

Wisconsin Functional Screen Information System

Adult Long Term Care Functional Screen

Screen Liaison Toolkit

Issue Date: May 30, 2024

Topic: In-Person Interview Waiver Requests for IRIS Consultant Agencies (ICAs) and Managed Care Organizations (MCOs)

Purpose: The Department of Health Services (DHS) requires all screening agencies to conduct an in-person interview for the Adult Long Term Care Functional Screen (LTCFS). This document explains the process MCOs and ICAs need to follow to ask DHS for a waiver of the in-person interview requirement for an individual who is not able to be seen in person. Aging and Disability Resource Centers (ADRCs) and Tribal Aging and Disability Resource Specialists (ADRS) should follow processes outlined in the LTCFS instructions.

Definitions: Definitions are located in the [Screen Liaison Toolkit Definitions](#) document.

Step 1:

Review [criteria in LTCFS instructions](#) to determine if circumstances may qualify for an in-person interview waiver.

Step 2:

If criteria for a waiver are met, the screening agency's LTCFS liaison will email a request to DHSLTCFSTeam@dhs.wisconsin.gov. The agency's submission must be a summary of the individual's situation and address **ALL** the following:

- The individual's date of birth and initials.
- The rescreen due date.
- The reason(s) for the request/information to support the need for a waiver.
- Date of last in-person visit by the individual's IRIS Consultant (IC) or interdisciplinary team (IDT) and where visit took place.
- Date of last LTCFS in-person visit and where visit took place.
- Attempt(s) made to schedule the in-person visit for the rescreen. If none, explain.
- If there has been a change in condition since the last LTCFS. If so, provide more information.
- If the individual has the physical and/or cognitive ability to effectively communicate via the telephone or video conference.
- If the individual is identified as Vulnerable High Risk (VHR).
- Any identified health or safety concerns for the individual.
- If safety concerns for the screener is a reason for waiver, explain.
- If individual being quarantined is a reason for the waiver, explain why a window visit cannot be completed.

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- If the individual receives routine skilled medical care that is completed outside of the home (IE, dialysis, transfusions, etc.), explain how these needs are being met.
- The plan for when a subsequent in-person visit is to occur.

Note: If the request is due to the individual being out of the agency's service area or out of state, the submission must also include **ALL** the following:

- The individual's primary residence (include city, state, and type of facility/institution/hospital [if applicable]).
- Where the individual currently is (include city, state, and type of facility/institution/hospital [if applicable]).
- How long the individual has been out of agency's service area.
- The agency's anticipated timeline of when the member will return to their primary residence. If unsure, explain.

Step 3:

Within 10 working days of the request, the screening agency's liaison will be notified of DHS' approval or denial.

Note: If the request needs to be expedited, this should be noted in the initial waiver request with an explanation of why the request needs to be expedited and by when.

Note: A waiver must be requested for each occurrence.

DHS Contacts: If you have questions or comments about this document, please contact the LTCFS Screen Team at DHSLTCFSTeam@dhs.wisconsin.gov.