

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

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# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p><b>New Enrollment</b>                      Medicaid must be established in ForwardHealth interChange (FHiC) before an enrollment can occur. The individual must be Medicaid eligible for at least 30 days beyond the date of enrollment or IRIS referral.</p> <p>If a Long-Term Care Functional Screen (LTCFS) exists, it must have been calculated within 10 months of the new enrollment date.</p> <p>If enrollment is occurring as urgent services, complete <a href="#">F-02140</a> with the appropriate enrollment form without an enrollment date per urgent services agreement and process.</p> <p>If enrollment is occurring as a result of a nursing home transition, please refer to <a href="#">ADRC program operations manual</a> for additional information.</p>	<p><b>Functional Eligibility:</b></p> <ol style="list-style-type: none"> <li>Complete Long-Term Care Functional Screen (LTCFS).</li> <li>If the individual is not found eligible or is not found eligible at the nursing home level of care, the ADRC or Tribal ADRS will send the appeal rights and the Notice of Adverse Benefit Determination letter. <a href="#">F-02721</a>. The ADRC or Tribal ADRS should select the appropriate functional eligibility result:                             <ul style="list-style-type: none"> <li>Functionally ineligible</li> <li>Non-nursing home level of care</li> <li>Functionally eligible with limited program options</li> </ul> </li> </ol> <p><b>Financial Eligibility:</b></p> <ol style="list-style-type: none"> <li>Review FHiC for Medicaid eligibility and enrollment status in either a long-term care program or a Medicaid HMO. A list of full-benefit Medicaid programs is available in the <a href="#">Medicaid Eligibility Handbook, Chapter 21.2</a>.</li> <li>When the ADRC or Tribal ADRS determines that the individual could benefit from assistance with completing the Medicaid application process, provide one or more of the following:                             <ul style="list-style-type: none"> <li>Assist the customer to gather information to support the Medicaid</li> </ul> </li> </ol>	<p><b>Customer receiving full-benefit Medicaid:</b></p> <ol style="list-style-type: none"> <li>Review <a href="#">F-20919D</a>, Declaration Regarding Transfer of Resources form and review case, if applicable.</li> <li>Notify the ADRC once processed and if divestment penalty period is determined.</li> </ol> <p><b>Customer not receiving full benefit Medicaid:</b></p> <ol style="list-style-type: none"> <li>Accept, process, and determine eligibility for Medicaid applications.</li> <li>If married, complete asset assessment page; calculate and send spousal forms accordingly.</li> <li>If applicable, notify ADRC or Tribal ADRS that items are pending.</li> <li>Process the verification received and pend the case for enrollment start date.</li> </ol>	<ol style="list-style-type: none"> <li>Send confirmation to the ADRC or Tribal ADRS that enrollment documents were received.</li> <li>Confirm enrollment is entered in FHiC.</li> <li>If the enrollment form indicates that it has not been entered by the ADRC, the Long-Term Care Functional Screen (LTCFS) should not be updated until confirmed enrollment entry in FHiC.</li> <li>Follow MCO contract requirements regarding new enrollments.</li> <li>FHiC will send an automated enrollment confirmation notice to the member.</li> </ol>	<ol style="list-style-type: none"> <li>Send confirmation to the ADRC or Tribal ADRS that referral documents were received.</li> <li>Enter referral into WISITS.</li> <li>Upon completion of ISSP, return IRIS authorization form, <a href="#">F-00075</a>, with IRIS start date to the participant with a copy to ADRC or Tribal ADRS and CLTS worker, if applicable. Send to IM if participant receives Community Waiver Medicaid.</li> <li>If Medicaid application expires prior to IRIS start date, ICA should assist the participant to reapply.</li> <li>FHiC will send automated enrollment confirmation notice to participant.</li> </ol>

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	<p>application, including medical and remedial expenses.</p> <ul style="list-style-type: none"> <li>Assist the customer to schedule an appointment with IM.</li> <li>Assist the customer to complete the application online, via telephone, or by mail.</li> </ul> <p><b>Customer receiving full-benefit Medicaid (Group A):</b></p> <ol style="list-style-type: none"> <li>Complete Declaration Regarding Transfer of Resources form, <a href="#">F-20919D</a>. Send to IM only if the customer has reported an asset transfer, annuity, or excess home equity (see <a href="#">MEH 16.8.1.4</a>) <ul style="list-style-type: none"> <li>If <a href="#">F-20919D</a> is sent to IM, wait for IM determination before providing enrollment counseling.</li> </ul> </li> <li>Provide enrollment counseling.</li> <li>Complete the appropriate enrollment or authorization form: <ul style="list-style-type: none"> <li><a href="#">F-00046</a>, Family Care Program Enrollment</li> <li><a href="#">F-00533</a>, Partnership Program Enrollment</li> <li><a href="#">F-02483</a>, PACE Enrollment</li> <li><a href="#">F-00075</a>, IRIS Authorization</li> </ul> </li> <li>For Family Care, Partnership, and PACE, enter enrollment date in FHiC on or before the actual enrollment date.</li> </ol>	<ol style="list-style-type: none"> <li>Notify ADRC or Tribal ADRS of eligibility result and cost share, if any.</li> <li>Upon receipt of enrollment form from ADRC, Tribal ADRS, or ICA, enter program start date and run and confirm eligibility.</li> </ol>		

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p>Enrollment must be entered in FHiC to assure eligibility requirements are met and verified. This also assures enrollment in HMO ends appropriately. Select Start Reason: New Enrollment. Send enrollment form to MCO or referral form to ICA.</p> <ol style="list-style-type: none"> <li>5. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA.</li> <li>6. If applicable transfer LTCFS to ICA after receiving IRIS start date.</li> </ol> <p><b>Customer receiving QDWI/QMB/SLMB/SLMB+:</b></p> <ol style="list-style-type: none"> <li>1. A full Medicaid application is not necessary.</li> <li>2. Complete Declaration Regarding Transfer of Resources form, <a href="#">F-20919D</a>.</li> <li>3. Complete Medical and Remedial Expenses Checklist form, <a href="#">F-00295</a>, if needed. Provide customer with Appeal Notice, <a href="#">F-02721B</a>.</li> <li>4. Send the following forms to IM: <ul style="list-style-type: none"> <li>• <a href="#">F-02053</a>, ADRC or Tribal ADRS Referral to Income Maintenance</li> <li>• <a href="#">F-00295</a>, Medical and Remedial Expenses Checklist</li> <li>• <a href="#">F-20919D</a>, Declaration Regarding Transfer of Resources, only if the</li> </ul> </li> </ol>			

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p>customer has reported an asset transfer, annuity, or excess home equity (see <a href="#">MEH 16.8.1.4</a>)</p> <ul style="list-style-type: none"> <li>• If <a href="#">F-20919D</a> is sent to IM, wait for IM determination before providing enrollment counseling.</li> </ul> <ol style="list-style-type: none"> <li>5. Provide enrollment counseling.</li> <li>6. Complete the appropriate enrollment or authorization form:               <ul style="list-style-type: none"> <li>• <a href="#">F-00046</a>, Family Care Program Enrollment</li> <li>• <a href="#">F-00533</a>, Partnership Program Enrollment</li> <li>• <a href="#">F-02483</a>, PACE Enrollment</li> <li>• <a href="#">F-00075</a>, IRIS Authorization</li> </ul> </li> <li>7. For Family Care, Partnership, and PACE, enter enrollment date in FHiC on or before the actual enrollment date. Enrollment must be entered in FHiC to ensure eligibility requirements are met and verified. This also ensures enrollment in HMO ends appropriately. Select Start Reason: New Enrollment.</li> <li>8. Send enrollment form to MCO or referral form to ICA.</li> <li>9. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA</li> <li>10. If applicable transfer LTCFS to ICA after receiving IRIS start date.</li> </ol>			

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p><b>Customer not receiving full-benefit Medicaid:</b></p> <ol style="list-style-type: none"> <li>1. Assist with completing a Medicaid application.                             <ul style="list-style-type: none"> <li>•</li> </ul> </li> <li>2. Complete Medical and Remedial Expenses Checklist form, <a href="#">F-00295</a>, if needed. Provide customer with Appeal Notice, <a href="#">F-02721B</a>.</li> <li>3. Send the following forms to IM:                             <ul style="list-style-type: none"> <li>• <a href="#">F-02053</a>, ADRC or Tribal ADRS Referral to Income Maintenance</li> <li>• <a href="#">F-00295</a>, Medical and Remedial Expenses Checklist</li> <li>•</li> <li>• LTCFS Eligibility results page</li> </ul> </li> <li>4. Receive Medicaid verification or budget sheets from IM.</li> <li>5. Provide enrollment counseling.</li> <li>6. Complete the appropriate enrollment or authorization form:                             <ul style="list-style-type: none"> <li>• <a href="#">F-00046</a>, Family Care Enrollment</li> <li>• <a href="#">F-00533</a>, Partnership Enrollment</li> <li>• <a href="#">F-02483</a>, PACE Enrollment</li> <li>• <a href="#">F-00075</a>, IRIS Authorization</li> </ul> </li> <li>7. For Family Care, Partnership, or PACE, confirm enrollment date and cost share, if applicable, with customer.</li> </ol>			

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	<p>8. For IRIS confirm referral and cost share, if applicable, with customer.</p> <p>9. For Family Care, Partnership, or PACE, enter enrollment date in FHiC on or before the actual enrollment date. Select Start Reason: New Enrollment.</p> <p>10. Send enrollment form to MCO or referral form to ICA. Include the Medical Remedial Expense Checklist, <a href="#">F-00295</a>, if applicable.</p> <p>11. Send enrollment or referral form to IM.</p> <p>12. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA.</p> <p>13. If applicable, transfer LTCFS to ICA after receiving IRIS start date.</p> <p><b>Note:</b> Enrollment can only be entered in FHiC if the Medicaid eligibility is displayed in FHiC. For customers whose Medicaid eligibility is dependent on the enrollment date, Medicaid eligibility will be populated in FHiC two days after the IM worker confirms the eligibility in CARES. ADRC should check the box in the “Enrollment Status in FHiC” section on the enrollment form to notify MCO that it is not yet entered in FHiC.</p>			

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p><b>New Enrollment for a Customer Currently Enrolled in a Medicaid HMO.</b></p> <ul style="list-style-type: none"> <li>If a customer, currently enrolled in a Medicaid HMO, is requesting an enrollment date for the first of the following month, follow the procedures to the right.</li> <li>If a customer, currently enrolled in a Medicaid HMO, is requesting a mid-month enrollment date into Family Care, Partnership, or PACE, the ADRC or Tribal ADRS must send the following to the assigned regional quality specialist (RQS): <ul style="list-style-type: none"> <li>The reason why the enrollment cannot be delayed until the first of the following month.</li> <li>The customer's name, date of birth, and member ID number.</li> </ul> </li> <li>The RQS will notify the ADRC or Tribal ADRS upon end dating the HMO. The ADRC or Tribal ADRS will then enter the enrollment into FHiC.</li> </ul>	<p><b>Enrolling into Family Care, Partnership, or PACE:</b></p> <ol style="list-style-type: none"> <li>Follow steps as listed in the New Enrollment section above.</li> <li>Enter enrollment date in FHiC via the enrollment wizard up to the last day of the month prior to the actual enrollment date. The enrollment date must be the first of the following month or later. The FHiC enrollment wizard will automatically end the HMO the last day of the month prior to the enrollment date.</li> </ol> <p><b>Enrolling into IRIS:</b></p> <ol style="list-style-type: none"> <li>Follow steps as listed in the New Enrollment section above. Check the box currently enrolled in "HMO Managed Care" on the IRIS Authorization form, <a href="#">F-00075</a>.</li> </ol>	<ol style="list-style-type: none"> <li>Follow steps as listed in the New Enrollment section above.</li> <li>For IRIS enrollments, update waiver page and confirm eligibility.</li> </ol>	<ol style="list-style-type: none"> <li>Send confirmation to the ADRC or Tribal ADRS that enrollment documents were received.</li> <li>Verify eligibility and enrollment segments in FHiC upon receipt.</li> <li>If member is enrolled in an HMO, contact the ADRC or Tribal ADRS as soon as possible to verify that actions have been taken to end the HMO prior to enrollment in the MCO.</li> <li>If the HMO is not able to be removed, the member should be referred to the ADRC or Tribal ADRS.</li> <li>If the HMO was not ended correctly, submit discrepancy report as directed.</li> <li>Follow MCO contract requirements regarding new enrollments.</li> </ol>	<ol style="list-style-type: none"> <li>Process as a new referral.</li> </ol> <p><b>Note:</b> If participant is unable to start SDPC services at the time of the IRIS start date due to HMO enrollment, refer the SDPC agency to the ForwardHealth Provider Service Call Center: 1-800-947-9627 Available Monday through Friday, 7 a.m.–6 p.m. (Central Time, with the exception of state-observed holidays). Medical providers should call Provider Service for enrollment, policy, and billing questions.</p>
<p><b>New Enrollments for Customers Currently in a DOC or DHS facility for more than 30 days.</b></p> <p><a href="#">Guidance Document</a></p>	<p><b>Functional Eligibility:</b></p> <ol style="list-style-type: none"> <li>Receive referral, <a href="#">F-02500</a> from facility.</li> <li>Complete Long-Term Care Functional Screen (LTCFS).</li> </ol>	<ol style="list-style-type: none"> <li>Accept, process, and determine eligibility for Medicaid applications if received from individual and facility.</li> </ol>	<ol style="list-style-type: none"> <li>Send confirmation to the ADRC or Tribal ADRS that enrollment documents were received.</li> </ol>	<ol style="list-style-type: none"> <li>Process as a new referral.</li> </ol>



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<p><b>Note:</b> If a LTCFS exists, it must have been calculated within 10 months of the enrollment or referral form being sent. Enrollment may proceed if LTCFS is between 10-12 months without an update. If discharge or release is not going to occur before the functional eligibility end date, the ADRC is responsible to complete a rescreen. The MCO or ICA may complete the rescreen, via telephone or video meeting, without requesting a waiver from DHS, prior to enrollment if the MCO or ICA agrees to do so.</p> <p>Those under the age of 21 or those 65 and older may enroll while admitted to an IMD.</p>	<p>3. If the individual is currently located in one of the facilities listed below, the ADRC or Tribal ADRS may conduct the LTCFS via telephone or video meeting without requesting a waiver from DHS. The screener must document in the notes section the reason the in-person interview was not completed:</p> <ul style="list-style-type: none"> <li>• <a href="#">The Department of Corrections (DOC) institutions and centers.</a></li> <li>• The Department of Health Services (DHS) secure treatment centers of Sand Ridge and Wisconsin Resource Center.</li> <li>• DHS's institutes for mental disease (IMD) Mendota and Winnebago Mental Health Institutes.</li> </ul> <p>4. If the individual is not found eligible or is not found eligible at the nursing home level of care, the ADRC or Tribal ADRS will send the appeal rights and the Notice of Adverse Benefit Determination letter, <a href="#">F-02721</a>. The ADRC or Tribal ADRS should select the appropriate functional eligibility result:</p> <ul style="list-style-type: none"> <li>• Functionally ineligible</li> <li>• Non-nursing home level of care</li> <li>• Functionally eligible with limited program options</li> </ul>	<p>2. Reopen suspended Medicaid upon notice of discharge or release from facility.</p>	<p>2. Notify ADRC or Tribal ADRS of arranged discharge or release date by completing the appropriate section of the Pre-Release Enrollment Agreement form, <a href="#">F-02702</a>.</p> <p>3. Follow MCO contract requirements regarding new enrollments.</p> <p>4. FHiC will send an automated enrollment confirmation notice to member.</p> <p>5. Confirm enrollment is entered in FHiC.</p>	

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p><b>Financial Eligibility:</b></p> <ol style="list-style-type: none"> <li>1. The facility is responsible for assisting the individual with the Medicaid eligibility process. The facility will indicate if an application is needed, an application is pending, or if Medicaid is suspended on the referral form.</li> <li>2. The facility must assure MA eligibility upon release or discharge for enrollment to occur.</li> </ol> <p><b>Enrollment Process:</b></p> <ol style="list-style-type: none"> <li>1. Provide enrollment counseling.</li> <li>2. Complete the appropriate enrollment or authorization form without an enrollment date: <ul style="list-style-type: none"> <li>• <a href="#">F-00046</a>, Family Care Program Enrollment</li> <li>• <a href="#">F-00533</a>, Partnership Program Enrollment</li> <li>• <a href="#">F-02483</a>, PACE Enrollment</li> <li>• <a href="#">F-00075</a>, IRIS Authorization</li> </ul> </li> <li>3. Complete the Pre-Release Enrollment Agreement form, <a href="#">F-02702</a>.</li> <li>4. Send enrollment form and Pre-Release Enrollment Agreement form, <a href="#">F-02702</a>, to MCO or send referral form to ICA.</li> <li>5. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA.</li> </ol>			

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p>6. When notified by MCO or ICA of release date, confirm Medicaid eligibility. To identify suspended Medicaid benefits in FHiC, the ADRC or Tribal ADRS will need to view the information in FHiC functionality, select benefit plan, select the current Medicaid line, and open the Medicaid Status Code Data. The Medicaid Status Code will either reflect ZJ Suspended or list the Medicaid source. ADRC or Tribal ADRS may need to contact IM to assure suspension status has been removed to enter enrollment date.</p> <p>7. For Family Care, Partnership, or PACE, enter enrollment date on appropriate enrollment form and resend to MCO.</p> <p>8. For Family Care, Partnership, or PACE, add enrollment date in FHiC on or before the actual enrollment date. Select Start Reason: New Enrollment.</p>			

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

<p><b>New Enrollment for a Customer Currently Transitioning from the Children’s Long-Term Support Waivers (CLTS).</b></p> <p>Please refer to the <a href="#">ADRC program operations manual</a> for additional information and <a href="#">memo 2022-05, Transition of Eligible Participants from Children’s to Adult Long-Term Care Programs.</a></p>	<p><b>Functional Eligibility:</b></p> <ol style="list-style-type: none"> <li>1. Accept referral from CLTS worker when youth is age 17 years 6 months.</li> <li>2. Complete Long-Term Care Functional Screen (LTCFS).</li> <li>3. If the youth is found functionally ineligible or eligible at the non-nursing home level of care, send the appeal rights and the Notice of Adverse Benefit Determination letter, <a href="#">F-02721</a>. Select the appropriate functional eligibility result: <ul style="list-style-type: none"> <li>• Functionally ineligible</li> <li>• Non-nursing home level of care</li> <li>• Functionally eligible with limited program options</li> </ul> </li> <li>4. If the youth is found functionally ineligible for enrollment in an adult long-term care program, notify the CLTS worker. The youth may remain in the CLTS waiver until age 22.</li> </ol> <p><b>Financial Eligibility:</b></p> <ol style="list-style-type: none"> <li>1. Review CWW or FHiC for Medicaid eligibility.</li> <li>2. If a youth has CLTS Waiver Medicaid and no other form of Medicaid, the youth will need to apply for another form of Medicaid to transition to adult long term care programs.</li> <li>3. Refer to Disability Benefit Specialist for assistance with adult Medicaid application and disability determination, if applicable.</li> <li>4. Provide enrollment counseling.</li> <li>5. Complete the appropriate enrollment or authorization form:</li> </ol>	<ol style="list-style-type: none"> <li>1. Follow process for new enrollment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Send confirmation to the ADRC or Tribal ADRS that enrollment documents were received.</li> <li>2. Confirm enrollment is entered in FHiC.</li> <li>3. Follow MCO contract requirements regarding new enrollments.</li> <li>4. As needed, engage in the following transition activities: <ul style="list-style-type: none"> <li>• Meet face-to-face with the youth/legal representative.</li> <li>• Conduct a needs assessment to determine what services and supports will need to be in place upon enrollment.</li> <li>• Develop a care plan to take effect upon enrollment.</li> <li>• Post enrollment, maintain the same type of supports that are on the CLTS ISP until the MCP is developed and implemented.</li> </ul> </li> <li>5. Coordinate with CLTS worker and other involved parties as necessary (family, school district staff, ADRC or Tribal ADRS).</li> <li>6. If the MCO anticipates that the youth will not be residing in an eligible living</li> </ol>	<ol style="list-style-type: none"> <li>1. Send confirmation to the ADRC or Tribal ADRS that referral documents were received.</li> <li>2. Enter referral into WISITS.</li> <li>3. Upon completion of ISSP, return IRIS authorization form, <a href="#">E-00075</a>, with IRIS start date to the participant with a copy to ADRC or Tribal ADRS and CLTS worker. Send to IM if participant receives waiver Medicaid.</li> <li>4. Start date may occur no earlier that the participants 18<sup>th</sup> birthday and no later than the 1<sup>st</sup> of the month following their 18<sup>th</sup> birthday.</li> <li>5. FHiC will send automated enrollment confirmation notice to participant.</li> </ol>
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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<ul style="list-style-type: none"> <li>• <a href="#">F-00046</a>, Family Care Program Enrollment</li> <li>• <a href="#">F-00533</a>, Partnership Program Enrollment</li> <li>• <a href="#">F-00075</a>, IRIS Authorization</li> </ul> <ol style="list-style-type: none"> <li>6. For Family Care, Partnership, and PACE, enrollment may occur no earlier than the customer's 18<sup>th</sup> birthday and no later than the 1<sup>st</sup> of the month following their 18<sup>th</sup> birthday. Add enrollment date in FHiC on or before the actual enrollment date. Enrollment must be entered in FHiC to assure eligibility requirements are met and verified. Select Start Reason: New Enrollment.</li> <li>7. Send enrollment or referral form to CLTS worker.</li> <li>8. Send enrollment form to MCO or referral form to ICA.</li> <li>9. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA.</li> <li>10. If applicable, transfer LTCFS to ICA after receiving IRIS start date.</li> </ol>		<p>arrangement upon the enrollment date, the MCO will notify the ADRC or Tribal ADRS and CLTS worker to discuss options regarding the enrollment date.</p> <ol style="list-style-type: none"> <li>7. FHiC will send an automated enrollment confirmation notice to member.</li> </ol>	

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

<p><b>Member Requested Disenrollment or Transfer</b></p> <p>This process applies if a customer chooses to disenroll from or transfer to another program, MCO, ICA, or FEA.</p>	<p><b>Disenrollment:</b></p> <ol style="list-style-type: none"> <li>1. Offer disenrollment counseling.</li> <li>2. Explore Medicaid eligibility options with the customer.</li> <li>3. For customers disenrolling from Partnership, review Medicare Advantage Plan special election periods. Refer to EBS or DBS as needed.</li> <li>4. If the customer chooses to disenroll, complete the appropriate Member or Participant Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> <li>• <a href="#">F-00221</a>, Family Care or IRIS</li> <li>• <a href="#">F-00534</a>, Partnership</li> <li>• <a href="#">F-02484</a>, PACE</li> </ul> </li> <li>5. Send the Member or Participant Requested Disenrollment or Transfer form to MCO or ICA that the customer is disenrolling from.</li> <li>6. Send the Member or Participant Requested Disenrollment or Transfer form to IM if the customer has Community Waiver Medicaid.</li> <li>7. Enter disenrollment date chosen by the customer into FHiC for members disenrolling from Family Care, Partnership, or PACE. Select appropriate stop reason as indicated on the Member or Participant Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> <li>• <a href="#">F-00221</a>, Family Care</li> <li>• <a href="#">F-00534</a>, Partnership</li> <li>• <a href="#">F-02484</a>, PACE</li> </ul> </li> </ol>	<p><b>Disenrollment for participants or members with Community Waiver Medicaid:</b></p> <ol style="list-style-type: none"> <li>1. Update the Community Waivers page: “Do you want Community Waivers services?” to “N-No”.</li> <li>2. Run eligibility and determine if member is eligible for any other type of Medicaid.</li> </ol> <p><b>Transfers from Family Care, PACE, or Partnership to IRIS:</b></p> <ol style="list-style-type: none"> <li>1. Update the Community Waivers page: “Do you want Community Waivers services?” to “Y-Yes” and enter program start date as provided on IRIS Authorization form.</li> </ol> <p><b>Transfers from IRIS to Family Care, PACE, or Partnership</b></p> <ol style="list-style-type: none"> <li>1. When the Member or Participant Requested Disenrollment or Transfer form is received, update the waiver screen, if applicable.</li> </ol>	<p><b>Disenrollment:</b></p> <ol style="list-style-type: none"> <li>1. If first contact is with the MCO, provide member with the contact information for the ADRC or Tribal ADRS for disenrollment counseling.</li> <li>2. Notify ADRC or Tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer form.</li> <li>3. Close member’s case.</li> </ol> <p><b>Transfer:</b></p> <p><b>MCO to MCO:</b></p> <ol style="list-style-type: none"> <li>1. Current MCO notifies ADRC or Tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer Form. Receiving MCO notifies ADRC or Tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer Form and Enrollment Form.</li> <li>2. Current MCO closes member’s case. Receiving MCO opens member’s case.</li> <li>3. If current MCO receives release of information, send requested documents, including transferring LTCFS, to new MCO.</li> </ol>	<p><b>Disenrollment:</b></p> <ol style="list-style-type: none"> <li>1. If first contact is with the ICA, provide participant with the contact information for the ADRC or Tribal ADRS for disenrollment counseling.</li> <li>2. Upon receipt of Member or Participant Requested Disenrollment or Transfer form from the ADRC or Tribal ADRS, update the participant case in WISITS.</li> <li>3. Transfer participant’s LTCFS back to the ADRC or Tribal ADRS.</li> <li>4. FHiC will send an automated participant requested disenrollment notice.</li> </ol> <p><b>Transfer:</b></p> <p><b>ICA to ICA:</b></p> <ol style="list-style-type: none"> <li>1. Current ICA notifies ADRC or Tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer Form. Receiving ICA</li> </ol>
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# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p><b>Transfer:</b></p> <ol style="list-style-type: none"> <li>If the customer chooses to transfer to a different MCO or ICA, provide enrollment counseling.</li> <li>Complete the appropriate Member or Participant Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> <li><a href="#">F-00221</a>, Family Care or IRIS</li> <li><a href="#">F-00534</a>, Partnership</li> <li><a href="#">F-02484</a>, PACE</li> </ul> </li> <li>Complete the appropriate enrollment or authorization form: <ul style="list-style-type: none"> <li><a href="#">F-00046</a>, Family Care Program Enrollment</li> <li><a href="#">F-00533</a>, Partnership Program Enrollment</li> <li><a href="#">F-02483</a>, PACE Enrollment</li> <li><a href="#">F-00075</a>, IRIS Authorization</li> </ul> </li> <li>Send the appropriate Member or Participant Requested Disenrollment or Transfer form to the MCO or ICA the customer is transferring from and the MCO or ICA the customer has selected to enroll.</li> <li>Send the appropriate enrollment or referral form to the MCO or ICA the customer has selected. If the customer has chosen IRIS, grant read-only access of the LTCFS in FSIA to the selected ICA. If IRIS enrollment does</li> </ol>		<ol style="list-style-type: none"> <li>FHiC will send an automated member requested disenrollment notice if the ADRC or Tribal ADRS enters a stop reason associated with voluntary disenrollment.</li> <li>For members enrolled in Partnership, determine the Medicare Plan change date based on availability of a Special Election Period and update Medicare payment dates accordingly.</li> </ol> <p><b>MCO to ICA:</b></p> <ol style="list-style-type: none"> <li>Notify ADRC or Tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer Form.</li> <li>If MCO receives release of information, send requested documents to ICA.</li> <li>Upon receipt of updated Member or Participant Requested Disenrollment or Transfer Form with</li> </ol>	<p>notifies ADRC or Tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer Form and IRIS Authorization Form.</p> <ol style="list-style-type: none"> <li>ICAs follow IRIS program policy for ICA-to-ICA transfers.</li> <li>Receiving ICA, upon completion of ISSP, returns IRIS authorization form, <a href="#">F-00075</a>, with IRIS start date to the participant with a copy to ADRC or Tribal ADRS.</li> <li>Sending ICA transfers the participant's LTCFS to the receiving ICA.</li> <li>DHS WISITS Admin updates the disenrollment and enrollment</li> </ol>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p>not occur, remove read-only access of the LTCFS in FSIA.</p> <p><b>MCO to MCO:</b></p> <ol style="list-style-type: none"> <li>1. Enter disenrollment date chosen by the customer into FHiC. Select appropriate stop reason as indicated on the Member or Participant Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> <li>• <a href="#">F-00221</a>, Family Care or IRIS</li> <li>• <a href="#">F-00534</a>, Partnership</li> <li>• <a href="#">F-02484</a>, PACE</li> </ul> </li> <li>2. Enter the enrollment date in FHiC. Select Start Reason: New Enrollment</li> </ol> <p><b>ICA to MCO:</b></p> <ol style="list-style-type: none"> <li>1. Enter enrollment date chosen by the customer in FHiC upon receipt of Member or Participant Requested Disenrollment or Transfer form, <a href="#">F-00221</a> from the ICA. Verify disenrollment date has been entered in WISITS by reviewing Section I of the form. Enrollment date cannot be entered in FHiC until disenrollment date is entered by ICA.</li> </ol> <p><b>MCO to ICA:</b></p> <ol style="list-style-type: none"> <li>1. Upon receipt of IRIS Authorization form from selected ICA with IRIS start date,</li> </ol>		<p>MCO disenrollment date, close member's case and transfer full LTCFS to ICA.</p> <ol style="list-style-type: none"> <li>4. FHiC will send an automated member requested disenrollment notice if the ADRC or Tribal ADRS enters a stop reason associated with voluntary disenrollment.</li> </ol> <p><b>ICA to MCO:</b></p> <ol style="list-style-type: none"> <li>1. Notify ADRC or Tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer Form and Enrollment Form.</li> <li>2. Open member's case.</li> </ol>	<p>information in WISITS.</p> <ol style="list-style-type: none"> <li>6. FHiC will send an automated participant requested disenrollment notice.</li> <li>7. FHiC will send automated enrollment confirmation notice to participant.</li> </ol> <p><b>MCO to ICA:</b></p> <ol style="list-style-type: none"> <li>1. Notify ADRC or Tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer Form and IRIS Authorization Form.</li> <li>2. Enter referral into WISITS.</li> <li>3. Upon completion of ISSP, return IRIS authorization form, <a href="#">F-00075</a>, with IRIS start date to the participant with a</li> </ol>



# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p>enter Family Care, PACE, or Partnership disenrollment date in FHIC. The IRIS start date will be noted on the IRIS Authorization form. Select appropriate stop reason as indicated on the Member or Participant Requested Disenrollment or Transfer form, <a href="#">F-00221</a>.</p> <p>2. Send updated Member or Participant Disenrollment or Transfer form, <a href="#">F-00221</a>, to MCO and ICA with disenrollment date. The disenrollment date will be the date prior to the IRIS start date, as provided on the IRIS Authorization form sent by the ICA.</p> <p><b>ICA to ICA:</b></p> <p>1. The IRIS participant may choose to transfer to a new ICA while remaining with the current FEA. See steps above.</p> <p>2. If the IRIS participant chooses to select a new FEA, the ADRC or Tribal ADRS should refer to the <a href="#">FEA Transfer Calendar</a> to determine the date of transfer. If transferring to a new ICA and choosing to transfer to a new FEA, complete Participant Fiscal Agent Transfer Request form, <a href="#">F-02764</a>, with the IRIS Authorization <a href="#">F-00075</a>, and send to the selected ICA.</p>			<p>copy to ADRC or Tribal ADRS.</p> <p>4. FHIC will send automated enrollment confirmation notice to participant.</p> <p><b>ICA to MCO:</b></p> <p>1. Notify ADRC or Tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer Form.</p> <p>2. If ICA receives release of information, send requested documents, including full LTCFS to new MCO.</p> <p>3. Enter disenrollment date in WISITS.</p> <p>4. Complete ICA section of Member or Participant Requested Disenrollment or Transfer form,</p>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p><b>FEA to FEA:</b></p> <ol style="list-style-type: none"> <li>1. An IRIS participant may choose to transfer to a new FEA and remain with the current ICA.</li> <li>2. The ADRC or Tribal ADRS should refer to the <a href="#">FEA Transfer Calendar</a> to determine the date of transfer.</li> <li>3. Complete Participant Fiscal Agent Transfer Request form <a href="#">F-02764</a>, and send to the ICA.</li> </ol>			<p><a href="#">F-00221</a>, and return to ADRC or Tribal ADRS.</p> <ol style="list-style-type: none"> <li>5. FHiC will send an automated participant requested disenrollment notice to participant.</li> </ol>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p><b>Program Requested Disenrollment</b></p>	<ol style="list-style-type: none"> <li>1. The Family Care, Partnership, PACE, and IRIS Program Requested Disenrollment form, <a href="#">F-02403</a>, is received from the MCO or ICA.</li> <li>2. Offer disenrollment and options counseling unless reason for disenrollment excludes counseling and DHS approval is noted on the form.</li> <li>3. Explore Medicaid eligibility options.</li> <li>4. For Family Care, Partnership or PACE, enter disenrollment date in FHiC. Select appropriate stop reason as indicated on the Family Care, Partnership, PACE, and IRIS Program Requested Disenrollment form, <a href="#">F-02403</a>.</li> </ol>	<ol style="list-style-type: none"> <li>1. End Community Waiver Medicaid eligibility, if appropriate.</li> <li>2. Run eligibility and determine if customer is eligible for any other type of Medicaid.</li> </ol>	<ol style="list-style-type: none"> <li>1. Send the Family Care, Partnership, PACE, and IRIS Program Requested Disenrollment form, <a href="#">F-02403</a>, to BQO for approval.</li> <li>2. When request approved from BQO, route form to IM (except for Section D disenrollments), ADRC or Tribal ADRS, and tribe if applicable.</li> <li>3. Transfer LTCFS to the ADRC or Tribal ADRS.</li> <li>4. FHiC will send automated program requested disenrollment notice to member.</li> </ol>	<ol style="list-style-type: none"> <li>1. Send the Family Care, Partnership, PACE, and IRIS Program Requested Disenrollment form, <a href="#">F-02403</a>, to BQO for approval.</li> <li>2. When request approved from BQO, route Family Care, Partnership, PACE, and IRIS Program Requested Disenrollment form, <a href="#">F-02403</a>, to IM and ADRC or Tribal ADRS.</li> <li>3. Update WISITS.</li> <li>4. Transfer LTCFS to the ADRC or Tribal ADRS.</li> <li>5. FHiC will send automated program requested disenrollment notice to participant.</li> </ol>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA	
<p><b>Loss of Medicaid</b></p>	<p><b>Medicaid Waiver (MCDW)</b> If loss of Medicaid eligibility is confirmed in CARES, this will automatically trigger disenrollment of Family Care, Partnership, or PACE in FHiC following adverse action. Member will receive a CARES notice and a no Medicaid eligibility notice at adverse action.</p>	<p><b>MCO or ICA continuing to provide service:</b> No action necessary, including no entry into FHiC, if MCO or ICA continues to provide services.</p> <p><b>MCO or ICA discontinuing service:</b></p> <ol style="list-style-type: none"> <li>1. Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, is received by ADRC or Tribal ADRS indicating MCO or ICA services are no longer being provided.</li> <li>2. Disenrollment and options counseling offered.</li> <li>3. The disenrollment date remains as indicated in FHiC, which is the last date of the review month.</li> <li>4. For MCO disenrollment, select appropriate Stop Reason: <ul style="list-style-type: none"> <li>• 72 No reason provided</li> <li>• 7J Non-payment of Cost Share</li> </ul> </li> </ol>	<p>No action necessary</p>	<ol style="list-style-type: none"> <li>1. Assist member with Medicaid review.</li> <li>2. Send Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, to IM and ADRC or Tribal ADRS to notify them of any changes that may affect Medicaid eligibility.</li> <li>3. FHiC will send automated no Medicaid eligibility notice or no Medicaid eligibility for PACE notice to the member.</li> <li>4. If the MCO is notified by the ADRC or Tribal ADRS, on or prior to the effective date of disenrollment, that the customer has maintained their Medicaid eligibility and not closing in the system the MCO must send an updated Change Routing form, <a href="#">F-02404</a>, indicating a retraction of the original information.</li> </ol>	<ol style="list-style-type: none"> <li>1. Assist participant with Medicaid review.</li> <li>2. Send Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, to IM and ADRC or Tribal ADRS to notify them of any changes that may affect Medicaid eligibility.</li> <li>3. Transfer participant's LTCFS back to the ADRC or Tribal ADRS.</li> <li>4. FHiC will send automated no Medicaid eligibility notice to the member.</li> </ol>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p><b>Late Renewal</b> If a member does not complete their Medicaid review on time, Medicaid will end according to adverse action. This will end the enrollment on the last day of the current month.</p>	<p><b>MCO or ICA continuing to provide service:</b> No action necessary, including no entry into FHiC if MCO or ICA continues to provide services.</p> <p><b>MCO or ICA discontinuing service:</b></p> <ol style="list-style-type: none"> <li>1. Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, is received by ADRC or Tribal ADRS indicating MCO or ICA services are no longer being provided.</li> <li>2. Disenrollment and options counseling offered.</li> <li>3. The disenrollment date remains as indicated in FHiC, which is the last date of the review month.</li> <li>4. For MCO members, change Stop Reason in FHiC: 72 No Reason Provided.</li> </ol>	<p>No action necessary</p>	<ol style="list-style-type: none"> <li>1. Assist member with Medicaid review.</li> <li>2. FHiC will send automated no Medicaid eligibility notice or no Medicaid eligibility PACE notice to the member.</li> <li>3. Assist member to file an appeal, if applicable.</li> <li>4. Send Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, to IM and ADRC or Tribal ADRS only when the MCO is no longer going to continue to provide services, renewal has not been completed, and there is a high likelihood that eligibility will not be restored within 90 days.</li> </ol> <p><b>Note:</b> If the review is completed within 90 days following the review month, FHiC will auto-re-enroll the member if:</p> <ul style="list-style-type: none"> <li>• The stop reason is 65-No Medicaid Eligibility.</li> </ul>	<ol style="list-style-type: none"> <li>1. Assist participant with Medicaid review.</li> <li>2. FHiC will send automated no Medicaid eligibility notice to the participant.</li> <li>3. Send Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, to IM and ADRC or Tribal ADRS to notify them of any changes that may affect Medicaid eligibility.</li> <li>4. Transfer participant's LTCFS back to the ADRC or Tribal ADRS.</li> </ol>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA	
				<ul style="list-style-type: none"> <li>• The disenrollment date is the last day of the month.</li> <li>• The member is not enrolled in another MCO or HMO.</li> <li>• There has been no lapse in Medicaid eligibility.</li> </ul> FHiC will send Enrollment Confirmation notice if member is auto-re-enrolled.	
	<p><b>Institutional Medicaid (MCD)</b> If an individual is a resident of a nursing home and not paying the cost share, the enrollment will not end automatically because the Institutional Medicaid remains open.</p>	<ol style="list-style-type: none"> <li>1. Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, is received by ADRC or Tribal ADRS indicating MCO or ICA services are no longer being provided.</li> <li>2. Offer disenrollment and options counseling.</li> <li>3. Enter disenrollment in FHiC. Select Stop Reason: 7J Non-payment of cost share.</li> </ol>	No action necessary	<ol style="list-style-type: none"> <li>1. Send Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, to ADRC or Tribal ADRS indicating nursing home (NH) Medicaid non-payment of cost share.</li> <li>2. Disenrollment date should follow adverse action.</li> <li>3. FHiC will send automated incarceration/invalid setting notice to the member.</li> </ol>	Not applicable

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p><b>Medicare or Medicare Part D Changes (Partnership or PACE Only)</b>                      This process occurs when a member chooses to change to a Medicare or Part D plan different than the plan offered by Partnership or PACE.</p>	<ol style="list-style-type: none"> <li>1. Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, is received by ADRC or Tribal ADRS.</li> <li>2. Options counseling offered.</li> <li>3. If individual wants to return to Partnership or PACE plan, follow “New Enrollment” section.</li> <li>4. If individual wants to stay on new Medicare plan, enter the disenrollment date identified on the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>.</li> <li>5. Select Stop Reason: 7I Your Medicare Health plan has changed.</li> </ol>	<ol style="list-style-type: none"> <li>1. End Community Waiver Medicaid eligibility, if appropriate.</li> <li>2. Run eligibility and determine if customer is eligible for any other type of Medicaid.</li> </ol>	<ol style="list-style-type: none"> <li>1. Contact the customer to clarify if they intended to disenroll or assist customer in contacting plan and cancelling change if they wish to remain enrolled with the MCO.</li> <li>2. Complete Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, and forward to ADRC or Tribal ADRS.</li> <li>3. MCO disenrollment date is the last date of the month prior to the effective date of the Medicare plan.</li> <li>4. FHiC will send automated Partnership or PACE Medicare health plan ending disenrollment notice to member.</li> </ol>	<p>Not applicable</p>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA	
<b>Institution for Mental Disease (IMD)</b>  <a href="#">List of IMD Facilities</a>	<b>IMD Admission</b> Follow this process for IMD admissions that exceed one day.  Individuals under the age of 21 or those 65 and older should not be disenrolled from Family Care, Partnership, or PACE due to an IMD placement.	<b>For Family Care, Partnership, or PACE</b> 1. ADRC or Tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , indicating disenrollment due to IMD admission. 2. Enter the date admitted to the facility as the disenrollment date in FHiC. 3. Select Stop Reason: 7K Invalid Setting.	1. Upon receipt of Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , update the Current Demographics page to reflect the correct living arrangement type. 2. Run eligibility and close case according to adverse action logic.	1. Complete Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , and forward to IM and ADRC or Tribal ADRS. If stay is less than one day, no action needed. 2. Work with member and facility to plan for discharge date. 3. Work collaboratively with the county. 4. Assure member and/or facility has submitted admission form to the Social Security office, if applicable. 5. FHiC will send automated no incarceration/invalid setting notice to the member when ADRC or Tribal ADRS enters the Invalid Setting/IMD stop reason.	1. Complete Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , and forward to IM to notify of disenrollment. 2. Work with participant and facility to plan for discharge date. 3. Work collaboratively with the county. 4. Transfer LTCFS to ADRC or Tribal ADRS. 5. FHiC will send automated no Medicaid eligibility notice to the participant.
	<b>IMD Discharge and Re-enrollment</b> Follow this process when an IMD admission exceeds	1. Update the LTCFS at the request of the customer, MCO, ICA, or facility, if customer has had a significant change in condition or if the LTCFS is older than 10 months.	1. IM receives the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> .	1. Notify ADRC or Tribal ADRS of arranged discharge date from IMD (prior to discharge, if known).	1. Process as new referral.



# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p>one day and results in a disenrollment.</p> <p>Enrollment date may not occur prior to discharge, enrollment counseling, and enrollment or referral form being signed.</p>	<ol style="list-style-type: none"> <li>2. If the individual is currently located in one of the facilities listed below, the ADRC or Tribal ADRS may conduct the screen via telephone or video meeting without requesting a waiver from DHS. The screener must document in the notes section the reason the in-person interview was not completed:                             <ul style="list-style-type: none"> <li>• <a href="#">The Department of Corrections (DOC) institutions and centers.</a></li> <li>• The Department of Health Services (DHS) secure treatment centers of Sand Ridge and Wisconsin Resource Center.</li> <li>• DHS's institutes for mental disease (IMD) Mendota and Winnebago Mental Health Institutes.</li> </ul> </li> <li>3. Verify financial eligibility upon discharge.</li> <li>4. Enrollment counseling offered to the customer at request of customer, MCO, ICA, or facility.</li> <li>5. Complete and send the appropriate enrollment or authorization form. If discharge date is unknown, leave enrollment date blank:                             <ul style="list-style-type: none"> <li>• <a href="#">F-00046</a>, Family Care Program Enrollment</li> <li>• <a href="#">F-00533</a>, Partnership Program Enrollment</li> </ul> </li> </ol>	<p>or customer reported change.</p> <ol style="list-style-type: none"> <li>2. Update the Current Demographics page to reflect the correct living arrangement.</li> <li>3. If customer is only Medicaid eligible through Community Waivers, obtain an enrollment form from the ADRC or Tribal ADRS for the Community Waiver program start date.</li> <li>4. Run eligibility and confirm.</li> <li>5. If application is closed beyond 30 days, a new application is needed.</li> </ol> <p><b>Note:</b> If member or participant contacts IM first, refer member to the ADRC or Tribal ADRS to discuss re-enrollment into long-term care.</p>	<ol style="list-style-type: none"> <li>2. Assure member and/or facility has notified the Social Security office of the discharge by submitting discharge papers if applicable.</li> <li>3. FHiC will send automated enrollment confirmation notice to member.</li> </ol>	

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
		<ul style="list-style-type: none"> <li>• <a href="#">F-02483</a>, PACE Enrollment</li> <li>• <a href="#">F-00075</a>, IRIS Authorization</li> </ul> <ol style="list-style-type: none"> <li>6. Send enrollment or referral form to MCO or ICA and to IM if customer needs Community Waiver Medicaid.</li> <li>7. For Family Care, Partnership, and PACE, enter the enrollment date in FHiC on or before the actual enrollment date. Select Start Reason: New Enrollment.</li> <li>8. If enrollment date was left blank, enter the enrollment date on the form and in FHiC when MCO notifies the ADRC or Tribal ADRS of the discharge date.</li> <li>9. Resend a copy of the updated enrollment form to the MCO and to IM, if customer needs Community Waiver Medicaid</li> </ol>		

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<b>Incarceration</b>	<b>Incarceration Admission</b> Follow this process for incarcerations that exceed one day.	<b>For Family Care, Partnership, or PACE:</b> 1. ADRC or Tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , indicating disenrollment due to incarceration. 2. Enter date incarcerated as the disenrollment date in FHiC. Select Stop Reason: 7Q Incarceration/Suspension.	1. Upon receipt of Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , update the Current Demographics page to reflect the correct living arrangement type. 2. Run eligibility and suspend according to adverse action logic.	1. Complete Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , and forward to IM and ADRC or Tribal ADRS. If stay is less than one day, no action is needed. 2. Assure member and/or facility has notified the Social Security office of the incarceration, if applicable. 3. FHiC will send automated incarceration/invalid setting notice to the member when ADRC or Tribal ADRS enters the Incarceration/Suspension stop reason.	1. Complete Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , and forward to IM. 2. Transfer LTCFS to ADRC or Tribal ADRS. 3. FHiC will send automated no Medicaid eligibility notice to the participant.
	<b>Incarceration Release and Re-enrollment</b> Follow this process when member or participant has been previously enrolled, and incarceration exceeds one day and	1. Referral received from the customer, MCO, ICA, or facility. 2. Update LTCFS if older than 10 months or the customer has had a significant change in condition. 3. If the individual is currently located in one of the facilities listed below, the ADRC or Tribal ADRS may conduct the screen via telephone or video meeting without requesting a waiver from DHS.	1. Upon receipt of enrollment form, update the Current Demographics page to reflect the correct living arrangement. 2. Reopen suspended Medicaid upon notice of discharge or release from facility.	1. Notify ADRC or Tribal ADRS of arranged discharge date (prior to discharge, if known). 2. Assure member and/or facility has notified the Social Security office of the release by submitting discharge papers if applicable.	1. Process as a new referral.

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p>results in a disenrollment.</p> <p>Enrollment date may not occur prior to release, enrollment counseling, and enrollment or referral form being signed.</p>	<p>The screener must document in the notes section the reason the in-person interview was not completed:</p> <ul style="list-style-type: none"> <li>• <a href="#">The Department of Corrections (DOC) institutions and centers.</a></li> <li>• The Department of Health Services (DHS) secure treatment centers of Sand Ridge and Wisconsin Resource Center.</li> <li>• DHS's institutes for mental disease (IMD) Mendota and Winnebago Mental Health Institutes.</li> </ul> <p>4. Verify financial eligibility upon discharge.</p> <p>5. Offer enrollment counseling.</p> <p>6. Complete the appropriate enrollment or authorization form. If release date is unknown, leave enrollment date blank and send as a pre-enrollment:</p> <ul style="list-style-type: none"> <li>• <a href="#">F-00046</a>, Family Care Program Enrollment</li> <li>• <a href="#">F-00533</a>, Partnership Program Enrollment</li> <li>• <a href="#">F-02483</a>, PACE Enrollment</li> <li>• <a href="#">F-00075</a>, IRIS Authorization</li> </ul> <p>7. Send enrollment or referral form to MCO, ICA, and to IM, if customer needs Community Waiver Medicaid.</p>	<p><b>Note:</b> If customer contacts IM first, refer member to the ADRC or Tribal ADRS to discuss re-enrollment into long-term care.</p>	<p>3. FHiC will send automated enrollment confirmation notice to member.</p>	

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
		<p>8. For Family Care, Partnership, and PACE, enter the enrollment date in FHiC on or before the actual enrollment date. Select Start Reason: 67 Released from Incarceration.</p> <p>9. If enrollment date was left blank, enter the enrollment date on the form and enter in FHiC when MCO notifies the ADRC or Tribal ADRS of the discharge date.</p> <p>10. Resend a copy of the updated enrollment form to the MCO and to IM if customer needs Community Waiver Medicaid.</p> <p>11. ADRC or Tribal ADRS may need to wait to enter enrollment date in FHiC until IM updates Medicaid suspension status.</p>		

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA	
<b>Functional Eligibility</b>	<p><b>Loss of Functional Eligibility</b> This may include loss of functional eligibility or a LTCFS annual rescreen that has not been completed on time.</p>	<ol style="list-style-type: none"> <li>ADRC or Tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, indicating change in Level of Care (LOC).</li> <li>Options counseling offered.</li> <li>No entry into FHiC is necessary.</li> </ol>	<ol style="list-style-type: none"> <li>Update the Community Waivers Information section of the Community Waivers page “Functionally Eligible?” to “N-No”.</li> <li>Run eligibility and determine if customer is eligible for any other type of Medicaid.</li> </ol>	<ol style="list-style-type: none"> <li>Update the LTCFS.</li> <li>Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, and route to the ADRC or Tribal ADRS and IM indicating change in LOC.</li> <li>FHiC will send automated no functional eligibility or no annual screen notice to member.</li> <li>Transfer LTCFS to ADRC or Tribal ADRS or archive.</li> </ol>	<ol style="list-style-type: none"> <li>Update the LTCFS.</li> <li>Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, and route to the ADRC or Tribal ADRS and IM indicating change in LOC.</li> <li>Transfer LTCFS to ADRC or Tribal ADRS or archive.</li> <li>FHiC will send automated no functional eligibility or no annual screen notice to participant.</li> </ol>
	<p><b>Decrease of Functional Eligibility</b> This includes when a Family Care, PACE or Partnership member or IRIS participant LOC decreases from NH LOC to non-NH LOC.</p>	<ol style="list-style-type: none"> <li>ADRC or Tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, indicating change in LOC.</li> <li>Offer options counseling and explore Medicaid eligibility options.</li> <li>If customer was enrolled in Partnership, PACE, or IRIS and chooses not to transfer to Family Care no further action is needed.</li> </ol>	<ol style="list-style-type: none"> <li>If customer is only eligible for Medicaid through Community Waivers, update the Community Waivers Information section of the Community Waivers page “Functionally Eligible?” to “N-No”.</li> <li>Run eligibility and determine if customer is</li> </ol>	<ol style="list-style-type: none"> <li>Update the LTCFS.</li> <li>Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, and route it to the ADRC or Tribal ADRS indicating change in LOC.</li> <li>If member is only Medicaid eligible through Community Waivers, send</li> </ol>	<ol style="list-style-type: none"> <li>Update the LTCFS.</li> <li>Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, and route it to the ADRC or Tribal ADRS indicating change in LOC.</li> <li>If participant is only Medicaid eligible</li> </ol>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA	
		<p><b>Member chooses to disenroll from Family Care</b></p> <ol style="list-style-type: none"> <li>1. If the customer chooses to disenroll from Family Care, complete <a href="#">F-00221</a>, Family Care or IRIS Member or Participant Requested Disenrollment or Transfer form.</li> <li>2. Send the Member Requested Disenrollment or Transfer form to the MCO the customer is disenrolling from.</li> <li>3. Send the Member Requested Disenrollment or Transfer form to IM if the customer has Community Waiver Medicaid.</li> <li>4. Enter disenrollment date into FHiC.</li> <li>5. Select appropriate stop reason as indicated on disenrollment form.</li> </ol> <p><b>Member chooses to transfer from Partnership, PACE, or IRIS to Family Care</b></p> <ol style="list-style-type: none"> <li>1. Complete the Member Requested Disenrollment or Transfer form using the date included on the Change Routing form: <ul style="list-style-type: none"> <li>• <a href="#">F-00221</a>, Family Care or IRIS</li> <li>• <a href="#">F-00534</a>, Partnership</li> <li>• <a href="#">F-02484</a>, PACE</li> </ul> </li> <li>2. Complete <a href="#">F-00046</a>, Family Care Program Enrollment form.</li> </ol>	<p>eligible for any other type of Medicaid.</p>	<p>change routing form to IM indicating change in LOC.</p> <ol style="list-style-type: none"> <li>4. For Family Care members, send change in LOC letter to member.</li> <li>5. For PACE or Partnership members, FHiC will send automated no functional eligibility or no annual screen notice to member.</li> </ol>	<p>through Community Waivers, send change routing form to IM indicating change in LOC.</p> <ol style="list-style-type: none"> <li>4. Transfer LTCFS to ADRC or Tribal ADRS.</li> <li>5. FHiC will send automated no functional eligibility or no annual screen notice to participant.</li> </ol>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<ol style="list-style-type: none"> <li>3. Send the Member Requested Disenrollment or Transfer form to the MCO or ICA the customer is disenrolling from.</li> <li>4. Send the Member Requested Disenrollment or Transfer form and Family Care Program Enrollment form to IM if the customer has Community Waiver Medicaid or was enrolled in IRIS.</li> <li>5. Send the Member Requested Disenrollment or Transfer form and Family Care Program Enrollment form to the MCO.</li> <li>6. Enter the enrollment date in FHiC.</li> </ol>			
	<p><b>Increase of Functional Eligibility</b> This applies when a Family Care member changes from non-NH to NH LOC.</p> <ol style="list-style-type: none"> <li>1. ADRC or Tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, indicating change in LOC.</li> <li>2. Enrollment counseling offered.</li> <li>3. If customer chooses to remain enrolled with current MCO no action is necessary.</li> <li>4. If customer chooses to enroll in IRIS, PACE, Partnership, or another MCO, complete the Member Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> <li>• <a href="#">F-00221</a>, Family Care or IRIS</li> <li>• <a href="#">F-00534</a>, Partnership</li> <li>• <a href="#">F-02484</a>, PACE</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. If IRIS Authorization form received, process as new enrollment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Update the LTCFS.</li> <li>2. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, and route to the ADRC or Tribal ADRS indicating change in LOC.</li> </ol>	<ol style="list-style-type: none"> <li>1. If IRIS Authorization form has been received, process as a new referral.</li> </ol>



# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA	
		<ol style="list-style-type: none"> <li>5. Complete the appropriate enrollment or authorization form:                             <ul style="list-style-type: none"> <li>• <a href="#">F-00046</a>, Family Care Program Enrollment</li> <li>• <a href="#">F-00533</a>, Partnership Program Enrollment</li> <li>• <a href="#">F-02483</a>, PACE Enrollment</li> <li>• <a href="#">F-00075</a>, IRIS Authorization</li> </ul> </li> <li>6. Send the appropriate Member Requested Disenrollment or Transfer form to the MCO the customer is leaving and the MCO or ICA the customer is transferring to.</li> <li>7. Send enrollment or referral form to MCO or ICA, and to IM, if customer needs Community Waiver Medicaid.</li> <li>8. For enrollment into Family Care, Partnership, and PACE, enter the disenrollment and enrollment date in FHiC on or before the actual enrollment date.</li> <li>9. Select appropriate stop reason as indicated on disenrollment form.</li> <li>10. If enrolling in IRIS grant read-only access of the LTCFS to the selected ICA</li> </ol>			

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<b>Date of Death</b> Updates occur approximately every two weeks. In the meantime, enrollment may display as an ongoing enrollment. However, no capitation payment will be made past the date of death because the Medicaid has ended.	No action is necessary.	1. Enter date of death in CWW, which will end Medicaid.	1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , and send to IM. 2. Notify Social Security, if applicable.	1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , and send to IM. 2. Update WISITS.
<b>Discrepancy Reports</b> These reports should be sent at a frequency agreed upon by the MCO, ADRC or Tribal ADRS, and IM; not to exceed twice per month.	1. ADRC or Tribal ADRS should only correct the member enrollment date, level of care, or MCO ID information when the MCO reports a discrepancy that occurred during the report month or the month prior, meaning the information was entered within the report month or month prior to the request being made. 2. ADRC or Tribal ADRS should not correct date of death, enrollment dates due to late functional or financial eligibility, or other systems related issues.	1. Update eligibility, if appropriate, in CWW for changes that affect Medicaid eligibility or cost share.	1. Send discrepancy report detailing the type of error to ADRC or Tribal ADRS, IM, or BPP: <ul style="list-style-type: none"> <li>• Enrollment or Disenrollment date</li> <li>• MCO ID</li> <li>• LOC</li> <li>• Medicaid eligibility</li> <li>• Cost share or patient liability.</li> </ul>	Not applicable
<b>Change of Address</b> Individual is moving and remaining in the same county.	No action is necessary.	1. Update address, special managed care program code, and the transfer of Medicaid eligibility.	2. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , and send to IM. 3. Notify Social Security if applicable.	1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , and send to IM. 2. Update WISITS.

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA	
<p><b>Voluntary Moves</b> Individual requests to move to a new county or state.  (ADRC or Tribal ADRS: contact RQS to discuss residency and county of responsibility prior to proceeding).</p>	<p>Individual chooses to remain enrolled with same MCO or ICA after moving and the MCO or ICA is in both the current and new geographic service region.</p>	<p><b>Sending ADRC or Tribal ADRS:</b> No action is needed.</p> <p><b>Receiving ADRC or Tribal ADRS (the county to which the customer is moving):</b></p> <ol style="list-style-type: none"> <li>1. Receive the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, from the MCO or ICA.</li> <li>2. Provide enrollment counseling if requested by customer.</li> <li>3. Using the move date as the disenrollment date as indicated on the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, end the current enrollment (date of move). Select Stop Reason: 70 Moved to Another Service Region.</li> <li>4. Enter enrollment date (date after move) and MCO ID and county of responsibility in new location. Select Start Reason: New Enrollment</li> <li>5. Record the following in ADRC client tracking database: <ul style="list-style-type: none"> <li>• Date of move</li> <li>• Voluntary move, initiated by member or family member</li> <li>• Previous county</li> </ul> </li> </ol>	<p><b>Sending IM:</b></p> <ol style="list-style-type: none"> <li>1. Update address in CWW.</li> <li>2. Update any information provided on change routing form.</li> <li>3. Transfer case to receiving IM consortia in new location.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, notifying of the change of address and date of move. Send to IM and receiving ADRC or Tribal ADRS.</li> <li>2. Notify Social Security of address change if member is not in CARES.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, notifying of change of address and date of move. Send to IM and receiving ADRC or Tribal ADRS.</li> <li>2. Update WISITS</li> </ol>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p>MCO, ICA, or program is not available in the new geographic service region, or the individual chooses a different LTC Program, MCO, or ICA.</p>	<p><b>Sending ADRC or Tribal ADRS:</b> If customer contacts ADRC or Tribal ADRS to notify of move, refer to the receiving ADRC or Tribal ADRS.</p> <p><b>Receiving ADRC or Tribal ADRS (the county to which the customer is moving):</b></p> <p><b>MCO to ICA:</b></p> <ol style="list-style-type: none"> <li>When contacted by the customer, offer enrollment counseling.</li> <li>Complete the appropriate Member Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> <li><a href="#">F-00221</a>, Family Care or IRIS</li> <li><a href="#">F-00534</a>, Partnership</li> <li><a href="#">F-02484</a>, PACE</li> </ul> </li> <li>If the customer chooses new Family Care, Partnership, or PACE, complete the appropriate enrollment form:</li> <li><a href="#">F-00046</a>, Family Care Program Enrollment</li> <li><a href="#">F-00533</a>, Partnership Program Enrollment</li> <li><a href="#">F-02483</a>, PACE Enrollment</li> <li>Send Member Requested Disenrollment or Transfer form without a disenrollment date to the current MCO and new MCO.</li> </ol>	<ol style="list-style-type: none"> <li>Update case comments to reflect receipt of the change routing form.</li> <li>Transfer case to receiving IM consortia in new location.</li> </ol>	<ol style="list-style-type: none"> <li>Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, to notify the change of address and date of move. Send to IM and receiving ADRC or Tribal ADRS.</li> <li>Notify Social Security of address change if member is not in CARES.</li> <li>If MCO receives release of information, send requested documents to MCO or ICA.</li> <li>Work with new MCO or ICA to transition member and set enrollment and disenrollment date.</li> <li>Upon receipt of updated Member or Participant Requested Disenrollment or Transfer Form with disenrollment date, close member's case and transfer full LTCFS to new MCO or ICA.</li> <li>For members enrolled in Partnership or PACE, determine the Medicare</li> </ol>	<ol style="list-style-type: none"> <li>Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, to notify the change of address and date of move. Send to IM and receiving ADRC or Tribal ADRS.</li> <li>Enter referral into WISITS.</li> <li>If ICA receives release of information, send requested documents to new MCO or ICA.</li> <li>Work with new MCO or ICA to transition participant and set enrollment and disenrollment date.</li> <li>Upon completion of ISSP, return IRIS authorization form, <a href="#">F-00075</a>, with IRIS start date to the participant with a copy to ADRC or Tribal ADRS.</li> </ol>

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA	
		<p>8. Send the enrollment form to new MCO without entering an enrollment date on the enrollment form.</p> <p>9. Once the new MCO notifies the ADRC or Tribal ADRS of the agreed upon enrollment date, update enrollment form with date and send updated copy to new MCO.</p> <p>10. Update disenrollment and transfer form with disenrollment date and send to the current MCO.</p> <p>11. For Family Care, Partnership, and PACE, add disenrollment date from current MCO in FHiC. Select Stop Reason: 70 Member Moved to Another Service Region.</p> <p>12. Enter enrollment date of new MCO in FHiC. Select Start Reason: New Enrollment</p> <p><b>MCO to ICA</b></p> <p>1. When contacted by the customer, offer enrollment counseling.</p> <p>2. Complete the appropriate Member Requested Disenrollment or Transfer form:</p> <ul style="list-style-type: none"> <li>• <a href="#">F-00221</a>, Family Care or IRIS</li> <li>• <a href="#">F-00534</a>, Partnership</li> <li>• <a href="#">F-02484</a>, PACE</li> </ul>		<p>Plan change date based on availability of a special election period and update Medicare payment dates accordingly.</p> <p>7. FHiC sends automated member requested disenrollment notice. If member chooses different managed long-term care program, FHiC will send automated member requested disenrollment notice and an enrollment confirmation notice.</p>	<p>6. Transfer full LTCFS to new MCO or ICA.</p> <p>7. FHiC sends automated participant requested disenrollment notice. If participant chooses different ICA or long-term care program, FHiC will send an automated enrollment confirmation notice.</p>

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA

3. If customer chooses IRIS, complete IRIS Authorization form, [F-00075](#).

4. Referral form is sent to the new ICA.

5. Grant read-only access of the LTCFS in FSIA to the selected ICA. If ADRC or Tribal ADRS receives [F-00075](#) indicating IRIS enrollment is denied or withdrawn, remove read-only access of the LTCFS in FSIA.

6. Enter disenrollment date from previous MCO in FHiC when IRIS Authorization form is received. Select Stop Reason: 70 Member Moved to Another Service Region.

7. Transfer LTCFS to selected ICA.

8. Record the following in the ADRC client tracking database:

- Date of move
- Voluntary move, initiated by member or family member
- Previous county

**ICA to ICA:**

1. When contacted by the individual, offer enrollment counseling, and complete the Member Requested Disenrollment or Transfer form, [F-00221](#).

2. Send Member Requested Disenrollment or Transfer form without

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA	
		<p>a disenrollment date to the current ICA and new ICA.</p> <ol style="list-style-type: none"> <li>3. Complete and send IRIS Authorization form, <a href="#">F-00075</a>, to the new ICA selected.</li> <li>4. Grant read-only access of the LTCFS in FSIA to the selected ICA. If ADRC or Tribal ADRS receives <a href="#">F-00075</a> indicating IRIS enrollment is denied or withdrawn, remove read-only access of the LTCFS in FSIA.</li> <li>5. Record the following in ADRC client tracking database:               <ul style="list-style-type: none"> <li>• Date of move</li> <li>• Voluntary move</li> <li>• Previous county</li> </ul> </li> </ol> <p><b>ICA to Family Care, PACE or Partnership</b></p> <ol style="list-style-type: none"> <li>1. When contacted by the customer, offer enrollment counseling.</li> <li>2. Complete the appropriate Member Requested Disenrollment or Transfer form, <a href="#">F-00221</a>, Family Care or IRIS.</li> <li>3. If customer chooses new Family Care, Partnership, or PACE, complete appropriate enrollment form:               <ul style="list-style-type: none"> <li>• <a href="#">F-00046</a>, Family Care Program Enrollment</li> <li>• <a href="#">F-00533</a>, Partnership Program Enrollment</li> </ul> </li> </ol>			

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
		<ul style="list-style-type: none"> <li>• <a href="#">F-02483</a>, PACE Program Enrollment</li> </ul> <ol style="list-style-type: none"> <li>4. Send Member Requested Disenrollment or Transfer form without a disenrollment date to the current ICA and new MCO.</li> <li>5. Send the enrollment form to new MCO without entering an enrollment date on the enrollment form.</li> <li>6. Once the new MCO notifies the ADRC or Tribal ADRS of the agreed upon enrollment date, update enrollment form with date and send updated copy to new MCO.</li> <li>7. Update disenrollment and transfer form with disenrollment date and send to the current ICA.</li> <li>8. Verify disenrollment date has been entered in WISITS. Enrollment date cannot be entered in FHiC until disenrollment date is entered by ICA.</li> <li>9. Enter enrollment date of new MCO in FHiC. Select Start Reason: New enrollment.</li> <li>10. Record the following in the ADRC client tracking database:               <ul style="list-style-type: none"> <li>• Date of move</li> <li>• Voluntary move, initiated by member or family member</li> <li>• Previous county</li> </ul> </li> </ol>		



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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Move out of state	<b>Sending ADRC or Tribal ADRS:</b> 1. Receive the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , from the MCO or ICA. 2. Enter disenrollment date as date of move in FHiC. Select Stop reason: 70 Moved to another service region.	1. Enter change of address or move out of state which will end Medicaid according to adverse action and close case.	1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , to note change of address and date of move, and send to IM and ADRC or Tribal ADRS. 2. Notify Social Security if member not in CARES. 3. FHiC will send notice of member requested disenrollment.	1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a> , to note change of address and date of move. Send to IM and ADRC or Tribal ADRS. 2. Update WISITS. 3. FHiC will send notice of participant requested disenrollment.

# Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p><b>Placement</b> MCO initiates a move to another county or out of state for services.</p>	<ol style="list-style-type: none"> <li>1. Receive the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>.</li> <li>2. Enter note in client tracking database include the following;                             <ul style="list-style-type: none"> <li>• Date change routing form received.</li> <li>• Placement by MCO, initiated by MCO.</li> <li>• County of responsibility.</li> <li>• County to which the person is placed.</li> <li>• Previous county in which the person was living.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Receive the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>.</li> <li>2. Update address in CWW.</li> <li>3. Update any information provided on change routing form.</li> <li>4. Transfer case to receiving IM consortia in new location.</li> <li>5. If this is a placement to another state, IM will not close case due to residency.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form, <a href="#">F-02404</a>, and send to IM and ADRC in county of responsibility.</li> <li>2. Send the member's county of fiscal responsibility to BPP on monthly enrollment discrepancy report.</li> <li>3. Provide notification to the county of placement according to contract requirements.</li> </ol>	<p>Not applicable</p>

\*The role and responsibilities of the Tribal aging and disability resource specialist (Tribal ADRS) and Tribal income maintenance may differ as designated by the Tribe.

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## Acronyms

This is not an all-inclusive list of acronyms. This chart only includes acronyms contained in this document.

ADRRC	Aging and disability resource center
BPP	Bureau of Programs and Policy
BQO	Bureau of Quality and Oversight
CARES	Client Assistance Re-employment and Economic Support
CLTS	Children's Long-Term Support
CWW	CARES Worker Web
DOC	Department of Corrections
DHS	Department of Health Services
FHiC	ForwardHealth interChange
GSR	Geographic service region
HMO	Health maintenance organization
ICA	IRIS consultant agency
IM	Income maintenance (includes Tribal IM agencies)
IMD	Institutions for mental disease
IRIS	Include, Respect, I Self-Direct
ISSP	Individual support and service plan
LOC	Level of care
LTC	Long-term care
LTCFS	Long-term care functional screen
MA	Medical assistance / Medicaid
MAPP	Medicaid Purchase Plan
MCO	Managed care organization
NH	Nursing home
PACE	Program of All-Inclusive Care for the Elderly
SSA	Social Security Administration
SSI	Supplemental Security Income
Tribal ADRS	Tribal aging and disability resource specialists
WISITS	Wisconsin's Self-Directed IT System