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 selecting 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	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. Once the complete referral is received, the ICA then enters the referral into the Department's enterprise care management system and notifies the selected FEA. The 60-day referral

Step	Responsible Partner(s)	Detail
		period begins on the date a complete referral is received by the ICA.
		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.
6	ICA	The ICA tailors the welcome call, program orientation, and service planning tasks specifically to topics affecting the needs and interests of the referral.
7	ICA/Participant	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.
		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 of the official start date.
		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.
8	ICA	The ICA updates the IRIS Authorization form (F-00075) with the IRIS start date and sends it back to the ADRC/Tribal ADRS.
		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	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.
		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.
		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.
10	MMIS	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.
		Note: If there is an unresolved error in the Department enterprise care management system, the participant's status

Step	Responsible Partner(s)	Detail
		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.

2. Referrals for Youth in Transition

a. 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.

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.

b. 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	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. The ADRC/Tribal ADRS provides the name and contact information of the current support program (e.g., CLTS Support

Step	Responsible Partner(s)	Detail
		and Service Coordinator [SSC]). The ADRC/Tribal ADRS sends a copy of the IRIS referral form to the CLTS program staff.
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	The ICA tailors the welcome call, program orientation, and service planning tasks specifically to topics affecting the needs and interests of the referral. 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: • Ensuring any eligibility criteria specific to youth transition are completed, (e.g., Disability Determination applications). • 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	The ICA and participant work together to ensure a safe and effective plan is developed, according to the IRIS Service Plan Development policy. An IRIS start date is established and mutually agreed upon by the participant, ICA, and the CLTS program staff. The ICA notifies the FEA of the official start date. **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.
9	ICA	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.
10	MMIS	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. **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.

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.

Step	Responsible Partner(s)	Detail
		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	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. The ICA completes the IRIS Denial of Enrollment Request (F-01319B) and submits it to Department quality assurance staff for review.
2	DHS	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. **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.
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	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. The ICA also sends a copy sent to the referred participant notifying them of their referral back to the ADRC/Tribal ADRS.
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
    i.   Participant Education Manual ([P-01704](#))
   ii.   Transition of Eligible Participants from Children's to Adult Long-Term Care Programs ([Memo 2022-05](#))
  iii.   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 competed 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

Expedited enrollment is available when a participant requests to re-enroll in the IRIS program following a release or discharge of an incarceration, IMD admission, or a suspension that has lasted longer than 90 days. The referral process for the participant remains the same as an enrollment, meaning that the ADRC or Tribal ADRS must refer the participant to the ICA using the IRIS Authorization Form (F-00075).

When a participant is re-enrolling in the program after their release or discharge, the ICA may reinstate their most recently active IRIS Service Plan (and all orientation and plan-related documentation) and re-enroll the participant immediately if 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 be healthy and safe.

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

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	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.
		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.
		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.
		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.
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	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.
		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.

2. Resources
    a. Form Links
        i. IRIS Authorization Form ([F-00075](#))
    b. Memos and Guides
        i. Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs ([P-02915](#))
        ii. Enrollment and Disenrollment Resource Guide ([P-02997](#))
        iii. 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 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	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. The ICA also notifies the FEA and SDPC oversight agency about the transfer, if applicable.

5	ICA	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.
6	MMIS	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. **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.

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	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. The ICA also ensures they have received access to the functional screen and all necessary documentation from the MCO, as indicated on the ROI.
5	ICA	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. The ICA also forwards the updated form to the IM agency (via the appropriate CDPU or MDPU), along with a coversheet and case number.
6	MMIS	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 and FEA they have transferred to. **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.

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	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). 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. 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. 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.
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	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. The ICA also notifies the sending ICA, the FEA, and the SDPC oversight agency, when applicable, receipt of notice of the transfer.
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	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.

i. 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 institutions for mental disease (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. Procedures

Program Suspensions: Admissions to Institutional Settings

Step	Responsible Partner(s)	Detail
1	ICA	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. The ICA also notifies the SDPC oversight agency about the admission and suspension, if applicable. **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.
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	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, 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 decides if an enrollment suspension should be entered for the participant into the Department's enterprise care management system: • If yes, enters the effective date of the participant's stay in the non-allowable setting. • If no, goes to step 5.

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.

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

   i. Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs (P-02915)
   ii. Enrollment and Disenrollment Resource Guide (P-02997)
   iii. 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, it is processed utilizing the CRF to communicate the disenrollment to the IM agency.

c. 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	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 (or program transfer, if applicable).
4	ICA	The ICA then transfers the participant's functional screen back to the ADRC/Tribal ADRS.
5	MMIS	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. **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: Death of Participant

Step	Responsible Partner(s)	Detail
1	ICA	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). 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.
2	ICA	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. The ICA also notifies the SDPC oversight agency regarding the participant's death, if applicable.
3	MMIS	On the Friday following the successful processing from the Department enterprise care management system to MMIS, an automated confirmation notice is sent to the participant's next of kin. This notice indicates that the participant's 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.

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 Notice of Action (NOA) and the appeal rights to the participant. The ICA must also communicate the approved disenrollment with the ADRC or Tribal ADRS 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. This disenrollment reason includes if the participant has been incarcerated or admitted to an IMD for 24 hours, or if the participant is admitted to or residing in a nursing home, hospital, community-based residential facility (CBRF), or rehabilitation facility for 90 days or more.

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. **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 effective date of disenrollment can be no less than 15 days from the date of the NOA issuance. **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 ADRS. 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	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. **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.

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:

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

2. **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.

b. Procedures

Eligibility-Related Disenrollment Process: Loss of Functional Eligibility

Step	Responsible Partner(s)	Detail
1	ICA	When a participant's functional screen returns an ineligible result, they are considered "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.
2	ICA	When a participant loses functional eligibility for any reason, the ICA sends an NOA and the appeal rights to the participant. The effective date of disenrollment can be no less than 15 days from the date of the NOA issuance. **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 state fair hearing decision is issued.
3	MMIS	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. 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.
4	ICA	The ICA confirms the effective date of disenrollment in the Department's enterprise care management system.
5	ICA	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. The ICA also notifies the SDPC oversight agency about the disenrollment, if applicable.
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 renewal results in a financially ineligible status, the ICA verifies the participant's renewal status and attempts to assist the participant if the renewal is incomplete.
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.
3	MMIS	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. 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.
4	ICA	The ICA confirms the effective date of disenrollment in the Department's enterprise care management system.
5	ICA	The ICA sends 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.
6	ICA	The ICA transfers the participant's functional screen back to the ADRC/Tribal ADRS.

Eligibility-Related Disenrollment Process: Failure to Pay Cost Share

Step	Responsible Partner(s)	Detail
1	ICA	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) 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. The ICA also notifies the FEA and SDPC oversight agency about the disenrollment, if applicable.
2	ICA	The ICA notifies the participant that they've been referred to IM for disenrollment due to failure to pay their cost share.
3	IM	Upon receipt of CRF, the IM agency updates the participant's case and sends an NOA to the participant confirming their loss of Medicaid eligibility, due to cost share nonpayment. The last date of their Medicaid eligibility is also provided on the notice, in accordance with adverse action dates.
4	MMIS	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.

		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.
25	ICA	The ICA confirms 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.

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