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

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of HEALTH SERVICES

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New/Initial Enrollment Medicaid must be established in ForwardHealth interChange (FHiC) before an enrollment can occur. The person must be Medicaid eligible for at least 30 days beyond the date of enrollment or IRIS referral. If a Long-Term Care Functional Screen (LTCFS) exists, it must have been calculated within 10 months of the new/initial enrollment or referral date. If enrollment is occurring as urgent services, complete Urgent Services Agreement, F-02140, with the Long-Term Care Program Enrollment and Referral, F-03395, without an enrollment date per urgent services agreement and process. If enrollment is occurring as a result of a nursing home transition, please refer to ADRC programs operations manual for additional information. An adult long-term care member or participant who has been incarcerated for less than 30 calendar days is not considered a new/initial enrollment.	**Functional Eligibility:** 1. Complete Long-Term Care Functional Screen (LTCFS). 2. If the person 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, F-02721. The ADRC or Tribal ADRS should select the appropriate functional eligibility result: • Functionally ineligible • Non-nursing home level of care • Functionally eligible with limited program options **Financial Eligibility:** 1. 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 Medicaid Eligibility Handbook, Chapter 21.2. 2. When the ADRC or Tribal ADRS determines that the person could benefit from assistance with completing the Medicaid application process, provide one or more of the following: • Assist the person to gather information to support the	**Person receiving full-benefit Medicaid:** 1. Review F-20919D, Declaration Regarding Transfer of Resources- Annuity Ownership, and Home Equity and review case, if applicable. 2. Notify the ADRC or Tribal ADRS once processed and if divestment penalty period is determined. **Person not receiving full benefit Medicaid:** 1. Accept, process, and determine eligibility for Medicaid applications. 2. If married, complete asset assessment page; calculate and send spousal forms accordingly. 3. If applicable, notify ADRC or Tribal ADRS that items are pending. 4. Process the verification received and pend the case for enrollment start date.	1. Send confirmation to the ADRC or Tribal ADRS that Long-Term Care Program Enrollment and Referral, F-03395, was received. 2. Confirm enrollment is entered in FHiC. 3. If the Long-Term Care Program Enrollment and Referral, F-03395, indicates that it has not been entered by the ADRC or Tribal ADRS, the Long-Term Care Functional Screen (LTCFS) should not be updated until confirmed enrollment entry in FHiC. 4. Follow MCO contract requirements regarding initial enrollments. 5. FHiC will send an automated enrollment confirmation notice to the member.	1. Send confirmation to the ADRC or Tribal ADRS that Long-Term Care Program Enrollment and Referral, F-03395, was received. 2. Enter referral into the DHS enterprise care management system. 3. Upon completion of ISSP, return Long-Term Care Program Enrollment and Referral, F-03395, with IRIS start date to the participant with a copy to ADRC or Tribal ADRS, IM, and CLTS worker, if applicable. 4. If Medicaid application expires prior to IRIS start date, ICA should assist the participant to reapply. 5. FHiC will send automated

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	Medicaid application, including medical and remedial expenses. • Assist the person to schedule an appointment with IM. • Assist the person to complete the application online, via telephone, or by mail. **Person receiving full-benefit Medicaid (Group A):** 1. Complete Declaration Regarding Transfer of Resources, Annuity Ownership, and Home Equity, F-20919D. Send to IM only if the person has reported an asset transfer, annuity, or excess home equity (see MEH 16.8.1.4) • If F-20919D is sent to IM, wait for IM determination before providing enrollment counseling. 2. Provide enrollment counseling. 3. Complete the Long-Term Care Program Enrollment and Referral, F-03395. If person has selected PACE or Partnership, complete PACE and Partnership Supplement, F-03398. 4. For Family Care, PACE, and Partnership, 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.	5. Notify ADRC or Tribal ADRS of eligibility result and cost share, if any. 6. Upon receipt of Long-Term Care Program Enrollment and Referral, F-03395 from ADRC, Tribal ADRS, or ICA, enter program start date and run and confirm eligibility.		enrollment confirmation notice to participant.

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	This also ensures enrollment in HMO ends appropriately. Select Start Reason: New Enrollment. 5. Send the Long-Term Care Program Enrollment and Referral F-03395 to the MCO or ICA and IM. If person has selected PACE or Partnership, send PACE or Partnership Supplement F-03398. 6. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA. 7. For IRIS, transfer LTCFS to ICA after receiving IRIS start date. **Person receiving QDWI/QMB/SLMB/SLMB+:** 1. A full Medicaid application is not necessary. 2. Complete Declaration Regarding Transfer of Resources, Annuity Ownership, and Home Equity, F-20919D. 3. Complete Medical and Remedial Expenses Checklist, F-00295, if needed. Provide person with Appeal Notice, F-02721B. 4. Send the following forms to IM: • F-02053, ADRC or Tribal ADRS Referral to Income Maintenance • F-00295, Medical and Remedial Expenses Checklist			

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	• F-20919D, Declaration Regarding Transfer of Resources, Annuity Ownership, and Home Equity only if the person has reported an asset transfer, annuity, or excess home equity (see MEH 16.8.1.4) • If F-20919D is sent to IM, wait for IM determination before providing enrollment counseling. 5. Provide enrollment counseling. 6. Complete the Long-Term Care Program Enrollment and Referral, F-03395. If person has selected PACE or Partnership, complete PACE and Partnership Supplement, F-03398. 7. For Family Care, PACE, and Partnership, 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. 8. Send Long-Term Care Program Enrollment and Referral, F-03395, to MCO or ICA and IM. If person has selected PACE or Partnership send PACE and Partnership Supplement, F-03398.			

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	9. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA. 10. For IRIS, transfer LTCFS to ICA after receiving IRIS start date. **Person not receiving full-benefit Medicaid:** 1. Assist with completing a Medicaid application. 2. Complete Medical and Remedial Expenses Checklist, F-00295, if needed. Provide person with Appeal Notice, F-02721B. 3. Send the following forms to IM: • F-02053, ADRC or Tribal ADRS Referral to Income Maintenance • F-00295, Medical and Remedial Expenses Checklist 4. Receive Medicaid verification or budget sheets from IM. 5. Provide enrollment counseling. 6. Complete the Long-Term Care Program Enrollment and Referral, F-03395. If person has selected PACE or Partnership, complete PACE and Partnership Supplement, F-03398. 7. For Family Care, PACE, and Partnership, confirm enrollment date and cost share, if applicable, with person. 8. For IRIS confirm referral and cost share, if applicable, with person.			

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	9. For Family Care, PACE, and Partnership, enter enrollment date in FHiC on or before the actual enrollment date. Select Start Reason: New Enrollment. 10. Send Long-Term Care Program Enrollment and Referral, F-03395, to MCO or ICA and IM. Include the Medical Remedial Expense Checklist, F-00295, if applicable. If person has selected PACE or Partnership send PACE and Partnership Supplement, F-03398. 11. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA. 12. For IRIS, transfer LTCFS to ICA after receiving IRIS start date. **Note**: Enrollment can only be entered in FHiC if the Medicaid eligibility is displayed in FHiC. For people 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.			

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New/Initial Enrollment for a Person Currently Enrolled in a Medicaid HMO.
 	
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.
 	
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):
   ○ The reason why the enrollment cannot be delayed until the first of the following month.
   ○ The customer's name, date of birth, and member ID number.
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.
	Enrolling into Family Care, PACE, or Partnership:
	1. Follow steps as listed in the New/Initial Enrollment section above.
	2. 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.
	
	Enrolling into IRIS:
	1. Follow steps as listed in the New/Initial Enrollment section above.
		1. If the member or participant is not eligible for another type of MA, update waiver page and confirm eligibility.	1. Send confirmation to the ADRC or Tribal ADRS that Long-Term Care Program Enrollment and Referral, F-03395, was received.
			2. Verify eligibility and enrollment segments in FHiC upon receipt.
			3. If person 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.
			4. If the HMO is not able to be removed, the person should be referred to the ADRC or Tribal ADRS.
			5. If the HMO was not ended correctly, submit discrepancy report as directed.
			6. Follow MCO contract requirements regarding initial enrollments.
				1. Send confirmation to the ADRC or Tribal ADRS that Long-Term Care Program Enrollment and Referral, F-03395, was received.
				2. Process as new referral.
				Note: If the person 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.

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New Enrollments for a Person Currently in a DOC or DHS facility for more than 30 calendar days.
 	
Guidance Document
 	
Note: 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 or Tribal ADRS 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.
 	
Those under the age of 21 or those 65 and older may enroll while admitted to an IMD.
	Functional Eligibility:
	1. Receive Facility Referral to ADRC/Tribal ADRS for Publicly Funded Long-Term Care, F-02500, from facility.
	2. Complete Long-Term Care Functional Screen (LTCFS).
	3. If the person 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.
	  • The Department of Corrections (DOC) institutions and centers.
	  • The Department of Health Services (DHS) secure treatment centers of Sand Ridge and Wisconsin Resource Center.
	  • DHS's institutes for mental disease (IMD) Mendota and Winnebago Mental Health Institutes.
	4. If the person 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
		1. Accept, process, and determine eligibility for Medicaid applications if received from person and facility.
		2. Reopen suspended Medicaid upon notice of discharge or release from facility.
			1. Send confirmation to the ADRC or Tribal ADRS that Long-Term Care Program Enrollment and Referral, F-03395, was received.
			2. Notify ADRC or Tribal ADRS of arranged discharge or release date when known.
			3. Follow MCO contract requirements regarding initial enrollments.
			4. FHiC will send an automated enrollment confirmation notice to the person.
			5. Confirm enrollment is entered in FHiC.
				1. Send confirmation to the ADRC or Tribal ADRS that Long-Term Care Program Enrollment and Referral, F-03395, was received.
				2. Process as a new referral.
				3. Notify ADRC or Tribal ADRS of arranged discharge or release date when known.

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	Benefit Determination letter, F-02721. The ADRC or Tribal ADRS should select the appropriate functional eligibility result: • Functionally ineligible • Non-nursing home level of care • Functionally eligible with limited program options **Financial Eligibility:** 1. The facility is responsible to assist the person 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. 2. The facility must ensure MA eligibility upon release or discharge for enrollment to occur. **Enrollment Process:** 1. Provide enrollment counseling. 2. Complete the Long-Term Care Program Enrollment and Referral, F-03395.Check the box "enrollment date pending pre-release enrollment agreement", without an enrollment date. 3. Complete the Pre-Release Enrollment Agreement, F-02702.			

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	4. Send Long-Term Care Program Enrollment and Referral, F-03395, and Pre-Release Enrollment Agreement, F-02702, to MCO or ICA and IM. If the person selected PACE or Partnership complete PACE and Partnership Supplement, F-03398, and send to MCO and IM. 5. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA. 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 ensure suspension status has been removed to enter enrollment date. 7. For Family Care, PACE, and Partnership, enter enrollment date on Long-Term Care Program Enrollment and Referral, F-03395, and resend to MCO and IM selecting Update/new information on the form.			

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	8. For Family Care, PACE, and Partnership, add enrollment date in FHiC on or before the actual enrollment date. Select Start Reason: New Enrollment. 9. For IRIS, transfer LTCFS to ICA after receiving Long-Term Care Program Enrollment and Referral, F-03395, with IRIS start date.			

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New Enrollment for a Person Currently Transitioning from the Children's Long-Term Support Waivers (CLTS).
 	
Please refer to the ADRC program operations manual for additional information and memo 2022-05,Transition of Eligible Participants from Children's to Adult Long-Term Care Programs.
	Functional Eligibility:
	1. Accept referral from CLTS worker when youth is age 17 years 6 months.
	2. Complete Long-Term Care Functional Screen (LTCFS).
	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, F-02721. Select the appropriate functional eligibility result:
	  • Functionally ineligible
	  • Non-nursing home level of care
	  • Functionally eligible with limited program options
	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.
	
	Financial Eligibility:
	1. Review CWW or FHiC for Medicaid eligibility.
	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.
	3. Refer to Disability Benefit Specialist for assistance with adult Medicaid
		1. Follow process for new enrollment.	1. Send confirmation to the ADRC or Tribal ADRS that Long-Term Care Program Enrollment and Referral, F-03395 was received.
			2. Confirm enrollment is entered in FHiC.
			3. Follow MCO contract requirements regarding initial enrollments.
			4. As needed, engage in the following transition activities:
			  • Meet face-to-face with the person or their legal representative.
			  • Conduct a needs assessment to determine what services and supports will need to be in place upon enrollment.
			  • Develop a care plan to take effect upon enrollment.
			  • Post enrollment, maintain the same type of supports that are on the CLTS ISP until the MCP is
				1. Send confirmation to the ADRC or Tribal ADRS that Long-Term Care Program Enrollment and Referral, F-03395 was received.
				2. Enter referral into the DHS enterprise care management system.
				3. Upon completion of ISSP, return Long-Term Care Program Enrollment and Referral, F-03395. with IRIS start date to the person with a copy to IM, ADRC or Tribal ADRS and CLTS worker.
				4. Start date may occur no earlier than the person's 18th birthday and no later than the 1st of the month following their 18th birthday.
				5. FHiC will send automated enrollment

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	application and disability determination, if applicable. 4. Provide enrollment counseling. 5. Complete the Long-Term Care Program Enrollment and Referral, F-03395. 6. For Family Care, PACE, and Partnership, enrollment may occur no earlier than the persons 18th birthday and no later than the 1st of the month following their 18th birthday. Add 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. Select Start Reason: New Enrollment. 7. Send Long-Term Care Program Enrollment and Referral, F-03395, to CLTS worker. 8. Send Long-Term Care Program Enrollment and Referral, F-03395, to MCO or ICA and IM. 9. Transfer LTCFS to MCO or grant read-only access of the LTCFS to the selected ICA. 10. For IRIS, transfer LTCFS to ICA after receiving Long-Term Care Program Enrollment and Referral, F-03395, with IRIS start date.		developed and implemented. 5. Coordinate with CLTS worker and other involved parties as necessary (family, school district staff, ADRC or Tribal ADRS). 6. If the MCO anticipates that the person will not be residing in an eligible living arrangement upon the enrollment date, the MCO will notify the ADRC or Tribal ADRS and CLTS worker to discuss options regarding the enrollment date. 7. FHiC will send an automated enrollment confirmation notice to the person.	confirmation notice to person.

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Request to Withdraw Enrollment This applies if the person requests to withdraw their enrollment or referral prior to the enrollment date or IRIS start date.	1. Check the box, "update/request to withdraw" and include the date on the top of the Long-Term Care Program Enrollment and Referral, F-03395. Complete section 9 and 10 of the completed Long-Term Care Program Enrollment and Referral, F-03395. 2. Send the updated Long-Term Care Program Enrollment and Referral, F-03395, to the MCO or ICA and IM. 3. For Family Care, PACE, and Partnership inactivate the enrollment in FHiC.	1. Receive request to withdraw enrollment or referral via Long-Term Care Program Enrollment and Referral, F-03395, from ADRC or Tribal ADRS. 2. Update the Community Waivers page: "Do you want Community Waivers services?" to "N-No." 3. Run eligibility and determine if person is eligible for any other type of Medicaid.	1. Receive request to withdraw enrollment or referral via Long-Term Care Program Enrollment and Referral, F-03395, from ADRC or Tribal ADRS.	1. Receive request to withdraw enrollment or referral via Long-Term Care Program Enrollment and Referral, F-03395, from ADRC or Tribal ADRS. 2. Document the requested withdrawal within the DHS enterprise care management system and close the referral in the system.

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Member or Participant Requested Disenrollment This process applies if a person is requesting to disenroll or is choosing to disenroll related to a change in their situation or decision by the MCO or ICA.	1. Offer disenrollment counseling. 2. Explore Medicaid eligibility options with the person. 3. For people disenrolling from Partnership, review Medicare Advantage Plan special election periods. Refer to EBS or DBS if needed. 4. If the person chooses to disenroll, complete the Long-Term Care Program Member or Participant Requested Disenrollment, F-03396. 5. Send the Long-Term Care Program Member or Participant Requested Disenrollment, F-03396, to the MCO or ICA that the person is disenrolling from and IM. 6. For Family Care, PACE, and Partnership, enter the disenrollment date chosen by the person into FHiC. Select appropriate stop reason as indicated on the form.	If the member or participant has Community Waiver Medicaid. 1. Update the Community Waivers page: "Do you want Community Waivers services?" to "N-No." 2. Run eligibility and determine if member is eligible for any other type of Medicaid.	1. If first contact is with the MCO, provide the person with the contact information for the ADRC or Tribal ADRS for disenrollment counseling. 2. Notify ADRC or Tribal ADRS of receipt of Long-Term Care Program Member or Participant Requested Disenrollment, F-03396. 3. Close person's case.	1. If first contact is with the ICA, provide the person with the contact information for the ADRC or Tribal ADRS for disenrollment counseling. 2. Upon receipt of Long-Term Care Program Member or Participant Requested Disenrollment, F-03396, from the ADRC or Tribal ADRS, update the person's case in the DHS enterprise care management system. 3. Transfer the person's LTCFS back to the ADRC or Tribal ADRS. 4. FHiC will send an automated participant requested disenrollment notice.

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Request to Withdraw Disenrollment This applies if the person requests to withdraw their disenrollment prior to the disenrollment date.	1. Check the box, "update/request to withdraw" and include the date on the top of the Long-Term Care Program Member or Participant Requested Disenrollment, F-03396. 2. Complete section 8 and 9 of the completed Long-Term Care Program Member or Participant Requested Disenrollment, F-03396. 3. Send the updated Long-Term Care Program Member or Participant Requested Disenrollment, F-03396, to the MCO or ICA and IM. 4. For Family Care, PACE, and Partnership, update FHiC. Change the end date to 12/31/2299 and select blank for the end reason.	1. Receive request to withdraw disenrollment via Long-Term Care Program Member or Participant Requested Disenrollment, F-03396, from ADRC or Tribal ADRS. 2. Depending on the timing of withdrawal, if the member or participant has Community Waiver Medicaid. Update the Community Waivers page: "Do you want Community Waivers services?" to "Y-Yes." 3. Update case comments.	1. Receive request to withdraw disenrollment via Long-Term Care Program Member or Participant Requested Disenrollment, F-03396, from ADRC or Tribal ADRS.	1. Receive request to withdraw disenrollment via Long-Term Care Program Member or Participant Requested Disenrollment, F-03396, from ADRC or Tribal ADRS. 2. Document the requested withdrawal within the DHS enterprise care management system and maintain enrollment.

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Member Requested Transfer and Enrollment This process applies if a person requests to transfer to another program, MCO, ICA, or FEA. The ADRC or Tribal ADRS is not responsible for updating the LTCFS when a transfer occurs.	1. Provide enrollment counseling if the person requests to transfer to a different MCO or ICA. 2. Complete the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. If the person has selected to transfer to IRIS or a new ICA, the disenrollment and enrollment date will be left blank. 3. Send the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, to the MCO or ICA the person is transferring from and the MCO or ICA the person has selected to enroll. Send form to IM. 4. If the person has chosen to transfer to the PACE or Partnership program complete PACE and Partnership Supplement, F-03398. 5. If the person has chosen IRIS, grant read-only access of the LTCFS in FSIA to the selected ICA. If IRIS enrollment does not occur, remove read-only access of the LTCFS in FSIA. **MCO to MCO:** 1. Enter disenrollment date chosen by the person into FHiC. Select appropriate stop reason as indicated on the Long-Term Care Program	**Transfers from Family Care, PACE, or Partnership to IRIS:** 1. Update the Community Waivers page: "Do you want Community Waivers services?" to "Y-Yes" and enter program start date as provided on Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. **Transfers from IRIS to Family Care, PACE, or Partnership** 1. When the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, is received, update the waiver screen, if applicable.	**Transfer:** **MCO to MCO:** 1. Current MCO notifies ADRC or Tribal ADRS of receipt of Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. 2. Receiving MCO notifies ADRC or Tribal ADRS of receipt of Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. 3. Current MCO closes the person's case. Receiving MCO opens the person's case. 4. If current MCO receives release of information, send requested documents, including transferring LTCFS, to new MCO. 5. FHiC will send an automated member requested disenrollment notice if the ADRC or Tribal ADRS enters a stop reason associated with voluntary disenrollment.	**Transfer:** **ICA to ICA:** 1. Current ICA notifies ADRC or Tribal ADRS of receipt of Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. 2. Receiving ICA notifies ADRC or Tribal ADRS of receipt of Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. 3. ICAs follow IRIS program policy for ICA-to-ICA transfers. 4. Receiving ICA, upon completion of ISSP, returns Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, with IRIS start date

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	Member or Participant Request to Transfer and Enroll, F-03397. Enter the enrollment date in FHiC. Select Start Reason: New Enrollment **ICA to MCO:** 1. Enter enrollment date chosen by the person in FHiC upon receipt of Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, from the ICA. Verify disenrollment date has been entered in the DHS enterprise care management system by reviewing Section 10 of the form. Enrollment date cannot be entered in FHiC until disenrollment date is entered by ICA. **MCO to ICA:** 1. Receive Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, from the selected ICA with IRIS start date. Enter Family Care, PACE, or Partnership disenrollment date in FHiC. The IRIS start date will be noted in section 10 of the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. Select appropriate stop reason as indicated on the form.		6. For people enrolled in Partnership, determine the Medicare Plan change date based on availability of a Special Election Period and update Medicare payment dates accordingly. **MCO to ICA:** 1. Notify ADRC or Tribal ADRS of receipt of Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. 2. If MCO receives release of information, send requested documents to ICA. 3. Upon receipt of updated Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, with MCO disenrollment date, close person's case and transfer full LTCFS to ICA.	to the person with a copy to ADRC or Tribal ADRS. 5. Sending ICA transfers the person's LTCFS to the receiving ICA. 6. DHS enterprise care management system Admin updates the disenrollment and enrollment information in the DHS enterprise care management system. 7. FHiC will send an automated participant requested disenrollment notice. 8. FHiC will send automated enrollment confirmation notice to participant. **MCO to ICA:** 1. Notify ADRC or Tribal ADRS of receipt of Long-Term Care Program

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	2. Send updated Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397 to MCO and ICA with disenrollment date. The disenrollment date will be the date prior to the IRIS start date, as provided by the ICA. **ICA to ICA:** 1. The person may choose to transfer to a new ICA while remaining with the current FEA. See steps above. 2. If the person chooses to select a new FEA, the ADRC or Tribal ADRS should refer to the FEA Transfer Calendar 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, F-02764, with Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, and send to the selected ICA. **FEA to FEA:** 1. A person may choose to transfer to a new FEA and remain with the current ICA.		4. FHiC will send an automated member requested disenrollment notice if the ADRC or Tribal ADRS enters a stop reason associated with voluntary disenrollment. **ICA to MCO:** 1. Notify ADRC or Tribal ADRS of receipt of Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. 2. Open person's case.	Member or Participant Request to Transfer and Enroll, F-03397, Enter referral into the DHS enterprise care management system. 2. Upon completion of ISSP, return Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, with IRIS start date to the person with a copy to ADRC or Tribal ADRS. 3. FHiC will send automated enrollment confirmation notice to the person. **ICA to MCO:** 1. Notify ADRC or Tribal ADRS of receipt of Long-Term Care Program Member or Participant Request

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	2. The ADRC or Tribal ADRS should refer to the FEA Transfer Calendar to determine the date of transfer. 3. Complete IRIS FEA Transfer Request or Withdrawal, F-02764, and send to the ICA.			to Transfer and Enroll, F-03397. 2. If ICA receives release of information, send requested documents, including full LTCFS to new MCO. 3. Enter disenrollment date in the DHS enterprise care management system. 4. Complete ICA section of Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, and return to ADRC or Tribal ADRS. 5. FHiC will send an automated participant requested disenrollment notice to the person.

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Request to Withdraw Request to Transfer and Enroll This applies if the person requests to withdraw their request to transfer and enroll before the enrollment date or IRIS start date.	1. Check the box, update/request to withdraw and include the date on the top of the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. Complete section 11 and 12 of the completed Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. 2. Send the updated Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, to the MCO or ICA and IM. 3. For Family Care, PACE, and Partnership update FHiC. Inactivate the new enrollment, change the end date of the current enrollment to 12/31/2299, and select blank for the end reason.	1. Receive request to withdraw via Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, from ADRC or Tribal ADRS. 2. Update case comments. 3. Ensure Community Waivers page is updated, if applicable.	1. Receive request to withdraw via Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, from ADRC or Tribal ADRS.	1. Receive request to withdraw via Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, from ADRC or Tribal ADRS. 2. Document the requested withdrawal within the DHS enterprise care management system and either maintain enrollment or close the new referral in the system.

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Program Requested Disenrollment	1. Receive the Family Care, PACE, Partnership, and IRIS Program Requested Disenrollment, F-02403, from the MCO or ICA. 2. Offer disenrollment and options counseling. Disenrollments related to member or caregiver acts that jeopardize the safety of others may be offered at the discretion of the ADRC or Tribal ADRS. 3. Explore Medicaid eligibility options. 4. For Family Care, PACE, and Partnership, enter disenrollment date in FHiC. Select appropriate stop reason as indicated on the Family Care, PACE, Partnership, and IRIS Program Requested Disenrollment, F-02403.	1. End Community Waiver Medicaid eligibility, if appropriate. 2. Run eligibility and determine if person is eligible for any other type of Medicaid.	1. Send the Family Care, PACE, Partnership, and IRIS Program Requested Disenrollment, F-02403, to BQO for approval. 2. When request is approved from BQO, route form to IM, ADRC or Tribal ADRS. 3. Transfer LTCFS to the ADRC or Tribal ADRS. 4. FHiC will send automated program requested disenrollment notice to the person.	1. Send the Family Care, PACE, Partnership, and IRIS Program Requested Disenrollment, F-02403, to BQO for approval. 2. When request is approved from BQO, route Family Care, PACE, Partnership, and IRIS Program Requested Disenrollment, F-02403, to IM and ADRC or Tribal ADRS. 3. Update the DHS enterprise care management system. 4. Transfer LTCFS to the ADRC or Tribal ADRS. 5. FHiC will send automated program requested disenrollment notice to the person.

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Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Loss of Medicaid	**Medicaid Waiver (MCDW)** If loss of Medicaid eligibility is confirmed in CARES, this will automatically trigger disenrollment of Family Care, PACE, and Partnership in FHiC following adverse action. Person will receive a CARES notice, and a no Medicaid eligibility notice at adverse action.	**MCO continuing to provide services:** No action necessary, including no entry into FHiC, if MCO continues to provide services. **MCO or ICA ending services:** 1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404, indicating MCO or ICA services are no longer being provided. 2. Offer disenrollment and options counseling. 3. Disenrollment date remains as indicated in FHiC, which is the last date of the review month. 4. For MCO disenrollment, select appropriate Stop Reason: • 72 No reason provided • 7J Non-payment of Cost Share	No action necessary	1. Assist the person with Medicaid review. 2. Send Long-Term Care Program Member or Participant Change Routing, F-02404, to IM and ADRC or Tribal ADRS to notify them of any changes that may affect Medicaid eligibility. 3. FHiC will send automated no Medicaid eligibility notice or no Medicaid eligibility for PACE notice to the person. 4. If the MCO is notified by the ADRC or Tribal ADRS, on or prior to the effective date of disenrollment, that the person has maintained their Medicaid eligibility and not closing in the system the MCO must send an updated Long-Term Care Program Member or Participant Change Routing, F-02404, indicating a retraction of the original information.	1. Assist the person with Medicaid review. 2. Send Long-Term Care Program Member or Participant Change Routing, F-02404, to IM and ADRC or Tribal ADRS to notify them of any changes that may affect Medicaid eligibility. 3. Transfer the person's LTCFS back to the ADRC or Tribal ADRS. 4. FHiC will send automated no Medicaid eligibility notice to the person.

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Late Renewal If a person 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.	**MCO continuing to provide services:** No action necessary, including no entry into FHiC if MCO continues to provide services. **MCO or ICA ending services:** 1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404, indicating MCO or ICA services are no longer being provided. 2. Offer disenrollment and options counseling offered. 3. Disenrollment date remains as indicated in FHiC, which is the last date of the review month. 4. For MCO members, change Stop Reason in FHiC to 72 No Reason Provided.	No action necessary	1. Assist the person with Medicaid review. 2. FHiC will send automated no Medicaid eligibility notice or no Medicaid eligibility PACE notice to the person. 3. Assist person to file an appeal, if applicable. 4. Send Long-Term Care Program Member or Participant Change Routing, F-02404, 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. **Note:** If the review is completed within 90 days following the review month, FHiC will auto-re-enroll the person if: • The stop reason is 65-No Medicaid Eligibility. • The disenrollment date is the last day of the month.	1. Assist the person with Medicaid review. 2. FHiC will send automated no Medicaid eligibility notice to the person. 3. Send Long-Term Care Program Member or Participant Change Routing, F-02404, to IM and ADRC or Tribal ADRS to notify them of any changes that may affect Medicaid eligibility. 4. Transfer the person's LTCFS back to the ADRC or Tribal ADRS.

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			• The person is not enrolled in another MCO or HMO. • There has been no lapse in Medicaid eligibility. FHiC will send Enrollment Confirmation notice if the person is auto-re-enrolled.	
Institutional Medicaid (MCD) If a person 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.	1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404, indicating MCO or ICA services are no longer being provided. 2. Offer disenrollment and options counseling. 3. Enter disenrollment in FHiC. Select Stop Reason: 7J Non-payment of cost share.	No action necessary	1. Send Long-Term Care Program Member or Participant Change Routing, F-02404, to ADRC or Tribal ADRS indicating nursing home (NH) Medicaid non-payment of cost share. 2. Disenrollment date should follow adverse action. 3. FHiC will send automated incarceration/invalid setting notice to the person.	Not applicable

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Medicare or Medicare Part D Changes (PACE or Partnership Only) This process occurs when a person chooses to change to a Medicare or Part D plan different than the plan offered by PACE or Partnership	1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404. 2. Offer options counseling. 3. If the person wants to return to PACE or Partnership plan, follow "New Enrollment" section. 4. If the person wants to stay on new Medicare plan, enter the disenrollment date identified on the Long-Term Care Program Member or Participant Change Routing, F-02404. 5. Select Stop Reason: 7I Your Medicare Health plan has changed	1. End Community Waiver Medicaid eligibility, if appropriate. 2. Run eligibility and determine if person is eligible for any other type of Medicaid.	1. Contact the person to clarify if they intended to disenroll or assist person in contacting plan and cancelling change if they wish to remain enrolled with the MCO. 2. Complete Long-Term Care Program Member or Participant Change Routing, F-02404, and forward to ADRC or Tribal ADRS and IM. 3. MCO disenrollment date is the last date of the month prior to the effective date of the Medicare plan. 4. FHiC will send automated PACE or Partnership Medicare health plan ending disenrollment notice to the person.	Not applicable

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Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Institution for Mental Disease (IMD) [List of IMD Facilities](#)	**IMD Admission** Follow this process for IMD admissions that exceed one day. People under the age of 21 or those 65 and older should not be disenrolled from Family Care, PACE, or Partnership due to an IMD placement.	**For Family Care, PACE, or Partnership** 1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404, indicating disenrollment due to IMD admission. 2. Enter the date admitted to the facility as the disenrollment date in FHiC. Select Stop Reason: 7K Invalid Setting	1. Upon receipt of Long-Term Care Program Member or Participant Change Routing Form, F-02404, 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 Long-Term Care Program Member or Participant Change Routing, F-02404, and forward to IM and ADRC or Tribal ADRS. If stay is less than one day, no action needed. 2. Work with the person and facility to plan for discharge date. 3. Work collaboratively with the county. 4. Ensure the person and/or facility has submitted admission form to the Social Security office, if applicable. 5. FHiC will send automated incarceration/invalid setting notice to the person when ADRC or Tribal ADRS enters the Invalid Setting/IMD stop reason.	1. Complete Long-Term Care Program Member or Participant Change Routing, F-02404, and send to IM and ADRC or Tribal ADRS to notify of disenrollment. 2. Work with the person 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 person.
	IMD Discharge and Re-enrollment Follow this process when an IMD admission exceeds one day and results	1. If the person was at Mendota or Winnebago Mental Health Institute for more than 30 days, receive Facility Referral to ADRC/Tribal ADRS for Publicly Funded Long-Term Care, F-02500 from facility.	1. IM receives the Long-Term Care Program Member or Participant Change Routing, F-02404, or person reported change.	1. Notify ADRC or Tribal ADRS of arranged discharge date from IMD (prior to discharge, if known). 2. Ensure the person and/or facility has	1. Process as new referral.

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in a disenrollment with a request to re-enroll. Enrollment date may not occur prior to discharge, enrollment counseling, and enrollment and referral form being signed.	2. Update the LTCFS at the request of the person, MCO, ICA, or facility, if person has had a significant change in condition or if the LTCFS is older than 10 months from the date the screen was calculated. 3. If the person is currently located at Mendota or Winnebago Mental Health Institute, 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. 4. Verify financial eligibility upon discharge. 5. Offer enrollment counseling. 6. Complete and send Long-Term Care Program Enrollment and Referral, F-03395. If the person is leaving a Mendota or Winnebago Mental Health Institute after more than 30 days, check the box "enrollment date pending pre-release enrollment agreement", without an enrollment date. 7. Complete the Pre-Release Enrollment Agreement, F-02702, if applicable. 8. For Family Care, PACE, and Partnership enter the enrollment date in FHiC on or before the actual	2. Update the Current Demographics page to reflect the correct living arrangement. 3. If person is only Medicaid eligible through Community Waivers, obtain an enrollment form from the ADRC or Tribal ADRS for the Community Waiver program start date. 4. Run eligibility and confirm. 5. If application is closed beyond 30 days, a new application is needed. **Note**: If member or participant contacts IM first, refer member to the ADRC or Tribal ADRS to discuss re-enrollment into long-term care.	notified the Social Security office of the discharge by submitting discharge papers if applicable. 3. FHiC will send automated enrollment confirmation notice to the person.	

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Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
		enrollment date. Select Start Reason: New Enrollment. 9. 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. 10. Check the box, "update/new information" and resend a copy of the updated Long-Term Care Program Enrollment and Referral, F-03395, with the enrollment date.			

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Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Incarceration	**Incarceration Admission, Release and Re-enrollment** Follow this process for incarcerations less than 30 days.	1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404, indicating disenrollment due to incarceration. This is provided for information only. 2. Document incarceration in statewide reporting and case management system.	1. Upon receipt Long-Term Care Program Member or Participant Change Routing, F-02404, update the Current Demographics page to reflect the correct living arrangement type. 2. Run eligibility and suspend according to adverse action logic.	1. Check interChange. 2. If incarceration is recorded, no further action. 3. If the person's incarceration is not recorded in interChange, confirm member benefit plan. 4. If member benefit plan is BadgerCare +, MAP, MAPW, MCD, or MCDW, complete Long-Term Care Program Member or Participant Change Routing, F-02404, and forward to IM and ADRC or Tribal ADRS. If stay is less than one day, no action is needed. 5. If member benefit plan is Medicaid SSI, ensure the person and/or facility has notified the Social Security office of the incarceration. 6. Submit discrepancy report, F-0165. The person will be disenrolled the day of incarceration. The person will be re-enrolled on the day of	1. Complete Long-Term Care Program Member or Participant Change Routing, F-02404, and send to IM and ADRC or Tribal ADRS. 2. Transfer LTCFS to ADRC or Tribal ADRS. 3. FHiC will send automated notice to the person. 4. Process as an expedited re-enrollment if the person was incarcerated less than 30 days. Provide copy of IRIS Service Plan.

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
			release from incarceration. 7. FHiC will send automated incarceration/invalid setting notice to the person with Incarceration stop reason.	
Incarceration Admission Follow this process when the date of release is unknown.	1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404, indicating disenrollment due to incarceration. This is provided for information only. 2. Document incarceration in statewide reporting and case management system.	1. Upon receipt of Long-Term Care Program Member or Participant Change Routing, F-02404, update the Current Demographics page to reflect the correct living arrangement type. 2. Run eligibility and suspend according to adverse action logic.	1. Check interChange. 2. If incarceration is recorded, no further action. 3. If the person's incarceration is not recorded in interChange, confirm the person's benefit plan. 4. If the member benefit plan is BadgerCare +, MAP, MAPW, MCD, or MCDW, Complete Long-Term Care Program Member or Participant Change Routing, F-02404, and forward to IM and ADRC or Tribal ADRS. 5. If member benefit plan is Medicaid SSI MA ensure the person and/or facility has notified the Social	1. Complete Long-Term Care Program Member or Participant Change Routing, F-02404, and send to IM and ADRC or Tribal ADRS. 2. Transfer LTCFS to ADRC or Tribal ADRS. 3. FHiC will send automated notice to the person. 4. Process as an expedited re-enrollment if the person was incarcerated less than 30 days. If incarcerated 30 days or more, then process as a new referral.

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
			Security office of the incarceration. 6. Submit discrepancy report, F-0165. The person will be disenrolled the day of incarceration. 7. FHiC will send automated incarceration/invalid setting notice to the person with either and Incarceration or Incarceration/Suspension stop reason depending on the Medicaid status at the time the incarceration is reported.	
Incarceration Release and Re-enrollment Follow this process when a person has been previously enrolled, and the person has been incarcerated for 30 days or more. If the person has been incarcerated for less than 30 days, refer the person back to their MCO or ICA.	1. Receive referral from the person, MCO, ICA, or facility if incarceration was 30 days or more. Receive Facility Referral to ADRC/Tribal ADRS for Publicly Funded Long-Term Care, F-02500, from DOC or DHS facility, if applicable. 2. Update LTCFS if older than 10 months from the date eligibility was calculated or the person has had a significant change in condition. 3. If the person is currently located in one of the facilities listed below, the ADRC or Tribal ADRS may conduct	1. Upon receipt of Long-Term Care Program Enrollment and Referral, F-03395, update the Current Demographics page to reflect the correct living arrangement. 2. Reopen suspended Medicaid upon notice of discharge or release from facility. **Note**: If person contacts IM first, refer the person	1. Notify ADRC or Tribal ADRS of arranged discharge date (prior to discharge, if known). 2. Ensure the person and/or facility has notified the Social Security office of the release by submitting discharge papers if applicable. 3. FHiC will send automated enrollment confirmation notice to the person.	1. Process as a new referral.

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Enrollment date may not occur prior to release, enrollment counseling, and enrollment and referral form being signed.	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: • The Department of Corrections (DOC) institutions and centers. • The Department of Health Services (DHS) secure treatment centers of Sand Ridge and Wisconsin Resource Center. 4. Verify financial eligibility upon discharge. 5. Offer enrollment counseling. 6. Complete the Long-Term Care Program Enrollment and Referral, F-03395. If the person is leaving a DOC or DHS facility listed above, check the box "enrollment date pending pre-release enrollment agreement", without an enrollment date. 7. Complete the Pre-Release Enrollment Agreement, F-02702, if applicable. 8. Send Long-Term Care Program Enrollment and Referral, F-03395, and Pre-Release Enrollment Agreement, F-02702, if applicable to MCO or ICA and IM. If the person selected PACE or Partnership	to the ADRC or Tribal ADRS to discuss re-enrollment into long-term care.		

Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
		complete PACE and Partnership Supplement, F-03398, and send to MCO and IM. 9. For Family Care, PACE, and Partnership enter the enrollment date in FHiC on or before the actual enrollment date. Select Start Reason: 67 Released from Incarceration 10. If enrollment date was left blank, due to pre-release agreement, enter the enrollment date on the form and enter in FHiC when MCO notifies the ADRC or Tribal ADRS of the discharge date. 11. Check the box "update/new information and resend a copy of the updated Long-Term Care Program Enrollment and Referral, F-03395. ADRC or Tribal ADRS may need to wait to enter enrollment date in FHiC until IM updates Medicaid suspension status.			

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Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Functional Eligibility	**Loss of Functional Eligibility** This may include loss of functional eligibility or a LTCFS annual rescreen that has not been completed on time.	1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404, indicating change in Level of Care (LOC). 2. Offer options counseling. 3. No entry into FHiC is necessary.	1. Update the Community Waivers Information section of the Community Waivers page "Functionally Eligible?" to "N-No." 2. Run eligibility and determine if person is eligible for any other type of Medicaid.	1. Update the LTCFS. 2. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, and route to the ADRC or Tribal ADRS and IM indicating change in LOC. 3. FHiC will send automated no functional eligibility or no annual screen notice to the person. 4. Transfer LTCFS to ADRC or Tribal ADRS or archive.	1. Update the LTCFS. 2. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, and route to the ADRC or Tribal ADRS and IM indicating change in LOC. 3. Transfer LTCFS to ADRC or Tribal ADRS or archive. 4. FHiC will send automated no functional eligibility or no annual screen notice to the person.
	Decrease of Functional Eligibility This includes when a Family Care, PACE or Partnership member or IRIS participant's LOC decreases from NH LOC to non-NH LOC. **Person chooses to disenroll from Family Care**	1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404, indicating change in LOC. 2. Offer options counseling and explore Medicaid eligibility options. 3. If person was enrolled in PACE, Partnership, or IRIS and chooses not to transfer to Family Care, no further action is needed.	1. If person is only eligible for Medicaid through Community Waivers, update the Community Waivers Information section of the Community Waivers page "Functionally Eligible?" to "N-No.". 2. Run eligibility and determine if person is eligible for any other type of Medicaid.	1. Update the LTCFS. 2. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, and route it to the ADRC or Tribal ADRS and IM indicating change in LOC. 3. For Family Care members, send change in LOC letter to the person.	1. Update the LTCFS. 2. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, and route it to the ADRC or Tribal ADRS and IM indicating change in LOC. 3. Transfer LTCFS to ADRC or Tribal ADRS.

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	1. If the person chooses to disenroll from Family Care, complete Long-Term Care Program Member or Participant Requested Disenrollment, F-03396. Send the Long-Term Care Program Member or Participant Requested Disenrollment, F-03396. 2. Enter disenrollment date into FHiC. 3. Select appropriate stop reason as indicated on disenrollment form. **Person chooses to transfer from PACE, Partnership, or IRIS to Family Care** 1. Complete the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, using the date included on the Long-Term Care Program Member or Participant Change Routing, F-02404. 2. Send the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, to the MCO or ICA the person is disenrolling from and MCO the person is enrolling to. 3. Enter the enrollment date in FHiC.		4. For PACE or Partnership members, FHiC will send automated no functional eligibility or no annual screen notice to the person.	4. FHiC will send automated no functional eligibility or no annual screen notice to the person.
Increase of Functional Eligibility This applies when a Family Care member changes	1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404, indicating change in LOC. 2. Offer enrollment counseling.	1. If Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, received with IRIS start date,	1. Update the LTCFS. 2. Complete the Long-Term Care Program Member or Participant Change Routing,	1. If Long-Term Care Program Member or Participant Request to Transfer and Enroll F-03397, has been

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Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	from non-NH to NH LOC.	3. If person chooses to remain enrolled with current MCO no action is necessary. 4. If person chooses to enroll in IRIS, PACE, Partnership, or another MCO, complete the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. 5. Send the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, to the MCO the person is leaving and the MCO or ICA the person is transferring to. 6. For enrollment into Family Care, PACE and Partnership enter the disenrollment and enrollment date in FHiC on or before the actual enrollment date. 7. Select appropriate stop reason as indicated on disenrollment form. 8. If enrolling in IRIS, grant read-only access of the LTCFS to the selected ICA.	process as new enrollment.	F-02404, and route to the ADRC or Tribal ADRS indicating change in LOC.	received, process as a new referral.

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

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

Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Date of Death 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 Medicaid has ended.	No action is necessary.	1. Enter date of death in CWW, which will end Medicaid.	1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, and send to IM. 2. Notify Social Security, if applicable.	1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, and send to IM. 2. Update the DHS enterprise care management system.
Discrepancy Reports 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. Correct only 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. Do 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: • Enrollment or Disenrollment date • MCO ID • LOC • Medicaid eligibility • Cost share or patient liability.	Not applicable

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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
Change of Address Person is moving and remaining in the same county.	1. Receive Long-Term Care Program Member or Participant Change Routing, F-02404. 2. No action is necessary.	1. Update address and case comments. 2. Update any information provided on the Long-Term Care Program Member or Participant Change Routing, F-02404.	1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, and send to IM and ADRC or Tribal ADRS. 2. Notify Social Security if applicable.	1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, and send to IM and ADRC or Tribal ADRS. 2. Update the DHS enterprise care management system.

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

Voluntary Moves
 	
Person requests to move to a new county or state.
 	
(ADRC or Tribal ADRS: review residency manual. If needed, contact RQS to discuss residency and county of responsibility).
	Individual chooses to remain enrolled with same MCO or ICA after moving and the MCO or ICA is in both the current and new county.	**Sending ADRC or Tribal ADRS:** No action is needed.
		
		Receiving ADRC or Tribal ADRS (the county to which the person is moving):
		1. Receive the Long-Term Care Program Member or Participant Change Routing, F-02404, from the MCO or ICA.
		2. Provide enrollment counseling if requested by person.
		3. Using the move date as the disenrollment date as indicated on the Long-Term Care Program Member or Participant Change Routing, F-02404, end the current enrollment (date of move). Select Stop Reason: 70 Moved to Another Service Region
		4. Enter enrollment date (date after moving) and MCO ID and county of responsibility in new location. Select Start Reason: New Enrollment
		5. Record the following in statewide reporting and case management system:
		    • Date of move
		    • Voluntary move, initiated by the person or legal representative
		    • Previous county
			Sending IM:
			1. Update address in CWW.
			2. Update any information provided on the Long-Term Care Program Member or Participant Change Routing, F-02404.
			3. Transfer case to receiving IM consortia in new location.
				1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, notifying of the change of address and date of move. Send to IM and receiving ADRC or Tribal ADRS.
				2. MCO should transfer LTCFS to appropriate county-based sub-agency, if applicable.
				3. Notify Social Security of address change if member is not in CARES.
					1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, notifying of change of address and date of move. Send to IM and receiving ADRC or Tribal ADRS.
					2. Update the DHS enterprise care management system.

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	6. Update address in client profile demographics in statewide reporting and case management system.			
MCO, ICA, or program is not available in the new county, or the person chooses a different LTC Program, MCO, or ICA. The ADRC or Tribal ADRS is not responsible for updating the LTCFS when a transfer occurs.	**Sending ADRC or Tribal ADRS:** If person contacts ADRC or Tribal ADRS to notify of move, refer to the receiving ADRC or Tribal ADRS. **Receiving ADRC or Tribal ADRS (the county to which the person is moving):** **MCO to MCO:** 1. Offer enrollment counseling, when contacted by the person. 2. Complete the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. 3. Send Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, without a disenrollment or enrollment date to the current MCO and new MCO. 4. When the new MCO notifies the ADRC or Tribal ADRS of the agreed upon enrollment date, update Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, with dates and	1. Update case comments to reflect receipt of the change routing form. 2. Transfer case to receiving IM consortia in new location.	1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, to notify of the change of address and date of move. Send to IM and receiving ADRC or Tribal ADRS. 2. Notify Social Security of address change if member is not in CARES. 3. If MCO receives release of information, send requested documents to MCO or ICA. 4. Work with new MCO or ICA to transition member and set enrollment and disenrollment date. 5. Upon receipt of updated Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, with disenrollment date, close	1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, to notify of the change of address and date of move. Send to IM and receiving ADRC or Tribal ADRS. 2. Enter referral into the DHS enterprise care management system. 3. If ICA receives release of information, send requested documents to new MCO or ICA. 4. Work with new MCO or ICA to transition participant and set enrollment and disenrollment date.

Wisconsin DEPARTMENT of HEALTH SERVICES

Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
		send updated copy to current MCO and new MCO. 5. For Family Care, PACE, and Partnership, add disenrollment date from current MCO in FHiC. Select Stop Reason: 70 Member Moved to Another Service Region. 6. Enter enrollment date of new MCO in FHiC. Select Start Reason: New Enrollment **MCO to ICA** 1. Offer enrollment counseling when contacted by the person. 2. Complete the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, send to current MCO and selected ICA. 3. Grant read-only access of the LTCFS in FSIA to the selected ICA. If ADRC or Tribal ADRS receives Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, indicating IRIS enrollment is denied, remove read-only access of the LTCFS in FSIA. 4. Enter disenrollment date from previous MCO in FHiC when Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, with IRIS start date is received. Select Stop Reason: 70		member's case and transfer full LTCFS to new MCO or ICA. 6. For members enrolled in PACE or Partnership, determine the Medicare Plan change date based on availability of a special election period and update Medicare payment dates accordingly. 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.	5. Upon completion of ISSP, return Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, with IRIS start date to the participant with a copy to ADRC or Tribal ADRS and IM. 6. Transfer full LTCFS to new MCO or ICA. 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.

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Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
		Member Moved to Another Service Region. 5. Transfer LTCFS to selected ICA. 6. Record the following in the statewide reporting and case management system: • Date of move • Voluntary move, initiated by member or legal representative • Previous county 7. Update address in client profile demographics in statewide reporting and case management system. **ICA to ICA:** 1. Offer enrollment counseling when contacted by the person. 2. Complete Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397. Send to current ICA and selected ICA. 3. Grant read-only access of the LTCFS in FSIA to the selected ICA. If ADRC or Tribal ADRS receives Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, indicating IRIS enrollment is denied, remove read-only access of the LTCFS in FSIA. 4. Record the following in statewide reporting and case management system:			

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Task		ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
		• Date of move • Voluntary move • Previous county 5. Update address in client profile demographics in statewide reporting and case management system. **ICA to Family Care, PACE or Partnership** 1. Offer enrollment counseling when contacted by the person. 2. Complete the Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, without a disenrollment or enrollment date. Send to current ICA and selected MCO. 3. When the selected MCO notifies the ADRC or Tribal ADRS of the agreed upon enrollment date, update Long-Term Care Program Member or Participant Request to Transfer and Enroll, F-03397, with dates and send updated copy to current ICA and selected MCO. 4. Verify disenrollment date has been entered in the DHS enterprise care management system. Enrollment date cannot be entered in FHiC until disenrollment date is entered by ICA.			

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
	5. Enter enrollment date of new MCO in FHiC. Select Start Reason: New enrollment 6. Record the following in the statewide reporting and case management system: • Date of move • Voluntary move, initiated by member or legal representative • Previous county 7. Update address in client profile demographics in statewide reporting and case management system.			
Move out of state	**Sending ADRC or Tribal ADRS:** 1. Receive the Long-Term Care Program Member or Participant Change Routing, F-02404, 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 Long-Term Care Program Member or Participant Change Routing, F-02404, 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. Archive LTCFS or transfer to ADRC or Tribal ADRS. 4. FHiC will send notice of member requested disenrollment.	1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404, to note change of address and date of move. Send to IM and ADRC or Tribal ADRS. 2. Update the DHS enterprise care management system. 3. FHiC will send notice of participant requested disenrollment.

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Task	ADRC or Tribal ADRS*	IM or Tribal IM*	MCO	ICA
Placement by an MCO MCO initiates a move to another county or out of state for services.	1. Receive the Long-Term Care Program Member or Participant Change Routing, F-02404. 2. Enter note in statewide reporting and case management system that includes the following: • Date change routing form received. • Placement by MCO, initiated by MCO. • County of responsibility. • County to which the person is placed. • Previous county in which the person was living. 3. Update address in client profile demographics in statewide reporting and case management system.	1. Receive the Long-Term Care Program Member or Participant Change Routing, F-02404. 2. Update address in CWW. 3. Update any information provided on change routing form. 4. Transfer case to receiving IM consortia in new location. 5. If this is a placement to another state, IM will not close case due to residency.	1. Complete the Long-Term Care Program Member or Participant Change Routing, F-02404 and send to IM and ADRC or Tribal ADRS in the county of responsibility. 2. Send the member's county of fiscal responsibility to BPP on monthly enrollment discrepancy report. 3. Provide notification to the county of placement according to contract requirements.	Not applicable

*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.

ADRC	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
PO	PACE Organization
SSA	Social Security Administration
SSI	Supplemental Security Income
Tribal ADRS	Tribal aging and disability resource specialists

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