help you get needed long-term services and supports.

Schools, in particular, are an important partner. ADRCs and schools together will develop a youth-in-transition plan to help you shift from a primarily school-based service model to adult services.

Children's Long-Term Support Waiver

If you are enrolled in the Children's Long-Term Support Waiver program, the school and ADRC have a process to ensure you get enrollment counseling for adult long-term services and supports programs (for example, Family Care, Family Care Partnership, and IRIS). You will choose a program and providers that are right for you.

Children's Long-Term Support Waiver Waitlist

If you are on the Children's Long-Term Support Waiver waitlist, your school will refer you to the ADRC. The ADRC will complete an adult long-term care functional screen to ensure you meet the requirements for adult long-term care services. When you do, the ADRC will add your name to the waitlist for adult services, using the same waitlist date that you have on the children's waitlist.

Not on a Waitlist

If you are not on a waitlist, the school will refer you to the ADRC or Dane County Human Services. If you are 17 years and 6 months or older, the ADRC will look at the option of adding you to the adult waitlist as soon as possible. The waitlist for Family Care, Family Care Partnership, and IRIS is managed on a first-come, first-served basis (by target group).

If you are younger than 17 years and 6 months, the school should try to make you and your guardians aware that the ADRC can provide information about long-term services and supports and assess you for adult long-term care programs when you reach the age of 17 years and 6 months. They also may refer you and your guardians to the county to apply for children's services.

In Family Care, Family Care Partnership, and IRIS, can my job coach provide transportation?

You and your care team would make that decision after talking about all your long-term care outcomes and how best to meet them. In Family Care, Family Care Partnership, and IRIS, transportation is a covered benefit. You and your care team (Family Care or Family Care Partnership) or your IRIS consultant (IRIS) will review the most cost-effective way to cover transportation and job coaching needed to support your employment.

In IRIS, you may decide to hire your job coach to also provide your transportation, or you could get transportation from a vocational agency.

Can I hire whoever I want to be my job coach for IRIS?

The IRIS program requires that any job coaches you hire pass caregiver and criminal background checks. You would make sure that your job coach can support you on the job. Your IRIS fiscal employer agent would complete the background check at initial hire and every four years after that.

Transportation

Will my transportation still be covered?

Yes, transportation is covered by Family Care, Family Care Partnership, and IRIS.

Is paratransit still covered?

Yes, transportation is covered by Family Care, Family Care Partnership, and IRIS.

Can I get help setting up medical and nonmedical-related transportation and making transportation changes? Also, can I get help appealing a decision that has been brought against me after I have had to unexpectedly cancel a ride?

In IRIS, you can set up medically related transportation through the state's transportation broker, MTM, Inc. (MTM). You can find information about MTM at www.mtm-inc.net/wisconsin/, or you can call 1-866-907-1493 (voice). Your medically related transportation continues to be covered through Medicaid.

Community (nonmedical) transportation that meets a participant goal is covered under IRIS. Your IRIS consultant can help you pick a provider and list the service on your IRIS plan.

Ombudsman Programs can help with appeals. If you are between 18 and 59 years old, call 1-800-928-8778 to talk to the Family Care and IRIS Ombudsman Program at Disability Rights Wisconsin. The governor's latest budget included funding that will make an ombudsman available to adult long-term care users over 59 years old later in 2018.

The interdisciplinary teams in Family Care or Family Care Partnership programs help set up your medical and nonmedical-related transportation.

Miscellaneous

Who chooses my primary care provider in Family Care and IRIS?

You do. The way you chose and paid for primary care under the legacy waiver programs will continue under Family Care and IRIS. Your physicians are paid by Medicare or Medicaid.

Who chooses my primary care provider in Family Care Partnership?

You choose your own provider from your managed care organization's provider network.

Are Veteran's Administration (VA) services available in Family Care and Family Care Partnership?

Yes, veterans can have Family Care and Family Care Partnership while also using VA services. For example, a Partnership member may choose to get medications through the VA hospital.

What if my guardian dies and I don't have another family member to take over?

Guardianship papers often identify someone who can take over if the guardian can no longer serve. If no successor is named, Dane County will find you a new guardian. It may be a friend, or a corporate or volunteer guardian.

Can I live in an adult family home?

In Family Care, you can live in an adult family home (AFH) if the AFH has the required license or certification. In IRIS, you can live in a 1-2 bed AFH or a 3-4 bed AFH, again with the proper license or certification. A group home of five or more beds is not an allowable living arrangement in IRIS.

Can I live in a community-based residential home?

In Family Care, you can live in a community-based residential facility (CBRF) if the CBRF has the required license. In the IRIS program, a CBRF is not an allowable living arrangement.

Can I be in IRIS if I live with a parent?

Yes, you may live with a family member and be in the IRIS program. Currently 97 percent of IRIS participants live in their own homes or with a family member.

How can I talk to an Ombudsman?

If you are age 60 or older, call the Wisconsin Board on Aging and Long Term Care at 1-800-815-0015; if you are between 18 and 59 years old, contact the Family Care and IRIS Ombudsman Program at Disability Rights Wisconsin: 1-800-928-8778. If you are 60 years or older, call 800-815-0015 to talk to the Board on Aging and Long Term Care Ombudsman.

Can I hire a parent, a sibling, or a guardian for personal care services?

Yes, a parent, a sibling, or a guardian may be hired to provide personal care in Family Care, Family Care Partnership, and IRIS.

Can I continue to use my adult day center services?

Yes, adult day services are covered in Family Care, Family Care Partnership, and IRIS.

How will I hire personal care workers through IRIS?

You may get your personal care from a Medicaid personal care agency (where the agency hires the workers), or you may get your personal care through a special option referred to as IRIS self-directed personal care (where you hire your personal care workers directly and the program provides nurse oversight).

How will my live-in caregiver's room and board be covered?

The IRIS "live-in caregiver service" will cover your caregiver's room and board. Family Care and Family Care Partnership do not reimburse for the rent and food expenses of an unrelated live-in personal caregiver.