



Program Enrollment

A. Referrals

Once a prospective participant has been determined to meet all eligibility requirements and has selected the IRIS program, the aging and disability resource center (ADRC) or Tribal aging and disability resource specialist (ADRS) refers them to their chosen IRIS consultant agency (ICA) and fiscal employer agent (FEA), who are responsible for completing the designated orientation and enrollment processes.

1. Referral Period

a. Orientation Process

The referral period begins once the completed referral has been received by the ICA. During the referral period, the participant's ICA is responsible for establishing program enrollment, which includes providing orientation services. The ICA welcomes the participant and provides the participant with a complete orientation to the program within 60 days.

Program orientation includes walking the participant through the IRIS program education materials. These materials outline program information and policies, including the responsibilities and expectations of being an IRIS participant. The participant must attest that they received, reviewed, and understood these materials. The ICA will retain a copy of this attestation within the participant's record in the Department's enterprise care management system.

In addition to this introduction to the participant's role and responsibilities in the IRIS program, orientation also includes the development of the participant's IRIS Service Plan (ISP or plan). To complete the referral period, the participant's plan must, at a minimum, have at least one authorized service on the plan with a qualified provider. Additionally, the plan needs to indicate support for each of the participant's assessed needs, which will ensure that a healthy and safe plan is being developed.

b. Referral Period Timeline

The referral period begins on the referral date, which is the date that a complete referral is received by the ICA. The referral period may continue for up to 60 days following the referral date. This includes the following required actions and deadlines:

Action	Deadline
Welcome Call	3 business days from referral date
IRIS Consultant (IC) Selection	3 business days from welcome call (if unselected, IC is auto assigned after 4 days)
Initial In-Person Visit	14 business days from referral date
Implementation of Approved IRIS Service Plan	60 calendar days from the date of referral

c. Re-referral

Re-referrals to the IRIS program may occur when a participant seeks re-enrollment after a referral withdrawal or after a previous disenrollment (see section D for more information on disenrollment).

Re-referred participants must demonstrate the remediation of any existing concerns relating to their previous referral withdrawal or disenrollment. This may include providing documented efforts towards IRIS Service Plan development, receiving individualized plan requirements, additional education and monitoring, cost share payment monitoring, or completing documented risk agreements, as applicable. Upon re-enrollment into the IRIS program, these individualized remediation methods are in place to ensure the participant's success in the IRIS program.

The ICA initiates a program requested withdrawal for being "unwilling or unable to remediate" when a re-referred participant has previously been disenrolled for one the following reasons.

- Credible allegations of fraud.
- Unpaid cost share arrears and/or unresolved repayment agreements.
- Any issue that a re-referred participant is unwilling or unable to resolve.

In these instances, the ICA is responsible for initiating these referral withdrawals, which must be clearly documented. Refer to section A.3 for more information on referral withdrawals.

d. Procedures

Referral and Orientation Process

Step	Responsible Partner(s)	Detail
1	Participant	An individual reaches out to their local ADRC/Tribal ADRS to evaluate their long-term care options.
2	ADRC/Tribal ADRS	The ADRC/Tribal ADRS assesses for functional and financial eligibility, provides information about service and support options, and performs enrollment counseling.
3	Participant	After eligibility has been determined and they request to enroll in the IRIS program, the participant selects their ICA and FEA providers from those available in the county of responsibility.
4	ADRC/Tribal ADRS	The ADRC/Tribal ADRS initiates the IRIS program referral by completing the IRIS Authorization form (F-00075). They then send the referral packet to the ICA, including the Medical Remedial Expense Checklist (F-00295) when applicable.
5	ICA	<p>The ICA confirms receipt of the referral with the ADRC/Tribal ADRS. If the referral is incomplete, the ICA communicates with and sends the referral back to the ADRC/Tribal ADRS for additional information.</p> <p>Once the complete referral is received, the ICA then enters the referral into the Department's enterprise care management</p>

Step	Responsible Partner(s)	Detail
		<p>system and notifies the selected FEA within one business day. The 60-day referral period begins on the date a complete referral is received by the ICA.</p> <p>Note: If this is a re-referral, the ICA immediately evaluates the re-referral and re-enrollment policy and considers appropriate next steps. This includes confirming whether the ICA should seek a referral withdrawal, if necessary.</p>
6	ICA	<p>The ICA contacts the new referral within three business days of receiving the referral packet. The ICA tailors the welcome call, program orientation, and service planning tasks specifically to topics affecting the needs and interests of the referral.</p> <p>During this call, the ICA assists the referred participant in selecting an IRIS Consultant (IC) to assist them in their navigation of the program. The ICA provides the participant with at least three ICs to select from, including providing them with each ICs biography to make a more informed decision.</p> <p>If the participant prefers to have an IC assigned to them right away, or if they do not select one within four business days, the ICA will assign one to them and inform the participant of the decision by that fourth day.</p> <p>Note: The participant may request a new IC at any time, for any reason. The ICA is responsible for providing the participant with education regarding the IC change process.</p>
24.7	ICA/Participant	<p>The ICA will have an in-person meeting with the participant to begin the orientation process within the first 14 days of the referral. This meeting and all related details will be documented in the enterprise care management system within two business days.</p> <p>During this process, the ICA and participant work together to ensure a safe and effective plan is developed, according to the IRIS Service Plan Development policy. To set the IRIS start date within the 60-day referral period, the participant must have at least one service and eligible provider on their plan.</p> <p>The participant and ICA work together to set the start date on or before the last day of the 60-day referral period. The ICA notifies the FEA, and SDPC agency if applicable, of the official start date.</p> <p>Note: When a referral has extenuating circumstances that result in a delay in enrollment beyond 60 days, the ICA notifies the Department's quality and oversight staff of the delayed enrollment.</p>
8	ICA	<p>The ICA updates the IRIS Authorization form (F-00075) with the IRIS start date and sends it back to the ADRC/Tribal ADRS.</p>

Step	Responsible Partner(s)	Detail
		If the participant is eligible through the Community Waivers Medicaid type, the ICA forwards the completed form to the Income Maintenance (IM) agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.
9	ICA/Participant	<p>Regardless of the individual's eligibility for full benefit Medicaid upon referral, ICAs verify that the participant still has full benefit Medicaid eligibility prior to enrolling the participant in IRIS. The IRIS Waiver Agency User Guide provides a list of qualifying benefit plans and excluded medical status codes.</p> <p>If any issues arise regarding the Medicaid application or eligibility (expiration, renewal date lapse, etc.), the ICA and participant should work together to ensure these issues are resolved to avoid any significant enrollment delays.</p> <p>Note: The IM agencies have been instructed to keep Medicaid applications open for the duration of the IRIS referral period. The enrollment date for these cases should be provided to the IM agency as soon as the date is determined.</p>
10	MMIS/Enterprise Care Management System	<p>On the Friday following the successful processing from the Department enterprise care management system to the Medicaid Management Information System (MMIS), an automated confirmation notice is sent. The notice informs the participant of their program enrollment date.</p> <p>Note: If there is an unresolved error in the Department enterprise care management system, the participant's status remains "referred" until the ICA resolves the MMIS error. If the ICA cannot correct the error, they should contact the system administrators with details regarding the participant and the error occurring.</p>

2. Referrals for Youth in Transition

1. Referral and Transition Process

Individuals that are referred to the IRIS program who are transitioning out of the Children's Long-Term Support (CLTS) program are referred to as "youth in transition." A youth in transition may be referred to the IRIS program as young as 17 years and 6 months old. A youth in transition's enrollment may begin as early as the individual's 18th birthday and should not be later than the first of the month following their 18th birthday, whenever possible.

If a referred individual needs personal care and would like to enroll in Self-Directed Personal Care (SDPC), the ICA should make a referral to the SDPC agency but inform the participant that they will not be able to enroll in SDPC until they have completed their adult long-term care functional screen (referred to as LTCFS or functional screen) and are officially enrolled in the IRIS program.

Youth in transition should have an orderly, coordinated, and expedient transition between the CLTS program and the IRIS program. Referred youth in transition are expected to be supported by their selected ICA through the process, this includes the ICA taking part in transitional meetings, ensuring continuity of services and care planning, and communicating effectively with all partners through the transition.

2. Procedures

Youth in Transition Referral Process

Step	Responsible Partner(s)	Detail
1	ADRC/Tribal ADRS	The ADRC/Tribal ADRS performs enrollment counseling, including completing the functional screen as early as six months ahead of the individual's 18th birthday. The ADRC/Tribal ADRS communicates status/progress with the CLTS program staff, as applicable.
2	Participant	When a participant chooses the IRIS program, they then select the ICA and FEA provider from those available in the county of responsibility.
3	ADRC/Tribal ADRS	The ADRC/Tribal ADRS sends a copy of the IRIS referral form to the CLTS program staff.
4	ADRC/Tribal ADRS	The ADRC/Tribal ADRS and CLTS program staff explain that IRIS participation cannot begin until the individual turns 18, and that the CLTS program ends at age 18 when the IRIS participation begins.
5	ADRC/Tribal ADRS	<p>The ADRC/Tribal ADRS initiates the IRIS program referral by completing the IRIS Authorization form (F-00075), indicating that the referred individual is currently enrolled in the CLTS program. They then send the referral packet to the ICA, including the Medical Remedial Expense Checklist (F-00295) when applicable.</p> <p>The ADRC/Tribal ADRS provides the name and contact information of the current support program (e.g., CLTS Support and Service Coordinator [SSC]). The ADRC/Tribal ADRS sends a copy of the IRIS referral form to the CLTS program staff.</p>
6	ICA	The ICA confirms receipt of the referral with the ADRC/Tribal ADRS. The ICA then enters the referral into the Department's enterprise care management system and notifies the selected FEA.
7	ICA	<p>The ICA tailors the welcome call, program orientation, and service planning tasks specifically to topics affecting the needs and interests of the referral.</p> <p>In addition, the ICA serves as youth-to-adult transition lead for the referral. As a result, the ICA is responsible for obtaining a copy of the current care plan from the CLTS staff and ensuring continuity of care and services. This includes things, such as:</p> <ul style="list-style-type: none"> Ensuring any eligibility criteria specific to youth transition are completed, (e.g., Disability Determination applications).

Step	Responsible Partner(s)	Detail
		<ul style="list-style-type: none"> Coordinating any vocational services currently being accessed. Attending any necessary transitional planning meetings that may impact the participant's long-term care needs.
8	ICA/Participant	<p>The ICA and participant work together to ensure a safe and effective plan is developed, according to the IRIS Service Plan Development policy.</p> <p>An IRIS start date is established and mutually agreed upon by the participant, ICA, and the CLTS program staff. The ICA notifies the FEA, and the SDPC agency if applicable, of the official start date.</p> <p>Note: When possible, the enrollment date could be as early as the participant's 18th birthday, but not later than the first of the month following the participant's 18th birthday. As this is dependent on the circumstances of the referral (i.e., delayed, late, or incomplete referral), the ICA must communicate with the participant and CLTS staff if a delay is expected as soon as they become aware.</p>
9	ICA	<p>The ICA updates the IRIS Authorization form (F-00075) with the IRIS start date and sends it back to the ADRC/Tribal ADRS, CLTS staff, and IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.</p>
10	MMIS/Enterprise Care Management System	<p>On the Friday following the successful processing from the Department enterprise care management system to MMIS, an automated confirmation notice is sent. The notice informs the participant of their program enrollment date.</p> <p>Note: If there is an unresolved error in the Department enterprise care management system, the participant's status remains "referred" until the ICA resolves the MMIS error. If the ICA cannot correct the error, they should contact the system administrators with details regarding the participant and the error occurring.</p>

3. Referral Withdrawals

After a prospective participant is referred to the program, a referral withdrawal can be initiated anytime during the referral period. There are two types of referral withdrawals that can occur: a "participant requested withdrawal" or a "program requested withdrawal."

a. Participant Requested Withdrawal

Participants in the referral process have the right to voluntarily withdraw at any time during the referral process. ICAs are required to direct the referred participant back to the ADRC or Tribal ADRS for enrollment counseling when they indicate that they do not wish to continue with enrollment into the IRIS program.

b. Program Requested Withdrawal

Program requested withdrawals occur when a referred participant's ICA determines that the participant is no longer in compliance with program enrollment criteria or is otherwise not eligible to enroll into the program. During a program requested withdrawal, the ICA refers the participant back to their ADRC or Tribal ADRS for enrollment counseling. The ICA provides a written notice of referral withdrawal to the referred participant, as well as a Notice of Action (NOA). Program requested withdrawals occur for the following reasons:

- i. **Program Noncompliance:** This reason is used when there has not been sufficient progress made towards finalizing enrollment within the referral period. This withdrawal is initiated after a minimum of 30 days of no progress or compliance, despite the ICA's documented efforts to assist the referred participant. This reason for withdrawal includes when:
 1. An IRIS Service Plan and/or backup plan has not been created, is not complete (signed and contains at least one provider), and/or is not healthy and safe.
 2. The referred participant is living in an ineligible living arrangement (refer to the Eligibility Chapter).
- ii. **Loss of Eligibility:** This reason is used when a participant loses financial or functional eligibility during the referral period (refer to the Eligibility Chapter).
- iii. **No Contact:** This reason is used when the referred participant does not establish or maintain contact with their selected ICA during the referral period. The ICA should ensure they have done all they can to contact the participant, including verifying the referred participant's contact information with the ADRC and documenting their required efforts to contact the referred participant. Those required efforts include:
 1. Attempting to contact the referred participant a minimum of four times in a two-week period.
 2. Attempting to visit the referred participant in-person if the initial phone and mail contact is not successful.
 3. Sending a letter to the referred participant if the contact attempts are not successful. The letter explains that the referred participant must contact the ICA within 10 days, or their referral will be withdrawn.
- iv. **Death of Participant:** This reason is used when a referred participant passes away during the referral period.
- v. **Unwilling or Unable to Remediate:** This reason is used when a newly referred or re-referred participant is unwilling or unable to remediate existing concerns. When this reason is used, the ICA must seek approval from the Department before withdrawing the referral utilizing the IRIS Denial of Enrollment Request (F-01319B). This reason for withdrawal includes when:
 1. There are unpaid cost share arrears and/or unresolved repayment agreements that the referred participant refuses to pay in full prior to enrollment.
 2. There is documented history of ongoing budget mismanagement and/or credible allegations of fraud that the referred participant is unwilling or unable to resolve.
 3. There are significant unresolved health and safety concerns.

When a referral withdrawal is initiated, but the referred participant changes their mind or sufficiently remediates the cause for withdrawal, the ICA should cancel the withdrawal process with the ADRC or Tribal ADRS. Withdrawals and cancellations of withdrawals are communicated utilizing the IRIS Authorization form (F-00075).

c. Procedures

Referral Withdrawal Process (Participant Requested)

Step	Responsible Partner(s)	Detail
1	Participant	The participant informs their local ADRC/Tribal ADRS that they would like to withdraw their IRIS program referral.
2	ICA	When the ICA is made aware of the request to withdraw the referral, they update the IRIS Authorization form (F-00075) and send it back to the ADRC/Tribal ADRS. The ICA forwards a copy to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number. The ICA also sends a copy sent to the referred participant notifying them of their referral back to the ADRC/Tribal ADRS.
3	ADRC/Tribal ADRS	The ADRC/Tribal ADRS confirms receipt of the IRIS Authorization form and contacts the individual for enrollment counseling. The ADRC/Tribal ADRS also removes the ICA's read-only access to the functional screen.
4	ICA	The ICA documents the participant requested withdrawal within the Department's enterprise care management system and closes the referral in the system.

Referral Withdrawal Process (Program Requested)

Step	Responsible Partner(s)	Detail
1	ICA	The ICA determines a referral withdrawal should occur based on one of the reasons identified in the Program Requested referral section of this policy. This includes completing all remediation, timelines, and/or required steps prior to initiating the referral withdrawal.
2	ICA	The ICA sends the referred participant a withdrawal letter and instructs them to return to the ADRC/Tribal ADRS for enrollment counseling. The ICA also sends an NOA and the appeal rights to the participant.
3	ICA	The ICA updates the IRIS Authorization form (F-00075) with the withdrawal information and returns it to the ADRC/Tribal ADRS. The ICA forwards a copy to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number. The ICA also sends a copy sent to the referred participant notifying them of their referral back to the ADRC/Tribal ADRS.
4	ADRC/Tribal ADRS	The ADRC/Tribal ADRS confirms receipt of the IRIS Authorization form and contacts the individual for enrollment counseling. The ADRC/Tribal ADRS also removes the ICA's read-only access to the functional screen.
5	ICA	The ICA documents the participant requested withdrawal within the Department's enterprise care management system and closes the referral in the system.

Referral Withdrawal Process (Program Requested): Unwilling or Unable to Remediate

Step	Responsible Partner(s)	Detail
1	ICA	<p>The ICA determines a referral withdrawal should occur based on if a participant is unwilling or unable to remediate, detailed in the Program Requested referral section of this policy. This includes completing all remediation, timelines, and/or required steps prior to initiating the referral withdrawal.</p> <p>The ICA completes the IRIS Denial of Enrollment Request (F-01319B) and submits it to Department quality assurance staff for review.</p>
2	DHS	<p>The Department quality assurance staff reviews the request and verifies the reason for withdrawal. If the request is approved, the Department confirms with ICA that the withdrawal can proceed.</p> <p>Note: If the request is not approved, the Department works with the ICA to acquire additional information or determine additional remediation steps that need to occur prior to considering referral withdrawal.</p>
3	ICA	The ICA sends the referred participant a letter detailing why their referral was withdrawn and instructs them to return to the ADRC/Tribal ADRS for enrollment counseling. The ICA also sends an NOA and the appeal rights to the participant.
4	ICA	<p>The ICA then updates the IRIS Authorization form (F-00075) with the withdrawal information and returns it to the ADRC/Tribal ADRS. The ICA forwards a copy to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.</p> <p>The ICA also sends a copy sent to the referred participant notifying them of their referral back to the ADRC/Tribal ADRS.</p>
5	ADRC/Tribal ADRS	The ADRC/Tribal ADRS confirms receipt of the IRIS Authorization form and contacts the individual for enrollment counseling. The ADRC/Tribal ADRS also removes the ICA's read-only access to the functional screen.
6	ICA	The ICA documents the program requested withdrawal within the Department's enterprise care management system and closes the referral in the system.

4. Resources

a. Form Links

- i. IRIS Authorization Form (F-00075)
- ii. Medical Remedial Expense Checklist (F-00295)
- iii. IRIS Denial of Enrollment (F-01319B)

b. Memos and Guides

- iv. Participant Education Manual ([P-01704](#))
- v. Transition of Eligible Participants from Children's to Adult Long-Term Care Programs ([Memo 2022-05](#))
- vi. IRIS Waiver Agency User Guide (located in the secure waiver agency portal landing page)

B. Program Enrollment

IRIS program enrollment is a voluntary decision made by an eligible participant (and/or their legal decision maker, on their behalf), which is confirmed by the participant's signature on the form provided by the ADRC or Tribal ADRS.

1. Enrollment

a. Enrollment Process

Once the referred participant has completed the necessary orientation activities during the referral period, the participant is enrolled per their program start date. The participant determines their program start date with the help of their ICA during the referral period. The ICA ensures they communicate the selected start date to all necessary partner agencies to ensure a successful enrollment. Once enrolled, the participant can begin receiving services as detailed and approved in their IRIS Service Plan (see Referrals and Orientation for more information related to pre-enrollment processes).

For additional details regarding inter-agency responsibility and expectations surrounding these processes, ICAs should refer to the Long-Term Care Programs: Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs ([P-02915](#)) or the Enrollment and Disenrollment Resource Guide ([P-02997](#)) for accurate utilization of all enrollment-related processes.

b. Expedited Re-enrollment Process

The expedited re-enrollment process allows participants who have been disenrolled from the IRIS program, for the reasons indicated below, to be re-enrolled in the program with an abbreviated referral period. The referral process for the participant remains the same as an initial enrollment, meaning that the ADRC or Tribal ADRS must refer the participant to the ICA using the IRIS Authorization Form (F-00075).

This process applies only to participants who are found eligible for the IRIS program again following:

- Release from an incarceration.
- Discharge from an institution for mental disease (IMD) admission.
- Discharge from a suspension that has lasted longer than 90 days.
- Reinstatement of Medicaid eligibility after it had lapsed.

When a participant is re-enrolling in the program, the ICA may reinstate their most recently active IRIS Service Plan (including all orientation, FEA-related, Participant-Hired Worker (PHW) or provider-related, and plan-related documentation) and re-enroll the participant immediately following receipt of their referral **when their disenrollment was effective less than 30 days prior to their new program start date**. To be eligible for an expedited re-enrollment, the participant's most recently active plan must successfully address their health and safety.

Additionally, the following requirements must be met within 30 calendar days following an expedited re-enrollment:

- i. The participant must have their functional screen evaluated and updated, if necessary.

- ii. The participant's IRIS Service Plan must be updated according to the functional screen and/or changes in their long-term care needs. This includes all plan-related and orientation documentation.
- iii. The participant and their ICA must evaluate the need for a risk agreement and complete one as necessary.

c. Procedures

Enrollment Process (Post-Referral Process)

Step	Responsible Partner(s)	Detail
1	ICA	<p>During referral, the ICA updates the IRIS Authorization form (F-00075) with the program start date and sends it back to the ADRC/Tribal ADRS once a date has been selected. The ICA notifies the FEA of the official start date.</p> <p>If the participant is eligible through Community Waiver Medicaid, the ICA forwards the completed form to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.</p> <p>If this enrollment is the result of a Youth in Transition referral or transfer, refer to section A.2 or section C respectively for additional information.</p> <p>Note: Regardless of the individual's eligibility for full benefit Medicaid upon referral, ICAs need to verify that the participant still has full benefit Medicaid eligibility prior to enrolling the participant in IRIS. The IRIS Waiver Agency User Guide provides a list of qualifying benefit plans and excluded medical status codes.</p>
2	ADRC/Tribal ADRS	The ADRC/Tribal ADRS confirms receipt of the IRIS Authorization form. They also transfer the participant's functional screen to the ICA.
3	ICA	The ICA ensures the participant has received a copy of their completed IRIS Service Plan, which has been signed by all those necessary.
4	ICA	The ICA enters the IRIS program start date in the Department's enterprise care management system.
5	MMIS/Enterprise Care Management System	<p>On the Friday following the successful processing from the Department enterprise care management system to MMIS, an automated confirmation notice is sent. The notice informs the participant of their program enrollment date.</p> <p>Note: If there is an unresolved error in the Department enterprise care management system, the participant's status remains "referred" until the ICA resolves the MMIS error. If the ICA cannot correct the error, they should contact the system administrators with details regarding the participant and the error occurring.</p>

2. Resources

a. Form Links

- i. IRIS Authorization Form ([F-00075](#))

b. Memos and Guides

- ii. Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs ([P-02915](#))
- iii. Enrollment and Disenrollment Resource Guide ([P-02997](#))
- iv. IRIS Waiver Agency User Guide (located in the secure waiver agency portal landing page)

C. Program/Provider Transfers and Suspensions

After the participant's enrollment is established, the ICA is responsible for monitoring and maintaining the participant's program enrollment. This includes monitoring and evaluating for program and ICA transfers and program suspensions. This is separate from the FEA transfer process, which is outlined in section E of this policy.

For additional details regarding inter-agency responsibility and expectations surrounding these processes, ICAs should refer to the Long-Term Care Programs: Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs ([P-02915](#)) or the Enrollment and Disenrollment Resource Guide ([P-02997](#)) for accurate utilization of all enrollment-related processes.

1. Transfers

a. Program Transfers

Program transfers occur when a participant requests to transfer from one long-term care program to another. There are two distinct processes in which a participant can transfer to or from another adult long-term care program: Either out of the IRIS program into a different long-term care program (ICA to MCO) or into the IRIS program from a different long-term care program (MCO to ICA). There are specific steps to be completed to ensure the transfer between programs is successful, which are outlined in this policy.

Participants may request to transfer to or from the IRIS program at any time and for any reason. If a participant wishes to transfer to or from the IRIS program and is eligible, they can initiate the process by informing their local ADRC or Tribal ADRS of their decision. If the ICA is the first point of contact, they refer the participant to the ADRC or Tribal ADRS for enrollment counseling. These transfers are considered voluntary and are processed utilizing the Member or Participant Requested Disenrollment or Transfer form (F-00221).

i. **ICA to MCO**

When a participant requests to transfer out of the IRIS program and into another long-term care program, the ADRC or Tribal ADRS provides enrollment counseling to the participant. Once the participant selects their program and MCO, the ADRC or Tribal ADRS notifies the ICA of the initiated transfer and MCO enrollment date. The ICA then confirms receipt of the transfer from the ADRC or Tribal ADRS. The ICA also ensures they provide all necessary information and assistance to ensure continuity of services during the program transfer, including transferring access to the participant's functional screen over to the MCO.

ii. MCO to ICA

When a participant requests to transfer out of another long-term care program and into the IRIS program, the ADRC or Tribal ADRS provides enrollment counseling to the participant. Once the participant selects their ICA and FEA, the ADRC or Tribal ADRS notifies the ICA of the initiated transfer and grants read-only access to the participant's functional screen. The ICA then confirms receipt of the referral from the ADRC or Tribal ADRS. The ICA also coordinates the participant's program start date with the MCO to ensure continuity of services, and communicates the official program start date with the ADRC or Tribal ADRS and MCO. Additionally, the ICA seeks all necessary information and assistance to ensure continuity of services during the program transfer.

The ICA begins the referral and orientation process, as directed in the Referrals and Orientation section (A.1) and Enrollment section (B.1) of this policy.

b. Provider Transfers

Provider transfers occur when a participant requests to transfer from one ICA provider to a different ICA provider (ICA to ICA). Participants may request to transfer to or from an ICA provider at any time and for any reason. There are specific steps to be completed to ensure the participant successfully transfers between agencies, which are outlined in this policy.

If a participant requests a provider transfer and is eligible, they can initiate the process by informing their local ADRC or Tribal ADRS of their decision. If the ICA is the first point of contact, they refer the participant to the ADRC or Tribal ADRS for enrollment counseling. These transfers are considered voluntary and are processed utilizing the Member or Participant Requested Disenrollment or Transfer form (F-00221) and the IRIS Authorization form (F-00075).

When a participant requests to transfer providers, the ADRC or Tribal ADRS provides enrollment counseling to the participant. Once the participant selects their new ICA, the ADRC or Tribal ADRS notifies both the sending (current) ICA and the receiving (new) ICA of the initiated transfer. Both ICAs then confirm receipt of the request from the ADRC or Tribal ADRS. Each ICA also ensures they provide all necessary information and assistance to ensure continuity of services during the transfer.

The sending ICA reviews the participant's case to ensure they meet the criteria for an ICA transfer utilizing the ICA Transfer Checklist (F-01569). To be eligible to transfer ICA providers, the participant must meet these criteria:

- The participant is enrolled with an active IRIS Service Plan (unless they are in referral status and chose to withdraw their enrollment to select a new ICA).
- The participant's service plan must be within their allocated budget (i.e., the budget cannot exceed the base budget and any approved additional funding requests on the participant's existing plan).
- The participant has no pending disenrollment requests.
- The participant's annual Medicaid renewal date is either greater than 30 days out from the transfer effective date and/or they have submitted all Medicaid renewal documentation to IM.

- The participant's annual functional re-screening is due and not yet scheduled within 15 days of the transfer effective date.
- The participant is current with their cost share obligation (repayment status is not considered current).
- The participant does not have any incomplete Budget Amendment or One-Time Expense requests.
- The participant has not requested to transfer to an ICA who has a direct or indirect fiduciary relationship with their current fiscal employer agent (FEA).

Once the participant's sending ICA completes the ICA Transfer Checklist and has determined they meet the criteria for a provider transfer, they send it to the receiving ICA and the Department. If the sending ICA determines they do not meet the criteria, the sending ICA returns the IRIS Authorization form (F-00075) to the ADRC or Tribal ADRS to communicate the transfer denial. The sending ICA also sends their provider transfer denial letter to the participant to inform them of the determination, which includes an NOA and participant appeal rights. If the reason for denial is something the participant can resolve, they are permitted to go back to the ADRC or Tribal ADRS to re-request the transfer once they meet the criteria.

When a participant is in the process of transferring, their IRIS Service Plan should continue without interruption. The sending ICA remains responsible for any service-related requests sent to the Department and appeals that are submitted before the transfer effective date. The receiving ICA updates the participant's plan to reflect the change in ICA. The receiving ICA is also responsible to inform the participant's FEA and the Self-Directed Personal Care (SDPC) oversight agency, if applicable.

The transfer should always proceed as detailed in this policy, unless a transfer cancellation is requested by the participant. To ensure the request is valid, the participant must return to the ADRC or Tribal ADRS to cancel their request. If a participant wishes to cancel their request to transfer, they must do so before the effective date of the transfer, otherwise the transfer will be completed as initially requested.

c. Procedures

Program Transfer Process: ICA to MCO

Step	Responsible Partner(s)	Detail
1	Participant	The participant informs their local ADRC/Tribal ADRS that they would like to transfer to another long-term care program.
2	ADRC/Tribal ADRS	The ADRC/Tribal ADRS performs enrollment counseling with the participant. Once the participant selects the program they would like to transfer to, the ADRC/Tribal ADRS completes the Participant Requested Disenrollment or Transfer form (F-00221) and sends it to the ICA and the MCO.
3	ICA	The ICA notifies the ADRC/Tribal ADRS of the receipt of the Participant Requested Disenrollment or Transfer form. The ICA enters the disenrollment date into the Department's enterprise care management system, as indicated on the form.

4	ICA	<p>If the Release of Information (ROI) section is completed on the Participant Requested Disenrollment form, the ICA sends the MCO any requested documents, including transferring the functional screen, within three business days.</p> <p>The ICA also notifies the FEA and SDPC oversight agency about the transfer, if applicable.</p>
5	ICA	<p>The ICA completes the ICA section (section I) of Participant Requested Disenrollment or Transfer form and returns it to the ADRC/Tribal ADRS. The ICA also forwards the updated form to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.</p>
6	MMIS/Enterprise Care Management System	<p>On the Friday following the successful processing from the Department enterprise care management system to MMIS, an automated confirmation notice is sent. The notice informs the participant that the program transfer has occurred and indicates the MCO they have transferred to.</p> <p>Note: If there is an unresolved error in the Department enterprise care management system, the participant's status remains as enrolled until the ICA resolves the MMIS error. If the ICA cannot correct errors, they should contact the system administrators with details regarding the participant and the error occurring.</p>

Program Transfer Process: MCO to ICA

Step	Responsible Partner(s)	Detail
1	Participant	The participant informs either their local ADRC/Tribal ADRS that they would like to transfer to the IRIS program.
2	ADRC/Tribal ADRS	The ADRC/Tribal ADRS performs enrollment counseling with the participant. Once the participant selects the IRIS program, as well as the ICA and FEA they would like to transfer to, the ADRC/Tribal ADRS completes the Participant Requested Disenrollment or Transfer form (F-00221) and sends it to the MCO and the ICA. They also complete and send the IRIS Authorization form (F-00075) to the ICA.
3	ICA	The ICA notifies the ADRC/Tribal ADRS of the receipt of the Participant Requested Transfer or Disenrollment form and IRIS Authorization form. The ICA enters the referral into the Department's enterprise care management system.
4	ICA	<p>The ICA processes the referral as a new enrollment, including orientation and plan development processes outlined in the Enrollment chapter and the IRIS Service plan chapter.</p> <p>The ICA also ensures they have received access to the functional screen and all necessary documentation from the MCO, as indicated on the ROI.</p>
5	ICA	<p>Upon completion of the IRIS Service Plan updates, the ICA returns the IRIS Authorization form with the IRIS start date to the ADRC/Tribal ADRS and sends a copy to the participant.</p> <p>The ICA also forwards the updated form to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.</p>
6	MMIS/Enterprise Care Management System	On the Friday following the successful processing from the Department enterprise care management system to MMIS, an automated confirmation

		<p>notice is sent. The notice informs the participant that the program transfer has occurred and indicates the ICA and FEA they have transferred to.</p> <p>Note: If there is an unresolved error in the Department enterprise care management system, the participant's status remains "referred" until the ICA resolves the MMIS error. If the ICA cannot correct the error, they should contact the system administrators with details regarding the participant and the error occurring.</p>
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Provider Transfer Process: ICA to ICA

Step	Responsible Partner(s)	Detail
1	Participant	The participant informs their local ADRC/Tribal ADRS that they would like to transfer to another ICA provider.
2	ADRC/Tribal ADRS	The ADRC/Tribal ADRS performs enrollment counseling with the participant. Once the participant selects the ICA they would like to transfer to, the ADRC/Tribal ADRS completes the Participant Requested Disenrollment or Transfer form (F-00221) and sends it to the sending ICA and the receiving ICA. They also complete and send the IRIS Authorization form (F-00075) to the receiving ICA.
3	Receiving ICA	The receiving ICA notifies the ADRC/Tribal ADRS of receipt of the Participant Requested Disenrollment or Transfer form and IRIS Authorization form.
4	Sending ICA	<p>The sending ICA notifies the ADRC/Tribal ADRS of receipt of the Participant Requested Disenrollment or Transfer form. Within 10 days of receipt of this form, the sending ICA completes the ICA Transfer Checklist (F-01569).</p> <p>If the participant does meet the criteria for a transfer, the sending ICA continues with the transfer request. They upload the transfer documentation, including the ICA Transfer Checklist, into the Department's enterprise care management system and sends an email to the Department's system administrator's inbox.</p> <p>If the participant does not meet the criteria for a transfer, the sending ICA returns the IRIS Authorization form to the ADRC/Tribal ADRS indicating the transfer denial and sends a copy to the receiving ICA to notify them. The sending ICA then issues the participant their transfer denial letter indicating the reason for denial.</p> <p>The sending ICA sends a NOA and the appeal rights to the participant. The sending ICA ensures all documentation is uploaded into the Department's enterprise care management system.</p>
5	DHS	If the transfer criteria are met and step 4 is complete, the Department staff processes the transfer and notifies both the sending and receiving ICA when completed.
6	Receiving ICA	<p>The receiving ICA processes the transfer as a new enrollment for their agency, including providing a welcome call and initial/orientation visit as detailed in the Orientation section (A.1) of this chapter.</p> <p>The ICA also notifies the sending ICA, the FEA, and the SDPC oversight agency, when applicable, receipt of notice of the transfer.</p>

7	Receiving ICA	The receiving ICA reviews the ICA Transfer Checklist for any additional follow-up needed and updates the participant's IRIS Service Plan. Updating the plan includes ending all authorizations and creating new authorizations to address the ICA change.
8	Receiving ICA	The receiving ICA returns the IRIS Authorization form with the ICA transfer effective date to the ADRC/Tribal ADRS. The ICA also forwards the updated form to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.
9	Sending ICA	The sending ICA transfers the participant's functional screen to the receiving ICA.
10	MMIS/Enterprise Care Management System	On the Friday following the successful processing from the Department enterprise care management system to MMIS, an automated confirmation notice is sent. The notice informs the participant that the program transfer has occurred and indicates the ICA they have transferred to. Note: If there is an unresolved error in the Department enterprise care management system, the participant's status remains with the sending ICA until they resolve the MMIS error. If the sending ICA cannot correct the error, they should contact the system administrators with details regarding the participant and the error occurring.

2. Suspensions

a. Program Suspensions

Program suspensions occur when a participant temporarily resides in an ineligible living setting, such as an institutional setting or nursing home, but plans to re-enter the community and return to their IRIS program enrollment once discharged. Suspensions are typically due to medical events, causing a participant to seek long-term care supports from an institutional setting or long-term care facility.

Suspensions are utilized to ensure an easier transition back into IRIS and the community when the stay in the ineligible living setting is intended to be temporary. During a suspension, the ICA collaborates with the participant and the ineligible living setting to ensure successful transition back into the community.

While a participant remains in an ineligible living setting there is an allowable suspension period of up to 90 days where they may remain admitted and receive necessary services and/or care specific to their needs. After 90 days, the participant is disenrolled according to the processes outlined in the Program Requested Disenrollment section (D.2).

For additional information regarding enrollment-related reason codes, MMIS and the Department's enterprise care management system interface, notifications, and notices, refer to the IRIS Waiver Agency User Guide.

- iii. Admissions to Nursing Homes, Hospitals, and Other Institutional Settings
Upon admission to a nursing home or other institutional setting, the ICA must suspend the participant's enrollment status in the Department's enterprise care management system. The ICA must also complete the Change Routing form (CRF)(F-02404) and send it to the IM agency.

1. MDS-Q Process for IRIS Participants

Under the Code of Federal Regulations, 42 CFR 483.20, nursing homes that participate in the Medicare and Medicaid programs must complete the Minimum Data Set (MDS) assessment for each individual admitted to the facility, quarterly thereafter, and again upon discharge from the facility. Nursing homes need to make a referral to the designated local contact agency for any customer who, in response to Section Q questions, shows a desire to talk to someone about returning to the community. The Department chose ADRCs as the local contact agency for their service area if the individual is not enrolled in a publicly funded long-term care program. If the customer is an IRIS participant, the referral should be sent from the nursing home to the ICA that the participant is enrolled with.

This process serves as a notification to the ICA that a participant was admitted to a nursing facility and prompts them to suspend services appropriately, if they were not already aware of the change in the participant's living arrangement. It is still the participant's responsibility to start discussions with the ICA about any ISP changes needed prior to discharge to ensure a safe transition back to a community setting.

2. IRIS Waiver Non-Allowable Settings Report

The IRIS Waiver Non-Allowable Settings report is designed to provide ICAs with a tool to help them determine if an enrolled participant has been residing in an ineligible setting, which includes hospitals, nursing homes, and IMDs. The report includes all participants with both active and suspended enrollment and searches Medicaid claims data to determine if the participant's program enrollment overlaps with a non-allowable setting for more than one day.

ICAs should review the report and take the appropriate action for each participant reported, as listed here:

- a. If the ICA was aware of the participant's stay in a non-allowable setting and suspended the participant's enrollment already, the ICA should verify that the non-allowable setting dates in the report are consistent with the enrollment suspension date(s) entered into Department's enterprise care management system.
 - i. If the dates are consistent, no action is needed.
 - ii. If the dates are not consistent, then ICAs must follow-up with the participant to determine if the enrollment suspension dates in Department's enterprise care management system need to be updated.
- b. If the ICA was not aware of the participant's stay in a non-allowable setting, the ICA must follow-up with the participant to determine if an enrollment suspension should be entered into Department's enterprise care management system for the participant. When

applicable, the ICA should enter the effective and end date of the participant's stay in a non-allowable setting, which in this instance could be retroactive effective and end dates.

- c. The ICA determines whether the participant is utilizing SDPC services. If they are utilizing SDPC, the ICA must notify the SDPC oversight agency of the suspension, admission date, and discharge date.

The data refreshes monthly and is available for report refresh on the first Tuesday of each month. The report is available to users on demand and data is available from the previous 24 months. Refer to the IRIS Waiver Agency User Guide for instructions on accessing the report.

b. Program Suspensions: Retroactive Suspension

When a participant is incarcerated or admitted to an IMD (if between the ages of 21 and 64 only), they must inform the ICA as soon as possible, as described in the Program Disenrollment section of this policy. Accordingly, if the participant is actively still incarcerated or admitted to an IMD, the ICA will take the proper steps to disenroll the participant from the program, as they are no longer eligible for Medicaid. See Program Requested Disenrollments (section D.2.a.vi) and Program Enrollments (section B.1.b) for more information on these circumstances and the proper steps to take.

However, if a participant is incarcerated or admitted and does not inform their ICA until after they are released or discharged, a retroactive suspension may be necessary. If the participant is released or discharged prior to the ICA being informed of the incarceration/admission, the ICA must retroactively suspend the participant's program eligibility in the Department's enterprise care management system. This suspension needs to include the dates in which the participant was incarcerated or admitted, as they were ineligible for waiver program services for the duration of that time.

The ICA must include a note in the participant's case detailing the circumstances around the utilization of a retroactive suspension. Additionally, the ICA must also review education and information around program requirements for incarcerations and IMD admissions with the participant. This should include program policy requirements, participant responsibility, and ICA role in this process.

c. Procedures

Program Suspensions: Admissions to Institutional Settings

Step	Responsible Partner(s)	Detail
1	ICA	<p>Within one business day of becoming aware of a participant's admission to a nursing home, hospital, or other institutional setting, the ICA updates the Department's enterprise care management system to reflect a suspended status.</p> <p>The suspension is effective the day after admission to a medical institution (i.e., if a participant is admitted on the first day of the month, the suspension would begin on the second day of the month). This is to allow</p>

		<p>for continuity of services on the date of admission, in cases where services were provided prior to admission.</p> <p>The ICA also notifies the SDPC oversight agency about the admission and suspension, if applicable.</p> <p>Note: If a participant is moving from enrolled to suspended and there is an MMIS error, the participant's status remains "enrolled" until the MMIS error is cleared. If the ICA cannot correct the error, they should contact the system administrators with details regarding the participant and the error occurring.</p>
2	ICA	The ICA completes the CRF (F-02404), including the new residency and/or a discharge date (if known), and sends this form to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.
3	IM	After receiving the CRF, the IM agency evaluates the participant's case for institutional Medicaid and updates CARES as appropriate.
4	ICA	The ICA continues to monitor the discharge planning and collaborates with the participant and the nursing home/other setting to ensure a successful transition back into the community.
5	FEA	The FEA continues to monitor and verify that no expenditures were submitted or paid out during the dates that the participant was suspended. This can be done utilizing the FEA Non-Allowable Setting report.
6	ICA	If the admission ends prior to the 90-day maximum suspension limit and the participant is discharged to an eligible living setting, the ICA updates the original CRF to reflect the return to the community and sends it to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number. The ICA also updates the Department's enterprise care management system to reflect the end of the suspension. If the admission reaches the 90-day maximum suspension limit or if the participant has indicated they will not be discharging by the 90-day limit, the ICA begins the disenrollment process according to the details outlined in the Program Requested Disenrollment section (section D.2).

Program Suspensions: MDS-Q Process

Step	Responsible Partner(s)	Detail
1	Participant	The participant responds to Minimum Data Set (MDS) assessment with a "Yes" to the question, "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"
2	Nursing Facility	The facility checks the participant's eligibility record in the MMIS to get the ICA information the participant is enrolled with.
3	Nursing Facility	The facility completes and sends the MDS referral form (F-00311) to the participant's ICA.
4	ICA	The ICA receives the form and enters a program enrollment suspension for the participant into the Department's enterprise care management system, if they have not already done so. The ICA should also verify that the date the suspension matches the date of admission on the form.

5	ICA	The ICA uploads the form to the document console in the Department's enterprise care management system and makes a case note regarding the actions taken.
6	ICA	If the participant is utilizing SDPC, the ICA notifies the SDPC oversight agency of the admission and suspension details.

Program Suspensions: Retroactive Suspension

Step	Responsible Partner(s)	Detail
1	ICA	The ICA is made aware of a participant's incarceration/admission and subsequent release/discharge that occurred prior to the ICA being informed.
2	ICA	The ICA retroactively suspends the participant's case in the Department's enterprise care management system for the dates that the participant was incarcerated. Note: The suspension is effective the day after incarceration (i.e., if a participant is incarcerated on the first day of the month, the suspension would begin on the second day of the month). This is to allow for continuity of services on the date of incarceration, in cases where services were provided prior to incarceration.
3	ICA	The ICA makes a note in the participant's case regarding the circumstances around the utilization of the retroactive suspension. The ICA also needs to notify the FEA of the suspension.
4	FEA	The FEA verifies that no expenditures were submitted or paid out during the retroactive suspension window.
5	ICA	The ICA completes the CRF (F-02404), including the date of incarceration or IMD admission and release or discharge date. The ICA then sends this form to the IM agency (via the appropriate CDPU or MDPU) to inform them of this update. The IM agency needs to be made aware so they can ensure other forms of eligibility were not impacted or incorrectly utilized.
6	ICA	The ICA provides the participant with education about reporting responsibilities and program policies around incarceration and IM admissions.

3. Resources

a. Form Links

- i. IRIS Authorization Form ([F-00075](#))
- ii. Member or Participant Requested Disenrollment or Transfer form ([F-00221](#))
- iii. ICA Transfer Checklist ([F-01569](#))
- iv. Change Routing form (CRF) ([F-02404](#))
- v. Nursing Home MDS 3.0 Section Q Referral and Non-MDS Q Referral ([F-00311](#))

b. Memos and Guides

- vi. Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs ([P-02915](#))
- vii. Enrollment and Disenrollment Resource Guide ([P-02997](#))
- viii. IRIS Waiver Agency User Guide (located in the secure waiver agency portal landing page)

D. Program Disenrollments

After the participant's enrollment is established, the ICA is responsible for monitoring and maintaining the participant's program enrollment. This includes monitoring and evaluating a participant for disenrollment from the IRIS program when an appropriate cause is identified. IRIS program disenrollments fall into these three processes: participant requested, program requested, or eligibility-related reasons.

For additional details regarding inter-agency responsibility and expectations surrounding these processes, ICAs should refer to the Long-Term Care Programs: Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs ([P-02915](#)) or the Enrollment and Disenrollment Resource Guide ([P-02997](#)) for accurate utilization of all enrollment-related processes.

For additional information regarding enrollment-related reason codes, MMIS and the Department's enterprise care management system interface, notifications and notices, refer to the IRIS Waiver Agency User Guide.

1. Participant Requested Disenrollments

a. Disenrollment Process

Participant requested disenrollments are voluntary and occur at the request of the participant, or as result of their move out of state or death. Participants may elect to disenroll from the IRIS program at any time and for any reason. Participants can initiate the disenrollment process by informing their local ADRC or Tribal ADRS of their decision. If the ICA is the first point of contact, they refer the participant to the ADRC or Tribal ADRS for disenrollment counseling.

While receiving disenrollment counseling, the participant indicates a preferred date for disenrollment. The date of disenrollment cannot be earlier than the date the individual last received services authorized by the ICA. The ADRC or Tribal ADRS notifies the ICA of the participant's preferred date for disenrollment. The ADRC or Tribal ADRS processes these disenrollments utilizing the Member or Participant Requested Disenrollment or Transfer form (F-00221).

Participant requested disenrollments can also be circumstantial in nature and are processed utilizing the Change Routing Form (CRF) (F-02404). Those disenrollments include:

- i. If the disenrollment is a result of a permanent move out of an IRIS service region, this is still considered voluntary and is a compulsory cause for disenrollment. These disenrollments are processed utilizing the CRF to communicate the disenrollment to the ADRC or Tribal ADRS and IM agency.
- ii. If the disenrollment is a result of the death of a participant and the ICA is informed prior to the date of death being entered in MMIS, it is processed utilizing the CRF to communicate the disenrollment to the IM agency. If the disenrollment was already entered in MMIS, the ICA does not need to send the CRF to the IM agency.

b. Procedures

Participant Requested Disenrollment Process

Step	Responsible Partner(s)	Detail
1	Participant	The participant informs their local ADRC/Tribal ADRS they would like to disenroll from the IRIS program. The participant determines their disenrollment date once they've received disenrollment counseling from the ADRC/Tribal ADRS (during Step 2).
2	ADRC/Tribal ADRS	The ADRC/Tribal ADRS performs the disenrollment counseling with the participant. Once the participant's preferred disenrollment date is determined, the ADRC/Tribal ADRS completes the Member or Participant Requested Disenrollment or Transfer form (F-00221), indicating the disenrollment date and routes the form to the ICA.
3	ICA	Once the ICA receives the disenrollment form (F-00221), they update the participant's case within the Department's enterprise care management system to reflect the disenrollment date requested on the form.
4	ICA	The ICA then updates the disenrollment request form with the final effective date of program disenrollment, as well as the date in which the system was updated to reflect this request. The ICA returns this to the ADRC/Tribal ADRS and forwards a copy to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number. The ICA also notifies the FEA and SDPC oversight agency about the disenrollment, as appropriate.
5	ICA	The ICA then transfers the participant's functional screen back to the ADRC/Tribal ADRS.
6	MMIS/Enterprise Care Management System	On the Friday following the successful processing from the Department enterprise care management system to MMIS, an automated confirmation notice is sent. This notice informs the participant that their requested IRIS program disenrollment date has been established. Note: If there is an unresolved error in the Department enterprise care management system, the participant's status remains "enrolled" until the ICA resolves the MMIS error. If the ICA cannot correct the error, they should contact the system administrators with details regarding the participant and the error occurring.

Other Disenrollment Process: Move Out of State

Step	Responsible Partner(s)	Detail
1	Participant	The participant informs their ICA that they are moving out of the state and provides their new address (or general location the participant is moving to) and date of their move.
2	ICA	The ICA completes the Change Routing Form (F-02404) and sends it to the ADRC/Tribal ADRS to notify them of the change in address and date of move. The ICA forwards a copy to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number. The ICA also notifies the SDPC oversight agency about the move, if applicable.
3	ICA	The ICA updates the Department's enterprise care management system with the date of the disenrollment, according to the date of the move.

4	ICA	The ICA then transfers the participant's functional screen back to the ADRC/Tribal ADRS.
5	MMIS/Enterprise Care Management System	<p>On the Friday following the successful processing from the Department enterprise care management system to MMIS, an automated disenrollment notice is sent. This notice informs the participant that their IRIS program disenrollment date has been established.</p> <p>Note: If there is an unresolved error in the Department enterprise care management system, the participant's status remains "enrolled" until the ICA resolves the MMIS error. If the ICA cannot correct the error, they should contact the system administrators with details regarding the participant and the error occurring.</p>

Other Disenrollment Process: Death of Participant

Step	Responsible Partner(s)	Detail
1	ICA	<p>Once the ICA is notified of the participant's death and confirms the date, they update the Department's enterprise care management system with the date of the participant's death (if it is not already indicated in the system).</p> <p>If the disenrollment date was first entered in another MMIS-integrated system, it will be shared with the Department's enterprise care management system via the daily extract and an automatic disenrollment due to date of death will be processed.</p>
2	ICA	<p>The ICA completes the Change Routing Form (F-02404) and sends it to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.</p> <p>The ICA also notifies the SDPC oversight agency regarding the participant's death, if applicable.</p>

2. Program Requested Disenrollment

a. Disenrollment Process

Program requested disenrollments are involuntary and occur as the result of a participant's failure to meet programmatic requirements, failure to perform responsibilities of self-direction, or as result of general program noncompliance. In an attempt to prevent program requested disenrollments and to ensure successful program participation, the ICA reviews participant education materials with the participant at enrollment, annually, and as needed. Specific reasons for program requested disenrollment and their definitions are provided below.

ICAs are responsible for recommending program requested disenrollments when a reason for disenrollment is identified and applicable remediation attempts have not resolved the issue. For any program requested disenrollment identified, ICAs must complete the IRIS Involuntary Disenrollment Request form (F-01319) and submit it to the Department quality assurance staff for review and approval. Once the Department approves the request, the ICA issues the NOA and the appeal rights to the participant. The ICA must also

communicate the approved disenrollment with the ADRC or Tribal ADRC and IM agency utilizing the Program Requested Disenrollment form (F-02403). The reasons for program requested disenrollment, their definitions, and any required remediation include the following:

- i. **Failure to Utilize IRIS Funding** Often referred to as “No Spend,” the ICA selects this when a participant fails to utilize their Individual Budget Allocation (IBA) for four or more consecutive months of continuous enrollment. This includes things such as not submitting claims or timesheets.
 1. *Remediation/Documentation Required:* The ICA must provide an explanation as to why the participant is not utilizing their IBA and the efforts they made to assist the participant.
- ii. **No Contact:** The ICA selects this reason when the participant does not maintain contact with their ICA, despite the ICA’s documented efforts through the required monthly phone contacts and quarterly face-to-face visits. This reason can only be selected if there has been no contact for a minimum of 60 consecutive days.
 1. *Remediation/Documentation Required:* The ICA must document their efforts to contact the participant, including searching for additional contact information and making an unannounced visit.
- iii. **Health and Safety:** The ICA selects this reason when they are unable to ensure the health and safety of the participant.
 1. *Remediation/Documentation Required:* The ICA must provide documentation of efforts to assist the participant in resolving the health and safety issue, including any applicable attempts at risk mitigation.
- iv. **Moved to an Ineligible Setting:** The ICA selects this reason when the participant has moved into or was admitted to an ineligible living arrangement or residence. If a participant is temporarily admitted to or residing in a nursing home, hospital, community-based residential facility (CBRF), or rehabilitation facility for 90 days or more, the ICA should follow the suspension requirements and steps described in section C.2 of this policy prior to pursuing disenrollment. If that residence reaches 90 days or is not expected to be temporary, the ICA refers the participant for disenrollment utilizing this reason.

This disenrollment reason includes if the participant has been incarcerated or admitted to an IMD for 24 hours. When a participant is being disenrolled for an incarceration or IMD admission, the ICA does not need to request the disenrollment from the Department to initiate the disenrollment process. Additionally, after the disenrollment has been initiated, they do not need to issue an NOA to the participant regarding the disenrollment. If a participant is released prior to the ICA being notified of the incarceration or IMD admission, see section C.2 above for the policy regarding retroactive suspensions.

Note: *IMD admissions requiring disenrollment are only applicable to participants aged 21-64 (those 20 and under or 65 and older do not apply).*

1. *Remediation/Documentation Required:* The ICA must provide documentation regarding the participant’s decision, incarceration date, or admission date.

- v. **Misappropriation of IRIS Funds:** Also referred to as “Budget Authority Abuse or Mismanagement,” the ICA selects this reason when the participant continually overspends their designated IBA amount, despite the ICA’s attempts to provide education and assistance. This reason for disenrollment may also be used in instances where a participant has been referred to the fraud allegation review and assessment (FARA) process.
 - 1. *Remediation/Documentation Required:* The ICA must provide documentation of their attempts to support the participant’s budget authority skills over the course of the participant’s enrollment.
 - a. Examples of documentation include case notes discussing the participant’s IBA and their budget authority responsibilities, participant education forms, and other self-direction education materials.
- vi. **Mismanagement of Employer Authority:** Also referred to as “Employer Authority Abuse or Mismanagement,” the ICA selects this reason when the participant and/or their legal guardian demonstrates abusive conduct toward their employees, despite the ICA’s attempts to provide education and assistance specific to appropriate employer conduct or skill building. This reason for disenrollment may also be used in instances where a participant has been referred to the fraud allegation review and assessment (FARA) process.
 - 1. *Remediation/Documentation Required:* The ICA must provide documentation of their attempts to develop the participant’s skills as an employer.
 - a. Examples include case notes discussing the participant’s employer authority responsibilities, participant education forms, and other self-direction education materials.
- vii. **Noncompliance with EVV Requirements:** The ICA selects this reason when a participant fails to follow requirements outlined in the Electronic Visit Verification (EVV) policy.
 - 1. *Remediation/Documentation Required:* The ICA must provide documentation of their attempts to provide education and assistance specific to these requirements.
 - a. Examples of documentation include case notes discussing the participant’s EVV-related employer authority responsibilities, risk mitigation strategies attempted, and other EVV education materials provided.
- viii. **Failure to Pay Cost Share:** Disenrollments for cost share nonpayment occur when a participant fails to pay their assigned cost share amount, as required by IM. Participants are referred for disenrollment when their cost share payment reaches three months delinquent, which is considered failure to submit payment by the due date of the third month, with no remediation attempts. Additionally, if there is a repayment agreement in place, but the participant fails to pay the full amount agreed upon in the agreement, they are referred for disenrollment. For additional information, cost share requirements are defined in the Eligibility chapter.
 - 1. *Remediation/Documentation Required:* The ICA must provide documentation ensuring that the participant was provided all cost share delinquency notices

and offered a chance to establish a repayment agreement. If the participant has failed to adhere to the established agreement, the participant's case notes should reflect this as well.

- ix. **Program Noncompliance:** The ICA selects this reason when a participant refuses to perform responsibilities of self-direction or complete program requirements, as defined by participant education materials and program policies. Examples of noncompliance include refusing to complete a behavior support plan, refusing to develop an emergency backup plan, or refusing to sign the IRIS Service Plan (ISP).

Note: Participants have the right to abstain from signing the ISP while actively working with the ICA to adjust the plan to become mutually agreeable.

1. **Remediation/Documentation Required:** The ICA must provide documentation of their efforts to inform the participant of the program requirement and to assist the participant in correcting the situation.
 - a. Examples include case notes informing the participant of the requirement, case notes documenting the ICA working with the participant to resolve the situation, participant education forms, and other educational materials.

b. Procedures

Program Requested Disenrollment Process

Step	Responsible Partner(s)	Detail
1	ICA	If all remediation efforts have been made according to this policy and the ICA determines the participant should still be disenrolled, the ICA completes the IRIS Involuntary Disenrollment Request form (F-01319) and sends it to the Department's quality inbox for review.
2	DHS	The Department quality assurance staff reviews the request and verifies the reason for disenrollment. If the request is approved, the quality assurance staff notifies the ICA that the disenrollment can proceed. Note: If the request is not approved, they work with the ICA to acquire additional information or determine additional remediation steps that need to occur prior to considering disenrollment.
3	ICA	If the disenrollment request is approved, the ICA sends a NOA and the appeal rights to the participant. The NOA issuance date should be no less than 10 days prior to the effective date of the disenrollment. Note: If the participant decides to appeal the disenrollment, they may opt for a continuation of services. If they do, the ICA continues to provide services to the participant until the fair hearing decision is issued.
4	ICA	The ICA completes the Program Requested Disenrollment form (F-02403) indicating the effective date of disenrollment and routes it to the ADRC/Tribal ADRC. The ICA also forwards a copy to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number. The ICA also notifies the SDPC oversight agency about the disenrollment, if applicable.

5	ICA	The ICA updates the Department's enterprise care management system with the participant's effective date of disenrollment.
6	ICA	The ICA transfers the participant's functional screen back to the ADRC/Tribal ADRS.
7	MMIS/Enterprise Management System	<p>On the Friday following the successful processing from the Department enterprise care management system to MMIS, an automated confirmation notice is sent. This notice informs the participant that their IRIS program disenrollment date has been established.</p> <p>Note: If there is an unresolved error in the Department enterprise care management system, the participant's status remains "enrolled" until the ICA resolves the MMIS error. If the ICA cannot correct the error, they should contact the system administrators with details regarding the participant and the error occurring.</p>

Program Requested Disenrollment Process: Failure to Pay Cost Share

Step	Responsible Partner(s)	Detail
1	ICA	<p>When a participant's cost share nonpayment meets the criteria for a disenrollment as described above, the ICA sends the Change Routing Form (CRF) (F-02404) and Program Requested Disenrollment form (F-02403) to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number, indicating the person is delinquent in their cost share payments. The ICA also forwards a copy to the ADRC/Tribal ADRS.</p> <p>The ICA also notifies the FEA and SDPC oversight agency about the disenrollment, if applicable.</p>
2	ICA	The ICA sends an NOA to the participant indicating that they've been referred to IM for disenrollment due to failure to pay their cost share and will be losing program eligibility as a result.
3	IM	<p>Upon receipt of CRF and program requested disenrollment form, the IM agency ends the participant's community waiver eligibility in CARES and evaluates the participant's case for other types of Medicaid eligibility. IM updates the participant's case and sends a NOA to the participant confirming their loss of their community waiver eligibility, due to cost share nonpayment.</p> <p>If they are not eligible for any other forms of MA, the last date of their Medicaid eligibility is also provided on the notice, in accordance with adverse action dates and provides the participant with their appeal rights.</p> <p>Note: If IM determines that the participant remains eligible for other forms of Medicaid (and only their program enrollment is ended due to cost share non-payment), the disenrollment is considered program requested, rather than eligibility related. This is why the program requested disenrollment form is required.</p>
4	MMIS/Enterprise Care Management System	The disenrollment date, which is based on adverse action, updates in MMIS and is shared with the Enterprise care management system via the daily

		<p>extract on the last day of the month. The Enterprise care management system uses the disenrollment date to create a participant's status change.</p> <p>The ICA can verify the Medicaid waiver benefit plan end date prior to the end of the month in the Department's enterprise care management system two days after the eligibility benefit closure is confirmed in CARES and is successfully sent to MMIS.</p> <p>Depending on when the IM agency processes the CRF, an automated disenrollment notification letter is sent to the participant either at adverse action or the first of the following month before the IRIS program disenrollment happens. A final automated disenrollment notice is sent on the Friday following the disenrollment date applied in MMIS. successful processing from the Department Enterprise care management system to MMIS, an automated disenrollment notice is sent. This notice informs the participant that their IRIS program disenrollment date has been established.</p>
5	ICA	The ICA verifies the effective date of disenrollment in the Department's enterprise care management system.
6	ICA	The ICA transfers the participant's functional screen back to the ADRC/Tribal ADRS.
7	ICA	The ICA ensures all documentation regarding the cost share nonpayment and mitigation attempts are maintained in the participant's case record. If the participant should ever seek to re-enroll, all cost share arrears need to be reviewed and paid in full before enrollment can be referred and accepted.

3. Eligibility-Related Disenrollments

a. Disenrollment Process

Eligibility-related disenrollments occur as a result of a participant's inability or failure to meet functional or financial (Medicaid) eligibility requirements for the IRIS program. If a participant becomes functionally ineligible or ineligible for Medicaid for any reason, they become ineligible for the IRIS program. For any eligibility-related disenrollment identified, ICAs must complete the Change Routing Form (F-02404) and send it to the ADRC or Tribal ADRS and IM agency.

To prevent eligibility-related disenrollments where possible, ICAs provide ongoing assistance and education to participants related to program eligibility requirements, including:

- Ensuring timely performance of functional screens, such as providing reminders and educating the participant on annual screen requirements, as necessary.
- Assisting participants with financial eligibility tasks, such as annual Medicaid eligibility review and reporting any changes that impact IRIS enrollment to the IM agency online through access.wi.gov, by phone, by mailing or faxing a Medicaid Change Report (F-10137).

Specific reasons for eligibility-related disenrollment and their definitions are provided below:

- Loss of Functional Eligibility:** The functional eligibility of a participant is determined by the completion of the functional screen, performed by a certified

screeners from the participant's ICA. There are two ways in which a participant may become functionally ineligible, and the associated disenrollment reasons are indicated below:

1. **No Annual Screen Completed:** This disenrollment reason occurs when a participant fails or refuses to complete their annual functional screen, causing them to lose functional eligibility despite the ICAs attempts to ensure the timely completion of the functional screen.
 2. **Not Functionally Eligible:** This reason occurs when a participant's functional screen determines they no longer meet the required Level of Care (LOC) to make them functionally eligible for the program.
- ii. **Loss of Financial Eligibility:** Financial eligibility, often referred to as Medicaid Eligibility, is determined by the participant's IM agency or other Medicaid source authority (see the Eligibility chapter). If a participant is determined to be financially ineligible, they are disenrolled from the program. The ways in which a participant may become financially ineligible, and the associated disenrollment reasons are below:
1. **No Medicaid Eligibility:** This disenrollment reason occurs when it has been determined the participant is no longer financially eligible for Medicaid, as determined by the Medicaid source authority.

b. Procedures

Eligibility-Related Disenrollment Process: Loss of Functional Eligibility

Step	Responsible Partner(s)	Detail
1	ICA	<p>When a participant's functional screen returns an ineligible result or is not completed by the due date, they no longer meet the functional eligibility requirement for the program.</p> <p>If the screen is not completed by the due date, they are automatically disenrolled for an "overdue screen." In these instances, the ICA is responsible for ensuring the participant has been prompted to complete it prior to the disenrollment.</p> <p>If the screen returns ineligible results, they are automatically disenrolled for being "not functionally eligible." In these cases, the ICA should evaluate the functional screen instructions for any additional required steps, including the process for unexpected results.</p>
2	ICA	<p>When a participant loses functional eligibility for any reason, the ICA sends an NOA to the participant. The effective date of disenrollment should match the end date originated in MMIS and available in the enterprise care management system. This NOA issuance date should be no less than 10 days prior to the effective date of the disenrollment.</p> <p>The ICA can verify the functional eligibility end date prior to the end of the month in the enterprise care management system.</p> <p>Note: The ICA does not need to issue appeal rights for this disenrollment reason, as they will receive appeal rights via their MMIS notice. Additionally, if the participant decides to appeal the disenrollment, they</p>

		may opt for a continuation of services. If they do, the ICA continues to provide services to the participant until the state fair hearing decision is issued.
3	MMIS/Enterprise Care Management System	<p>The disenrollment date originates in MMIS and is shared with the Enterprise care management system via the daily extract. The Enterprise care management system uses the disenrollment date to create a participant's status change. The disenrollment date will be determined based on the last screen calculated date (for an "overdo screen") or the date that the "not functionally eligible" result was calculated and transferred to the systems.</p> <p>A notification letter is sent just after the adverse action date informing the participant the IRIS program disenrollment is scheduled to occur at the end of the current month. A final automated disenrollment notice is sent the Friday following the disenrollment date applied in MMIS. This disenrollment notice informs the participant that their IRIS program disenrollment date has been established and provides them with their appeal rights.</p>
4	ICA	The ICA confirms the effective date of disenrollment in the Department's enterprise care management system.
5	ICA	<p>The ICA sends a Change Routing Form (CRF) (F-02404) to the ADRC/Tribal ADRS indicating the participant's change in Level of Care (LOC) and loss of functional eligibility for the program. The ICA also forwards a copy to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.</p> <p>The ICA also notifies the SDPC oversight agency about the disenrollment, if applicable.</p> <p>Note: If a change in the screen's determination occurs after the initial disenrollment has been initiated and the participant remains eligible as a result, the ICA should ensure the level of care results have been confirmed and transferred to the appropriate systems. The ICA will then communicate the update to the ADRC and IM agency using an updated CRF.</p>
6	ICA	The ICA transfers the participant's functional screen back to the ADRC/Tribal ADRS.

Eligibility-Related Disenrollment Process: Loss of Financial Eligibility

Step	Responsible Partner(s)	Detail
1	ICA	When a participant's fails to complete their annual Medicaid renewal or the participant becomes financially ineligible, the ICA verifies the participant's loss of eligibility or renewal status and attempts to assist the participant with maintaining their financial eligibility if possible or necessary.
2	IM	The IM agency updates the participant's case and sends an NOA to the participant confirming their loss of Medicaid eligibility. The last date of their Medicaid eligibility is also provided on the notice, in accordance with adverse action dates, and provides the participant with their appeal rights.
3	MMIS/Enterprise Care Management System	The disenrollment date originates in MMIS and is shared with the enterprise care management system via the daily extract on the last day of

		<p>the month. The enterprise care management system uses the disenrollment date to create a participant's status change.</p> <p>The ICA can verify the Medicaid benefit plan end date prior to the end of the month in the Department's enterprise care management system two days after the eligibility benefit closure is confirmed and is successfully sent to MMIS.</p> <p>An automated disenrollment notification letter is sent just after the adverse action date informing the participant the IRIS program disenrollment is scheduled to occur at the end of the current month. A final automated disenrollment notice is sent the Friday following the disenrollment date applied in MMIS. This disenrollment notice informs the participant that their IRIS program disenrollment date has been established.</p>
4	ICA	The ICA verifies the effective date of disenrollment in the Department's enterprise care management system and uses that date to send a Change Routing Form (CRF) (F-02404) to the ADRC/Tribal ADRS communicating the loss of financial eligibility. The ICA also notifies the FEA and SDPC oversight agency about the disenrollment, if applicable.
5	ICA	The ICA transfers the participant's functional screen back to the ADRC/Tribal ADRS.

4. Resources

a. Form Links

- i. Member or Participant Requested Disenrollment or Transfer form ([F-00221](#))
- ii. Change Routing form (CRF) ([F-02404](#))
- iii. IRIS Involuntary Disenrollment Request form ([F-01319](#))
- iv. Program Requested Disenrollment form ([F-02403](#))
- v. Medicaid Change Report ([F-10137](#))

b. Memos and Guides

- vi. Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs ([P-02915](#))
- vii. Enrollment and Disenrollment Resource Guide ([P-02997](#))
- viii. IRIS Waiver Agency User Guide (located in the secure waiver agency portal landing page)

E. FEA Enrollments and Transfers

To assist with exercising budget authority and employer authority (when applicable), IRIS participants are required to receive fiscal employer agent services from an FEA. To establish the provision of FEA services, participants select their FEA at the time of enrollment.

1. FEA Enrollment: Initial Selection

a. Process Description

IRIS participants choose an FEA and IRIS consultant agency (ICA) during enrollment counseling at the ADRC or with the Tribal ADRS. Once a selection is made, the ADRC or Tribal ADRS refers the participant to their chosen ICA. The referral to the ICA also includes the participant's FEA selection. The ICA then establishes the participant's FEA selection using the Department's enterprise care management system.

Once a participant has been referred for enrollment, their FEA selection is final, and their choice of FEA can only be altered through the transfer process after enrollment is established.

b. Procedures

FEA Enrollment Steps

Step	Responsible Partner(s)	Detail
1	ADRC/Tribal ADRS	The ADRC or Tribal ADRS provides enrollment counseling to the participant. After the participant selects their ICA and FEA, the ADRC or Tribal ADRS sends the IRIS Authorization form (F-00075) to the participant's selected ICA.
2	ICA	Within three business days of receiving the referral, the ICA uploads the documentation received to the participant's case.
3	ICA	The ICA selects the participant's chosen FEA in the care management system.
4	FEA	The FEA pulls daily reports from the care management system to verify any new enrollees, as described in Step 3.
5	FEA	The FEA then verifies document uploads and begins processing participant information to prepare for enrollment.
6	FEA	The FEA will assist the participant to ensure they have obtained an FEIN number upon enrollment.

2. FEA Transfers

a. Process Description

IRIS participants may transfer FEA providers. Individuals who wish to transfer should contact their local ADRC or Tribal ADRS. The ADRC or Tribal ADRS provides information on the FEA options available. Once a selection is made, the ADRC or Tribal ADRS refers the participant to their ICA with the participant's new FEA selection. The ICA then reviews and processes the participant's FEA selection per the rules and steps below.

b. FEA Transfer Rules

- Once enrollment has been established, participants may transfer to another FEA with the assistance of their local ADRC or Tribal ADRS, in accordance with criteria detailed below.
- FEA transfers are conducted according to a pre-established calendar, known as the [IRIS FEA Transfer Calendar \(P-02239\)](#). The transfer effective dates are informed by IRS tax quarters and PHW payroll cycles.
- FEA transfer requests cannot proceed if any of the following circumstances are present:
 - The participant does not yet have an active IRIS service plan.
 - The participant is behind on their Medicaid cost share obligation (a participant with a repayment plan is not considered current).
 - The participant is in the process of disenrolling from IRIS for any reason.

- The participant seeks to transfer to an FEA that has a direct or indirect financial or fiduciary relationship with the participant's current ICA.
- The participant has already transferred FEAs (or has enrolled in the program) during a consecutive transfer period identified on the transfer calendar (a new transfer request cannot be completed during consecutive transfer periods where a request was previously completed).
- FEA transfers may only proceed when steps 1-5, as indicated below, have been signed on or before the deadline dates outlined in the transfer calendar. Please note that if an ICA receives a transfer request from the ADRC or Tribal ADRS on the deadline date, the ICA still has three business days to complete this request.
- FEA transfers that are not signed by the detailed deadlines and requirements specified (including any submitted with inaccurate or unsigned documentation) will not be processed during the current transfer cycle. However, a transfer request can be moved to the next transfer cycle, if the participant is otherwise eligible.
- When a transfer is scheduled, the FEAs involved will collaborate to ensure a smooth transition, including resolving outstanding invoices and Medicaid payment suspension orders, closing out all tax and payroll related accounts, and completing any remaining timesheets and payment adjustments.

c. Procedures

FEA Transfer Steps

Step	Responsible Partner(s)	Detail
1	Participant	The participant informs their local ADRC/Tribal ADRS they would like to transfer from their current FEA to a different FEA.
2	ADRC or Tribal ADRS	The ADRC or Tribal ADRS provides enrollment counseling to the participant. The transfer calendar is also reviewed with the participant.
3	ADRC or Tribal ADRS	The ADRC or Tribal ADRS completes the FEA Transfer Request or Withdrawal (F-02764) with the participant. Once the request is complete, they will send a copy of the request form to the participant and their ICA.
4	ICA	Within three business days of receiving the request, the ICA uploads the document into the participant's case in the care management system.
5	ICA	Within five business days of uploading the request onto the care management system, verify that the transfer can proceed using the criteria listed on the FEA Transfer Checklist (F-01293D) and complete and upload the form to the participant's case.
5A	ICA	If the ICA determines that the participant is not eligible to transfer, send a Transfer Denial Letter (F-01293B) to the participant indicating that the transfer will not proceed.
6	ICA	When it is determined that the transfer can proceed, send a work request to the DHS administrators group in the care management system to review the transfer. Document the FEA transfer request and approval/denial status in the participant's record with a case note. Issue a FEA transfer work request to both the receiving

Step	Responsible Partner(s)	Detail																								
		FEA and the sending FEA alerting them to the transfer request and the transfer effective date.																								
7	DHS	After all documentation is uploaded and the DHS administrators group is assigned to the transfer, DHS updates the care management system to reflect the new FEA with an effective date consistent with the FEA Transfer Calendar. DHS begins processing transfers 4-6 business days after the transfer request deadline. DHS sends work requests to the applicable ICAs as the FEA transfers are processed, up to and until two weeks before the transfer effective date.																								
8	DHS	Two weeks prior to the transfer effective date, DHS sends a list of scheduled transfers to each ICA for confirmation.																								
8A	ICA	Notify DHS of any missing or incorrect transfers within three business days of receiving the list so any corrections can be made. Additional transfers identified by the ICA transfer officer that are not on the original list from DHS will be evaluated on a case-by-case basis.																								
9	ICA	End all current service authorizations effective the day prior to the transfer effective date. Create service authorizations with a beginning date that matches the transfer effective date within five business days of the transfer effective date. Note that this occurs only after the FEA has been transferred in the care management system; the ICA will be notified by the DHS administrators group as soon as the transfers are scheduled.																								
10	Sending FEA	<div>Within 10 business days of the ICA completing Step 6, create an FEA transfer information packet that includes at least the following items:</div> <table><tr><th>Form Number</th><th>Form/Document Name</th></tr><tr><td>Form I-9</td><td>Employment Eligibility Verification and related documentation</td></tr><tr><td>Form SS-4</td><td>Employer Federal Employer Identification Number (FEIN) application</td></tr><tr><td>Form W-4</td><td>IRS Employees Withholding Allowance Certificate</td></tr><tr><td>Form W-9</td><td>IRS Request for Taxpayer Identification Number and Certification</td></tr><tr><td>F-82064</td><td>DHS Background Check Disclosure (BID)</td></tr><tr><td>F-01246</td><td>DHS Background Check Disclosure Form Addendum</td></tr><tr><td>F-01201</td><td>IRIS Participant-Hired Worker Employee Set-Up</td></tr><tr><td>F-01201C</td><td>IRIS Participant Employer/Participant-Hired Worker Agreement</td></tr><tr><td>F-01312</td><td>IRIS Provider Application(s)</td></tr><tr><td>F-00180C</td><td>DHS Medicaid Provider Agreement and Acknowledgement of Participation</td></tr><tr><td>F-00036 and IRIS form 2848</td><td>Power of Attorney for Finance and Property Declaration of a Representative or Power of Attorney</td></tr></table>	Form Number	Form/Document Name	Form I-9	Employment Eligibility Verification and related documentation	Form SS-4	Employer Federal Employer Identification Number (FEIN) application	Form W-4	IRS Employees Withholding Allowance Certificate	Form W-9	IRS Request for Taxpayer Identification Number and Certification	F-82064	DHS Background Check Disclosure (BID)	F-01246	DHS Background Check Disclosure Form Addendum	F-01201	IRIS Participant-Hired Worker Employee Set-Up	F-01201C	IRIS Participant Employer/Participant-Hired Worker Agreement	F-01312	IRIS Provider Application(s)	F-00180C	DHS Medicaid Provider Agreement and Acknowledgement of Participation	F-00036 and IRIS form 2848	Power of Attorney for Finance and Property Declaration of a Representative or Power of Attorney
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Step	Responsible Partner(s)	Detail	
		F-01201A	Worker Relationship
		F-82009	Confidential Information Release Authorization
			Copies of guardianship papers
			Information on live-in caregiver difficulty of care
			Unemployment insurance account number or a notation if exempt
			Most recent PHW background check result
			Orders for garnishment, collection, or Office of Inspector General payment suspension
			A list of contact information for all vendors and PHWs serving the participant
			State unemployment insurance experience rate information and indication if the employer met the quarterly wage threshold
			Year-to-date wages and wages for each quarter that the provider had wages paid on behalf of the employer
			PHW direct deposit or pay card status information that could be helpful to the receiving FEA
			Any additional pertinent information the sending FEA would like to share with the receiving FEA
11	Sending FEA	Upload the transfer packet into the care management system (except for any PHW background checks that are sent directly and securely to the receiving FEA). Contact the receiving FEA to inform them that the transfer packet has been uploaded.	
12	Receiving FEA	Send a letter to all providers listed on the participant's service plan to inform them of the change in FEA and transfer effective date. Ensure all necessary FEA-specific information is issued to the appropriate providers, including electronic visit verification (EVV)-related trainings and processes. Compare the service providers noted in the transfer information packet from the sending FEA and make any updates needed to match the current approved plan, as noted in the care management system.	
13	Receiving FEA	Establish all payroll, tax, Social Security, workers compensation, unemployment insurance, and other related accounts. This includes using the correct account number(s) and any other information from the sending FEA.	
14	Receiving FEA	File a new Internal Revenue Employer/Payer Appointment of Agent (Form 2678) revoking the sending FEA and establishing the receiving FEA as agent effective on the date of the transfer (may not be earlier).	
15	Receiving FEA	Send the participant a welcome packet acknowledging the change request. Once sent, the receiving FEA closes the work request.	
16	Sending FEA	Create and send a budget report to the participant and to the receiving FEA that displays the participant's current budget status.	

Step	Responsible Partner(s)	Detail
17	Sending FEA	Close out all payroll, tax, Federal Insurance Contributions Act (FICA), Workers Compensation (WC), and unemployment insurance and other related accounts and revoke Internal Revenue Tax Information Authorization (Form 8821) (if present).
18	MMIS	MMIS will send an automated confirmation notice to inform the participant of their official FEA transfer effective date.

3. FEA Transfer Withdrawal

a. Process Description

IRIS participants who have requested a FEA provider transfer may withdraw the request on or before the FEA Transfer Request Deadline identified within the IRIS FEA Transfer Calendar (P-02239).

b. FEA Transfer Withdrawal Rules

- Participants must contact the ADRC to complete the IRIS Fiscal Employer Agent (FEA) Transfer Request or Withdrawal form ([F-02764](#)) to initiate the request.
- The completed Transfer Request or Withdrawal form must be received by the ADRC or Tribal ADRC by the Transfer Request Deadline detailed in the FEA Transfer Calendar.

FEA Transfer Steps

Step	Responsible Partner(s)	Detail
1	Participant	The participant informs their local ADRC/Tribal ADRC they would like to withdraw their transfer from their current FEA.
2	ADRC or Tribal ADRC	The ADRC or Tribal ADRC completes the FEA Transfer Request or Withdrawal form (F-02764) with the participant. Once the form is complete, they will send a copy of the request form to the participant and their ICA.
3	ICA	Within three business days of receiving the withdrawal request, the ICA uploads the document into the participant's case in the care management system and issues a FEA transfer work request to both the receiving FEA and the sending FEA alerting them to the transfer withdrawal. The ICA is also responsible for closing the initial FEA transfer request work request.
4	DHS	The DHS system administrators group updates the care management system to reflect the withdrawal.

4. Resources

a. Form Links

- IRIS Authorization Form ([F-00075](#))
- [IRIS FEA Transfer Calendar \(P-02239\)](#)
- [FEA Transfer Request or Withdrawal form \(F-02764\)](#)
- [FEA Transfer Checklist \(F-01293D\)](#)