

**STATE OF WISCONSIN DLTC  
Department of Health Services  
Division of Long Term Care**

**DLTC Info Memo Series 2008- 10  
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Index Title: Family Care Transition Guidance  
To County Long Term Support Agencies**

**To: Listserv**

**For: County HS/SS/DCP Directors  
LTS Coordinators  
DD Coordinators**

**From: Sinikka Santala  
Administrator**



**Subject: Family Care Transition Guidance to County Long Term Support Agencies**

This memo provides guidance specifically to those county long-term support agencies that are going through the transition to Family Care and IRIS and are in the process of providing enrollment counseling to current waiver participants in accordance with their county transition plan. This memo is intended to supplement and/or clarify technical assistance material on enrollment counseling already made available.

### **Enrollment Counseling**

Enrollment counseling is defined as assisting individuals who are found eligible for publicly funded long-term care programs by educating them about the available programs in their area and providing decision-making support in the selection of a long term care program. All persons must be offered a choice in how they wish to receive their publicly funded long-term care services whether it be Family Care, Partnership (available only in some areas) or IRIS (Include, Respect, I Self-Direct) the new self-directed support waiver. In order to facilitate the transition of clients from existing home and community based waivers to Family Care and IRIS, county long-term support agencies provide enrollment counseling to all current home and community-based waiver participants. During this transition period, the local Aging and Disability Resource Centers provided enrollment counseling to persons on the wait list, those who are newly eligible for long-term care and to any managed care member who seeks to disenroll from managed care.

The Department understands that the county support and service coordinators/care managers who provide enrollment counseling to existing waiver participants are taking on a new role with which they are not familiar. These staff have a significant amount of new information to learn and absorb in order to provide program participants with objective non-biased information upon which to make a decision among new programs and providers.

Making this decision is a big step for many waiver participants. People need to receive accurate information, often multiple times before they can make an informed decision and be comfortable with it. In the transition that has occurred to date, concerns have been raised that some

participants may not be receiving adequate, accurate or unbiased information about all options or in a way that enables them to understand and process the information.

To assist county agencies and their staff in this process, the Department requests that each county follow the best practice guidelines described in this memo during its transition process. Additional information on these practices and other guidance can be found in the enrollment counseling materials on the Department's ADRC website (See Helpful Links at end) or by contacting your local ADRC.

- Begin enrollment counseling as soon as possible depending on the pace of the transition. The best practice guideline is to begin at least four months before the scheduled transition date. This is especially important for those counties that are transitioning all waiver clients one day.
- Waiver case managers should not make a predetermination of the most appropriate long-term care program for any participant based on previous history or knowledge, objective enrollment counseling for each person is important.
- Ensure that all staff doing enrollment counseling are sufficiently informed about each of the options available in the county. The most useful initial training that all staff responsible for enrollment counseling should view is the web casts on enrollment counseling and IRIS that can be found on the Department's website (See Helpful Links at end). This is the minimum base of knowledge that each staff should have. Additional written materials and face-to-face training opportunities are also available from the Department. The managed care organizations that will operate programs in your area may also have materials that you can provide to participants as a part of enrollment counseling. There are also materials available regarding IRIS.
- If PACE and/or Partnership will be available staff should become knowledgeable and should understand the timing issues related to the Medicare component of these programs. Case managers can become knowledgeable about these specific requirements by reading enrollment counseling technical assistance documents (located at <http://dhs.wisocnsin.gov/lcicare/Generalinfo/RCs.htm>) and MCO member handbooks, watching enrollment counseling web casts and participating in enrollment counseling trainings.
- In addition to the web-based training and other materials available from the Department, make sure to provide sufficient training and support to staff to increase their expertise in this new role. Those methods could include shadowing another staff person, role play, teaming staff, or other mentoring strategies.
- Use only Department approved enrollment counseling materials that are available from the DHS web to ensure that people receive complete, consistent, accurate and objective information.
- Ensure that people receive unbiased enrollment counseling. Some strategies to ensure this include:
  - Whenever possible try to assure that staff who are expected to be employed by, or working on behalf of, a particular provider or program are not providing enrollment counseling. Support and service coordinators/care managers who will be moving to the Aging and Disability Resource Center or staying with the social or human service agency in some other capacity should be used as much as possible to provide enrollment counseling.
  - Try to keep future affiliations of care managers with managed care organizations out of the conversation. Participants may be inadvertently influenced based on knowledge of the relationship of their current care manager with a particular

program or provider. If asked by a participant the counselor should respond honestly, but advise the participant that there is no assurance that he/she continue as the participant's care manager and that the care manager's future position should not influence his/her choice.

OR

- If that is not feasible, have staff disclose to participants in the early part of the discussion any future affiliations with agencies that will be operating long-term care programs.
- Schedule enrollment counseling to allow time to meet deadlines for submitting centralized enrollment documents or to allow the participant to meet with the IRIS Independent Consultant to develop the support and service plan in time for the scheduled transition date(s). (See attached timeline.) If transition decisions are made as early as possible all partners can be prepared to ensure a smooth transition. It is important that the waiver participants do not feel pressured to make a decision in an unreasonable timeframe. Persons choosing IRIS may be referred to the Independent Consultant Agency (ICA) at the time they reach their decision to select IRIS or to explore that option more thoroughly through a referral to the ICA.
- Provide more than one opportunity for each individual to receive enrollment counseling. Some people will need additional time to absorb information and others may have follow-up questions or concerns they wish to discuss.
- Remind persons that participating in any of the long-term care programs remains voluntary. People may change programs at any time. Reminding people of this option may ease the decision process for many. The Department remains committed to ensuring that people have continuity of services when they change from program to program and to assure that an existing plan of care will not end until the new plan begins.
- Enrollment Counseling activities for people participating in the Medicaid Home and Community-Based Services Waivers are consistent with required support and service coordination/care management contacts. This includes, enabling the person to receive a full range of appropriate services and supports consistent with his/her assessed needs in a planned, coordinated, efficient and cost effective manner. Providing unbiased information about future support needs; service and provider options; and other long-term support information are all allowable activities. County long-term support agencies are encouraged to have their staff document these interactions to meet face-to-face and collateral contact requirements and in order to secure waiver reimbursement for staff time spent on these activities.

### **IRIS Monthly Allocation**

Persons interested in IRIS must be informed of their monthly budget allocation as calculated by the Long-Term Care Functional Screen (LTCFS). This calculation is generated automatically for any screen that has eligibility calculated on or after July 14, 2008. At present this amount only includes on-going long term care expenses. Individuals should **not** be told they must spend this amount. It is an estimate within which they will create a support and service plan with their IRIS Independent Consultant. The individual should be informed that he/she may be eligible for Medicaid Card services such as personal care in addition to the IRIS services that are funded from his/her individual budget. This monthly allocation amount may be adjusted either for ongoing expenses or for infrequently used services or goods such as home modification through the DHS review process. The ICA assists persons who need to access this review process after they have been unsuccessful to create a support and service plan within their monthly allocation amount as noted in the LTCFS.

### **Enrollment/Referral Process**

**Family Care, Partnership, PACE Enrollment.** The centralized enrollment process applies only to current waiver participants who choose to enroll in Family Care, Partnership or PACE and who meet certain criteria or to persons on the wait list who already receive Medicaid. Please make sure that the staff involved in enrollment counseling are knowledgeable about the timing requirements for this process and schedule the enrollment counseling to meet these timeframes. (See attached timeline.)

**IRIS Enrollment.** Persons who choose IRIS cannot be referred using the centralized enrollment process. The referral is documented by selecting IRIS from the HCB waiver dropdown box in the LTCFS and entering the referral information into the DHS Program Participation System (PPS). (Long-term support agencies may want to coordinate with their local ADRC to enter the individual into PPS.) A signed referral form together with other needed information is sent via facsimile to the IRIS ICA. If counties need technical assistance with this process, they should contact the ICA at 1-888-515-4747.

### **Transition Plan Flexibility**

The Department reminds counties that the transition plan developed by the county and approved by the Department is intended to outline a fiscally balanced transition process. Although the plan is based on the transition of actual individuals who are on the current waivers, counties should not interpret the DHS approval as a requirement that the specific individuals must transition as noted in the plan. As long as the county maintains a fiscally balanced month-by-month schedule as is described in the plan, the county has the flexibility to respond to individual needs or concerns by re-arranging the timing of people's transitions.

For example, current participants may have compelling circumstances that require modifications to the county transition plan in order to accommodate them. The county should make every effort to accommodate these circumstances. The earlier that support and service coordinators/care managers begin enrollment option conversations with participants the sooner counties will be aware of these circumstances and will be able to incorporate them into planning. Persons choosing IRIS should be referred to the ICA as described above. They do not need to wait until their transition month to be referred for service planning.

### **Thank you to waiver care managers and their supervisors**

We recognize that provision of enrollment counseling to existing waiver participants by waiver care managers represents an increase in workload and requires learning a great deal of new information. We also recognize that care managers are often doing the enrollment counseling under circumstances where their own future role and employment future may be unclear. However, we also know that the waiver care managers are deeply committed to ensuring that each and every waiver participant has the information they need to choose their future long term care program. And we are deeply grateful for that commitment as we move ahead in reforming Wisconsin's long term care system.

We appreciate the work that care managers/support and service coordinators do on enrollment counseling and want them to feel knowledgeable and prepared to carry out these important conversations with waiver participants who have to make critical decisions for themselves. If you have suggestions for additional tools that could make this transition smoother, please convey that to your regional area administration contact or e-mail to [DHFSRCTeam@wisconsin.gov](mailto:DHFSRCTeam@wisconsin.gov).

Thank you again for your hard work and deep commitment!

## Helpful Links

<http://dhs.wisconsin.gov/ltcare/Generalinfo/rcs.htm> General ADRC website  
<http://dhs.wisconsin.gov/ltcare/pdf/rcd0118v08iss1.pdf> Enrollment counseling TA document  
<http://dhs.wisconsin.gov/ltcare/Generalinfo/Webcast/adrcwebcastLTCEnroll.HTM> Enrollment Counseling Web cast  
<http://dhs.wisconsin.gov/ltcare/Generalinfo/Webcast/adrcwebcastIRIS.HTM> IRIS Web cast and other IRIS materials  
<http://dhs.wisconsin.gov/ltcare/Generalinfo/iris.htm> IRIS information  
<http://dhs.wisconsin.gov/ltcare/Generalinfo/pps.HTM> PPS training Web casts  
<http://dhs.wisconsin.gov/managedltc/transition/index.htm> Transition information

CENTRAL OFFICE CONTACT: Maurine Strickland  
Information & Assistance Program Specialist  
Office for Resource Center Development  
Bureau of Aging and Disability Resources  
608-266-4448

MEMO WEB SITE: [http://dhfs.wisconsin.gov/dsl\\_info/](http://dhfs.wisconsin.gov/dsl_info/)

Attachment: Enrollment Counseling Timeline

cc: ADRC Directors  
Area Administrators  
Janice Smith, ORCD  
Beth Wroblewski, BLTS  
Monica Deignan, OFCE  
Independent Consultant Agency