

**Transition of Care  
Between Medicaid Programs  
or  
Between Agencies Within a Medicaid Program**



**STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
Division of Medicaid Services**

P-02364 (02/2019)

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**I. Definitions**

- A. ADRC: Aging and Disability Resource Center
- B. DHS: Department of Health Services
- C. FFS: Fee For Service
- D. ICA: IRIS Consultant Agency
- E. IRIS: Include, Respect, I Self-Direct
- F. LTCFS: Long-Term Care Functional Screen
- G. MCO: Managed Care Organization
- H. PACE: Program of All-Inclusive Care for the Elderly
- I. ROI: Release of Information
- J. WISITS: Wisconsin IRIS Self-Directed Information Technology System

**II. Purpose**

This document gives direction to MCOs, ICAs, and ADRCs when an individual is transitioning from:

- A. One Medicaid program to another:
  - 1. Fee-for-Service Medicaid to Family Care, Partnership, PACE, or IRIS
  - 2. Family Care, Partnership, or PACE to IRIS
  - 3. IRIS to Family Care, Partnership, or PACE
- B. One agency to another agency within a Medicaid long-term care program:
  - 1. MCO to MCO in Family Care, Partnership, or PACE
  - 2. ICA to ICA in IRIS

**III. Programs Affected**

X	Family Care
X	PACE
X	Partnership
X	IRIS
	Money Follows the Person
	Long-Term Care Functional Screen
	Tribes

**IV. Policy**

Individuals may voluntarily choose to enroll in publicly funded long-term care programs. These programs include IRIS, Family Care, Partnership, and PACE. To participate in these

programs, an individual must choose to enroll with an agency that administers these programs. For IRIS, it is an ICA. For Family Care, Partnership, and PACE, it is an MCO. In order to enroll in one of these programs, an individual must contact and meet with the ADRC for enrollment counseling. Enrollment counseling provides people with information about the programs they are eligible for and the corresponding administering agencies. Enrollment occurs at various times depending on the program.

Federal regulation, 42 C.F.R. § 438.62(b), requires DHS to have a transition of care policy to ensure that individuals have continued access to services during a transition from FFS Medicaid to an MCO or from one MCO to another. DHS has chosen to also apply this policy to the IRIS program to assure consistency across the adult long-term care Medicaid programs. This policy will be used by DHS and its contracted administering agencies.

## **V. Responsibilities**

### **A. ADRC Role**

#### **Enrollment Counseling**

The ADRC will complete enrollment counseling with the individual. If the individual chooses to transfer to a different program or a different agency within the same program, the individual will sign the F-00221 Individual Requested Disenrollment or Transfer form as well as one of the following applicable forms (linked below in Section 7.0 Attachments):

- F-00046 Family Care Enrollment
- F-00533 PACE/Partnership Programs Enrollment
- F-00075 IRIS Authorization

Note: Individuals transitioning from FFS Medicaid do not complete F-00221; they only complete the applicable enrollment form.

The ADRC provides these forms and reviews them with the individual.

Form F-00221 includes a ROI section. The purpose of the ROI is to allow the information, records, and documents necessary to ensure the individual's continuity of care are communicated to the new agency.

If signed by the individual, the ROI authorizes the individual's existing agency to send relevant information, records, and documents to the agency the individual is transferring to. As specified on the form, this includes the individual's LTCFS, their most recent care plan, and, as applicable, their behavior support plan(s), restrictive measures, court documents, crisis plan(s), and documents establishing the authority of the individual's legal decision maker. Note that even if the individual does not sign the ROI section of the form, their LTCFS can be transferred under Wis. Stat. § 46.284(7), and the ROI section of the form contains a statement to inform the individual of this fact.

Once the individual completes and signs the F-00221 and the applicable enrollment form, the ADRC will transmit it to the individual's new agency and existing agency.

## **B. MCO and ICA Role**

### **1. Transitions from FFS Medicaid to Family Care, Partnership, PACE, or IRIS**

The MCO or ICA will receive the applicable enrollment form from the ADRC.

The MCO and ICA must ensure continuity of care for members receiving covered services under FFS prior to their enrollment in the program and for newly enrolled individuals switching from FFS. The MCO should authorize coverage of services with the member's current providers until a care plan is developed. The ICA will work with the participant to ensure continuity of care in plan development.

### **2. Transitions Between Family Care, Partnership, or PACE and IRIS; and Transitions Between MCOs and ICAs Within Those Programs**

The individual's existing agency will receive form F-00221 and the applicable enrollment form from the ADRC. The existing agency must provide the new agency with the information, documents, and records listed in the ROI section on form F-00221 within three business days from the signature date on the enrollment form. If the new agency does not receive the information, documents, and records within this timeframe, they may contact DHS for assistance. The existing agency must also comply with any requests for historical utilization data from the new agency in a timely manner.

When transferring to an MCO from another MCO or ICA, the new agency will use the individual's current care plan to ensure the seamless continuation of the individual's services. If the individual is receiving a service from a provider not in the new MCO's network, the MCO must permit the individual to continue to receive the service from that provider until the new MCO can put a new service or service provider in place. Following enrollment of the individual, the MCO will follow the DHS-MCO contract requirements.

If an individual is transferring from an MCO to an ICA, the individual will work with the ICA to develop their plan. The individual can choose to stay enrolled with the MCO until the plan is complete or disenroll and wait for the ICA to finalize their enrollment.

## **C. Individual Role**

The individual will sign form F-00221, including the ROI section of the document, and the applicable enrollment form.

If the individual refuses to sign the ROI section of the document, the individual's transition will go forward without the transfer of the individual's information, records, and documents (with the exception of the individual's LTCFS as noted in Section A.1 above). If a participant is transferring from one ICA to another ICA, their information,

records, and documents are part of the IRIS WISITS system and are accessible by any IRIS ICA the individual authorizes.

**D. DHS Bureau of Adult Programs and Policy and Bureau of Adult Quality Oversight Role**

Bureaus will provide oversight and direction to their contracted agencies on the transition policy. The transition policy is described in the DHS Quality Strategy and available on the DHS website: <https://www.dhs.wisconsin.gov/dms/managedcarequalitystrategy-draft.pdf>.

Relevant language is included in the contracts for all adult long-term care programs, and the transition of care policy is explained to individuals in the [member handbook \(Family Care, Partnership, and PACE\)](#) and [participant education \(IRIS\)](#).

**E. DHS Bureau of Aging and Disability Resources (BADR) Role**

BADR will educate the ADRCs on this policy and the ROI in form F-00221. The ADRC will send the F-00221 to the individual’s existing and newly selected agency, which will then follow the process listed above.

**VI. Attachments**

- [F-00221 Individual Requested Disenrollment or Transfer](#)
- [F-00046 Family Care Enrollment](#)
- [F-00533 PACE/Partnership Enrollment](#)
- [F-00075 IRIS Authorization](#)

**VII. Revision History**

Date	Rev. No.	Change	
12.19.18		Original draft	DM