



### **Enrollment and Disenrollment Plan for Publicly Funded Long-Term Care Programs**

The Department of Health Services' Enrollment and Disenrollment Plan describes the roles of the different agencies responsible for providing accurate, efficient, and timely eligibility determinations and enrollments into Wisconsin's publicly funded long-term care programs. Responsible agencies include aging and disability resource centers (ADRCs), income maintenance agencies (IM), managed care organizations (MCOs), and Include, Respect, I Self-Direct (IRIS) consultant agencies (ICAs).

<b>Activity</b>	<b>ADRC Role</b>	<b>IM Role</b>	<b>MCO Role</b>	<b>ICA Role</b>
New Enrollment: Functional Eligibility Determination	Explains functional criteria for receiving publicly funded long-term care and conducts the long-term care functional screen. Using form <a href="#">F-00366</a> , Long-Term Care Functional Screen (LTCFS), the ADRC establishes a level of care for customers who are functionally eligible for one of the three eligible target populations: <ul style="list-style-type: none"><li>• Intellectually/developmentally disabled</li><li>• Physically disabled</li><li>• Frail elderly</li></ul> <b>Note:</b> If a customer is re-enrolling due to a previous loss of eligibility, the ADRC reviews the LTCFS to ensure that the screen has been calculated within 10 months of the new enrollment.	N/A	N/A	N/A

Activity	ADRC Role	IM Role	MCO Role	ICA Role
<p>New Enrollment: Financial Eligibility Determination</p>	<ul style="list-style-type: none"> <li>• Reviews CARES Worker Web or Forward Health interchange for Medicaid eligibility and enrollment status in either a long-term care program or a Medicaid HMO.</li> <li>• If the customer is currently Medicaid eligible, the ADRC checks the eligibility end date. If the end date is within 30 days of the anticipated Family Care, Partnership, or PACE enrollment date, then the ADRC counsels the customer on the need to complete their Medicaid review prior to enrolling in a long-term care program.</li> <li>• If a disability determination is needed for long-term care enrollment, the ADRC refers the customer to the Disability Determination Bureau (DDB).</li> <li>• Completes <a href="#">Medicaid Waiver Eligibility and Cost Sharing Worksheet, F-20919</a>, for customers who are currently SSI, BadgerCare Plus, or SSI-related Medicaid eligible. <b>Note:</b> The use of this form is for those customers who are receiving community Medicaid and are applying for long-term care benefits, but will not have to be referred to IM due to enrollment streamlining processes. This is to prevent enrollment of those who may have divested assets. The form also incorporates a signature acknowledging receipt of Estate Recovery Program information.</li> </ul>	<ul style="list-style-type: none"> <li>• Accepts, processes, and determines eligibility for Medicaid applications following the <a href="#">Medicaid Eligibility Handbook (MEH)</a>, Chapter 2. This includes determining the estimated cost share with the <a href="#">Medical Remedial Expenses Checklist, F-00295</a>, provided by the ADRC and other allowable expenses provided by the customer.</li> <li>• Provides notification of Medicaid status to customer via official verification request if pending, or via a CARES-generated notice if ineligible.</li> </ul>	<p>N/A</p>	<p>N/A</p>

Activity	ADRC Role	IM Role	MCO Role	ICA Role
	<ul style="list-style-type: none"> <li>• Asks the customer to complete the <a href="#">Declaration Regarding Transfer of Resources Long-Term Care Medicaid Program, F-20919D</a>, when applicable.</li> <li>• Reviews general financial and nonfinancial criteria for receiving publicly funded long-term care.</li> <li>• When the ADRC determines that the individual could benefit from assistance with completing the Medicaid application process, provide all of the following: <ul style="list-style-type: none"> <li>○ Assist the person with gathering information to support the Medicaid application, including medical and remedial expenses.</li> <li>○ Assist the person in completing, signing, and submitting the Medicaid application.</li> <li>○ Assist applicants in scheduling an appointment or otherwise completing the application process on-line, via telephone, or mail-in paper application.</li> </ul> </li> <li>• Obtains and completes <a href="#">Medical Remedial Expenses Checklist, F-00295</a>, to allow the customer to become Medicaid eligible without a deductible or to reduce a potential cost share, if applicable.</li> <li>• Sends the following documents to IM: <ul style="list-style-type: none"> <li>○ <a href="#">ADRC Referral to Income Maintenance for Managed Long-Term Care Services, F-02053</a></li> </ul> </li> </ul>			

Activity	ADRC Role	IM Role	MCO Role	ICA Role
	<ul style="list-style-type: none"> <li>○ Functional Screen Eligibility Results page</li> <li>○ <a href="#">Medical Remedial Expenses Checklist, F-00295</a></li> <li>○ If applicable, Medicaid application when the ADRC determines that this assistance is needed</li> <li>○ <a href="#">Declaration Regarding Transfer of Resources Long-Term Care Medicaid Program, F-20919D</a></li> <li>○ Any other needed supporting verifications, when the ADRC determines that this assistance is needed</li> </ul>			
New Enrollment: Cost Share Notification to ADRC	Upon receipt of cost share determination from IM, the ADRC educates and explains cost share to the customer.	<ul style="list-style-type: none"> <li>• After verifications are received and the case is pending for enrollment date only, IM notifies the ADRC of cost share amount.</li> <li>• After verifications are received and the individual is determined ineligible, IM notifies the customer via CARES generated notice.</li> </ul>	N/A	N/A
New Enrollment: Enrollment Counseling	<ul style="list-style-type: none"> <li>• Reviews with the customer the Family Care, Partnership, PACE, or IRIS enrollment counseling materials provided by DHS, along with appeal and grievance rights information.</li> <li>• Reviews and obtains a signed, dated program-specific Enrollment/Authorization form as required: <ul style="list-style-type: none"> <li>○ <a href="#">Family Care Program Enrollment form, F-00046</a></li> </ul> </li> </ul>	N/A	N/A	N/A

Activity	ADRC Role	IM Role	MCO Role	ICA Role
	<ul style="list-style-type: none"> <li>○ <a href="#">Partnership Enrollment form F-00533</a></li> <li>○ <a href="#">PACE Enrollment form F-02483</a></li> <li>○ <a href="#">IRIS Authorization form, F-00075</a></li> </ul>			
<p>New Enrollment: Enrollment Processing and Case Confirmation</p>	<ul style="list-style-type: none"> <li>● If enrolling in Family Care, PACE, or Partnership, the ADRC: <ul style="list-style-type: none"> <li>○ Submits appropriate enrollment form to the MCO and, if appropriate, also to IM by verification due date. <ul style="list-style-type: none"> <li>▪ <a href="#">Family Care Program Enrollment form, F-00046</a></li> <li>▪ <a href="#">Partnership Enrollment form F-00533</a></li> <li>▪ <a href="#">PACE Enrollment form F-02483</a></li> </ul> </li> <li>○ Sends <a href="#">Medical Remedial Expenses Checklist, F-00295</a> to MCO.</li> <li>○ Transfers LTCFS to the MCO.</li> <li>○ Enters the enrollment into ForwardHealth interChange (FHIC).</li> </ul> </li> <li>● If enrolling into IRIS, the ADRC: <ul style="list-style-type: none"> <li>○ Submits <a href="#">IRIS Authorization form, F-00075</a>, to ICA and IM by verification due date.</li> <li>○ Sends <a href="#">Medical Remedial Expenses Checklist, F-00295</a> to ICA.</li> <li>○ Assigns LTCFS read-only rights to the ICA.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● For Family Care, PACE, or Partnership, upon receipt of enrollment date from the ADRC (listed on <a href="#">Family Care Program Enrollment form, F-00046</a>, <a href="#">Partnership Enrollment form F-00533</a>, or <a href="#">PACE Enrollment form F-02483</a>), IM confirms case and notifies customer of eligibility via CARES generated notice of decision.</li> <li>● For IRIS, upon receipt of <a href="#">IRIS Program Start Date Letter F-01468</a> from ICA, IM confirms case and notifies customer of eligibility via CARES generated Notice of Decision.</li> </ul>	<p>Sends confirmation to the ADRC that enrollment documents were received.</p>	<ul style="list-style-type: none"> <li>● Sends email confirmation to the ADRC that referral documents were received.</li> <li>● Enters referral into the Wisconsin’s Self-Directed IT System (WISITS).</li> <li>● Upon enrollment, the ICA sends <a href="#">IRIS Program Start Date Letter, F-01468</a>, to the participant with a copy to IM and ADRC. If the person is transferring programs, the ICA also sends to MCO.</li> <li>● If Medicaid application expires prior to IRIS start date, the ICA is responsible for assisting the individual with completing a new Medicaid application.</li> </ul>
<p>New Enrollment: Urgent Service Referral</p> <p><b>Note:</b> If completing an</p>	<ul style="list-style-type: none"> <li>● Identifies functionally eligible applicants who meet the definition of imminent risk and who lack the resources to alleviate that risk during the financial eligibility determination period.</li> </ul>	<ul style="list-style-type: none"> <li>● Assigns priority to urgent service referrals for a financial eligibility determination, unless doing so would jeopardize IM application</li> </ul>	<ul style="list-style-type: none"> <li>● Confirms receipt of the urgent services referral and signed <a href="#">Urgent Services Agreement, F-02140</a> with the ADRC.</li> </ul>	<p>N/A</p>

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<p>urgent service referral, also follow the other new enrollment steps above.</p>	<p>Urgent services will be provided when significant health and safety risks are present and would result in detrimental harm to the customer, and no other resources or supports are adequate or available in the 30-day financial eligibility determination time frame. The need is considered to be immediate and service to meet the needs is in the Family Care benefit package and not covered by other resources.</p> <ul style="list-style-type: none"> <li>• Requests the customer requiring urgent services to sign the <a href="#">Urgent Services Agreement, F-02140</a>, indicating their financial eligibility is pending and they will be liable for the cost of services provided by the MCO if found financially ineligible.</li> <li>• Upon the MCO’s agreement to serve the customer, the ADRC sends a signed <a href="#">Family Care Program Enrollment form, F-00046</a>, <a href="#">Partnership Enrollment form F-00533</a>, or <a href="#">PACE Enrollment form F-02483</a> to IM with an enrollment date that is no earlier than the date the Medicaid application is submitted, along with the signed <a href="#">Urgent Services Agreement, F-02140</a>.</li> <li>• Makes referral to IM, for Medicaid eligibility determination, including a copy of the Urgent Services Agreement. ADRC also emails the local IM to notify them that the case is a priority.</li> </ul>	<p>processing obligations under state or federal law.</p> <ul style="list-style-type: none"> <li>• Notifies the ADRC and MCO of the financial eligibility determination as soon as possible.</li> </ul>	<ul style="list-style-type: none"> <li>• Indicates on Urgent Services Agreement whether the referral is approved or denied. The MCO signs and dates the Urgent Services Agreement and returns to the ADRC.</li> <li>• Completes a comprehensive assessment and member-centered plan according to Article IV.A.3. “Provision of Services While Financial Eligibility is Pending” of the DHS-MCO contract.</li> <li>• If an urgent services referral is accepted, the MCO assumes responsibility for the urgent services member until their Medicaid eligibility is established.</li> <li>• Notifies the ADRC and refers the member back to the ADRC for options counseling if they are found financially ineligible for Medicaid.</li> <li>• MCO works with customer regarding a repayment plan if the customer is found</li> </ul>	

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	<ul style="list-style-type: none"> <li>When the ADRC receives notification from IM that financial eligibility has been approved, the ADRC enters the enrollment into FHiC.</li> <li>If the ADRC receives notification from IM that financial eligibility has been denied, the ADRC contacts the customer and the MCO immediately to discontinue the urgent services.</li> <li>ADRC offers options counseling to the customer and assists in locating other services if not financially eligible or if the MCO refuses the urgent services referral.</li> </ul>		financially ineligible for Medicaid.	
Disenrollment: Disenrollment Counseling	ADRC provides information and counseling to assist individuals in the process of voluntarily or programmatically disenrolling from Family Care, PACE, Partnership, or IRIS.	N/A	N/A	N/A
Disenrollment: Disenrollment Processing	Role depends on reason for disenrollment; see below.	Role depends on reason for disenrollment; see below.	Role depends on reason for disenrollment; see below.	Role depends on reason for disenrollment; see below.
Disenrollment due to loss of eligibility due to: <ul style="list-style-type: none"> <li>Financial</li> <li>Functional</li> <li>Ineligible setting</li> </ul>	<ul style="list-style-type: none"> <li>Receives <a href="#">Family Care/Partnership/PACE/IRIS Change Routing form, F-02404</a> from MCO or ICA.</li> <li>No disenrollment processing in ForwardHealth is required for a disenrollment due to loss of functional eligibility.</li> <li>For Family Care, Partnership, or PACE</li> </ul>	IM receives change information and determines Medicaid eligibility.	<ul style="list-style-type: none"> <li>Forwards the <a href="#">Family Care/Partnership/PACE/IRIS Change Routing form, F-02404</a> to IM and the ADRC to report any changes that may affect the member's Medicaid eligibility as soon as the change is discovered or it is determined that the MCO will</li> </ul>	<ul style="list-style-type: none"> <li>Forwards the <a href="#">Family Care/Partnership/PACE/IRIS Change Routing form, F-02404</a> to IM and the ADRC to report any changes that may affect the participant's Medicaid eligibility, including cost share delinquencies, moves to</li> </ul>

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	<p>disenrollment, the ADRC enters the disenrollment reason into ForwardHealth if notified by MCO that they are no longer serving the member due to:</p> <ul style="list-style-type: none"> <li>○ Nonpayment of cost share; or</li> <li>○ Not completing Medicaid review.</li> </ul> <ul style="list-style-type: none"> <li>● For Family Care, Partnership, or PACE disenrollment, the ADRC enters the disenrollment date <b>and</b> the disenrollment reason into ForwardHealth if notified by MCO that they are no longer serving the member due to the member residing in an ineligible setting.</li> </ul>		<p>no longer provide services due to loss of Medicaid eligibility. (Partnership and PACE members admitted to an institute for mental disease [IMD] as an “in lieu of” service or an alternate service should not be disenrolled.)</p> <ul style="list-style-type: none"> <li>● Informs the member that if the changes result in the member losing functional eligibility, they may be able to reenroll as a Group A or B depending on circumstances.</li> <li>● Transfers the LTCFS to the ADRC if the individual is not transferring to another program.</li> </ul>	<p>ineligible residences that extend beyond IRIS policy or admissions to a nursing facility or hospital over 90 days, incarceration over 30 days, moves from a current residence that impacts eligibility, or loss of functional eligibility.</p> <ul style="list-style-type: none"> <li>● Transfers the LTCFS to the ADRC if the individual is not transferring to another program.</li> </ul>
Disenrollment due to member request	<ul style="list-style-type: none"> <li>● Sends <a href="#">Family Care/IRIS Member Requested Disenrollment or Transfer form, F-00221</a>, <a href="#">Partnership Member Requested Disenrollment or Transfer form F-00534</a>, or <a href="#">PACE Member Requested Disenrollment or Transfer form F-02484</a> to the MCO or ICA.</li> <li>● For Family Care, PACE, or Partnership, if the customer is eligible for Medicaid as a Group B or Group B+, the ADRC sends the <a href="#">Family Care/IRIS Member Requested Disenrollment or Transfer form, F-00221</a>, <a href="#">Partnership Member</a></li> </ul>	<ul style="list-style-type: none"> <li>● If the member requests the ADRC to assist with disenrollment, IM updates the Community Waivers page and runs eligibility to determine if the individual is eligible for any other type of Medicaid when the <a href="#">Family Care/IRIS Member Requested Disenrollment or Transfer form, F-00221</a>, or where available, the <a href="#">Partnership Member Requested</a></li> </ul>	<ul style="list-style-type: none"> <li>● Provides the member with the contact information for the ADRC or facilitates contacting the ADRC with the member for disenrollment counseling when the member requests to disenroll from the MCO.</li> <li>● Transfers the LTCFS to the ADRC if the individual is not</li> </ul>	<ul style="list-style-type: none"> <li>● Provides the participant with the contact information for the ADRC or facilitates contacting the ADRC with the participant for disenrollment counseling when the participant requests to disenroll from the ICA.</li> <li>● Upon receipt of the <a href="#">Family</a></li> </ul>

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	<p><a href="#">Requested Disenrollment or Transfer form F-00534</a>, <a href="#">PACE Member Requested Disenrollment or Transfer form F-02484</a> to IM.</p> <ul style="list-style-type: none"> <li>For IRIS, the ADRC sends the <a href="#">Family Care/IRIS Member Requested Disenrollment or Transfer form, F-00221</a>, to IM.</li> <li>ADRC enters the disenrollment date and the disenrollment reason into ForwardHealth for disenrollments from the Family Care, Partnership, or PACE programs.</li> </ul>	<p><a href="#">Disenrollment or Transfer form F-00534</a> or <a href="#">PACE Member Requested Disenrollment or Transfer form F-02484</a> is received.</p> <ul style="list-style-type: none"> <li>If the member requests IM to assist with disenrollment, IM refers the individual to ADRC for disenrollment counseling.</li> </ul>	<p>transferring to another program.</p>	<p><a href="#">Care/IRIS Member Requested Disenrollment or Transfer form, F-00221</a>, the ICA forwards copy of the <a href="#">IRIS Program Disenrollment - Voluntary Letter, F001442H</a>, to the participant.</p> <ul style="list-style-type: none"> <li>Transfers the LTCFS to the ADRC if the individual is not transferring to another program.</li> </ul>
<p>Disenrollment due to MCO or ICA request</p>	<ul style="list-style-type: none"> <li>Receives <a href="#">Family Care/Partnership/PACE/IRIS Program Requested Disenrollment form, F-02403</a>, from MCO or ICA.</li> <li>Enters the disenrollment date and the disenrollment reason into ForwardHealth for disenrollments from Family Care, Partnership, or PACE programs.</li> </ul>	<ul style="list-style-type: none"> <li>Updates the Community Waivers page and runs eligibility to determine if the individual is eligible for any other type of Medicaid when the <a href="#">Family Care/Partnership/PACE/IRIS Program Requested Disenrollment form, F-02403</a>, is received.</li> </ul>	<ul style="list-style-type: none"> <li>Requests disenrollment approval from DHS for the following reasons: <ul style="list-style-type: none"> <li>MCO is unable to assure the member's health and/or safety.</li> <li>Member is no longer accepting services.</li> <li>Member has committed acts or threatened to commit acts that pose a threat to the MCO staff, subcontractor, providers, or other members of MCO.</li> </ul> </li> <li>Following receipt of approval from DHS, the MCO sends the <a href="#">Family</a></li> </ul>	<ul style="list-style-type: none"> <li>Requests disenrollment approval from DHS for the following reasons: <ul style="list-style-type: none"> <li>Failure to receive an IRIS service</li> <li>Loss of contact</li> <li>Moving to an ineligible residence</li> <li>Cost share delinquency per policy</li> <li>Failure to ensure health and safety</li> <li>Substantiated fraud</li> <li>Budget authority mismanagement</li> <li>Employer authority mismanagement</li> <li>Refusal to comply with</li> </ul> </li> </ul>

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			<p><a href="#">Care/Partnership/PACE/IRIS Program Requested Disenrollment form, F-02403</a>, to ADRC.</p> <ul style="list-style-type: none"> <li>• If the member is only eligible for Medicaid through Community Waiver eligibility, the MCO also sends the <a href="#">Family Care/Partnership/PACE/IRIS Program Requested Disenrollment form, F-02403</a>, to IM.</li> <li>• Continuity of Services <ul style="list-style-type: none"> <li>○ MCO ensures that services continue until the date of disenrollment.</li> <li>○ MCO assists member whose enrollment ends in obtaining necessary transitional care through appropriate referrals and by making member records available to the member's new providers with appropriate releases and, if applicable, by working with DHS to reinstate member's benefits in the Medicaid system or other</li> </ul> </li> </ul>	<p>IRIS Policy</p> <ul style="list-style-type: none"> <li>• Following receipt of approval from DHS, the ICA sends the <a href="#">Family Care/Partnership/PACE/IRIS Program Requested Disenrollment form, F-02403</a>, to ADRC and IM.</li> <li>• Continuity of Services: ICA ensures that Service Authorizations are active until the effective disenrollment date.</li> <li>• ICA transfers the LTCFS to the ADRC if the individual is not transferring to another program.</li> </ul>

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			<p>programs, if eligible.</p> <ul style="list-style-type: none"> <li>• MCO transfers the LTCFS to the ADRC if the individual is not transferring to another program.</li> </ul>	