

**ADULT LONG-TERM CARE PROGRAMS:
ENROLLMENT AND DISENROLLMENT
RESOURCE GUIDE**

Table of Contents

Adult Long Term Care Resource Guide Purpose.....	4
New Enrollments and Application Process.....	5
Eligibility.....	5
Members Receiving Full-Benefit Medicaid.....	6
Members Not Receiving Full-Benefit Medicaid.....	7
New Enrollments for Customers Currently Enrolled in a Medicaid HMO.....	11
Urgent Service Referrals.....	13
New Enrollments for Members Currently in an HMO (Supplemental Security Income/Medicaid, Elderly, Blind, Disabled Medicaid, or BadgerCare Plus).....	15
Disenrollment and Transfer Processes.....	17
Member Requested Disenrollment.....	17
Member Requested Transfer.....	18
Program-Requested Disenrollment.....	21
Disenrollment Due to Loss of Medicaid Eligibility.....	23
Disenrollment Due to Late Renewal of Medicaid.....	24
Medicare or Medicare Part D Changes that Affect Eligibility for Managed Long-Term Care (PACE/Partnership Only).....	26
Disenrollment Due to Admission to Institute for Mental Diseases.....	27
Disenrollment Due to Incarceration.....	29
Reenrollment.....	31
Institutes for Mental Diseases Discharge and Reenrollment.....	31
Incarceration Release and Reenrollment.....	32
Change in Functional Eligibility.....	34
Decrease of Functional Eligibility.....	34
Disenrollment due to Loss of Functional Eligibility.....	36
Loss of Functional Eligibility.....	36
Increase of Functional Eligibility.....	37
Ongoing Case Management.....	39

Medicaid Renewal Process	39
Change to Full-Benefit Medicaid	40
Death of Member	41
Discrepancy Reports	42
Discrepancy Type	42
Discrepancy Occurred in Current Month or Month Prior to Report	42
Discrepancy Occurred Earlier than Current Month or Month Prior to Report	42
Change of Address	43
Change of Address within the Same County	43
Voluntary Moves within the Same Geographic Service Region	43
Voluntary Move into a Different Geographic Service Region	44
Moving Out of State.....	48
Placement to another County or Out of State by Managed Care Organization.....	49
Non-Payment of Cost Share.....	50
Non-Payment of Patient Liability.....	52
Appendix A — Acronyms	53
Appendix B — Links to Agency Contacts	54

ADULT LONG TERM CARE RESOURCE GUIDE PURPOSE

The Department of Health Services' Adult Long-Term Care Programs Enrollment and Disenrollment Resource Guide describes the roles of the different agencies responsible for providing accurate, efficient, and timely eligibility determinations and enrollments into Wisconsin's publicly funded long-term care programs. Responsible agencies include aging and disability resource centers (ADRCs), tribal Aging and Disability Resource Specialist (ADRS), income maintenance (IM) agencies, tribal IM agencies, managed care organizations (MCOs), and Include, Respect, I Self-Direct (IRIS) consultant agencies (ICAs). This resource guide is intended to provide workers more detail on processes. More information on long-term care processes can be found in the Enrollment and Disenrollment Desk Aid for Publicly Funded Long Term Care Programs, [P- 02915](#).

NEW ENROLLMENTS AND APPLICATION PROCESS

Eligibility

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

Determine Functional Eligibility

The Aging and Disability Resource Center ([ADRC](#)/tribal ADRS) will complete the Long-Term Care Functional Screen ([LTCFS](#)) to determine if the applicant has the functional level of care required to be eligible for enrollment into long-term care waiver services. If the applicant is found functionally ineligible or is found functionally eligible only at the non-nursing home level of care (LOC), the ADRC/tribal ADRS will send the appeal rights and the Notice of Adverse Benefit Notification, [F-02721](#), letter to the applicant.

Note: If an applicant is reenrolling due to a previous loss of eligibility, the ADRC/tribal ADRS reviews the LTCFS to ensure that the screen has been calculated within 10 months of the new enrollment.

Financial Eligibility

The ADRC/tribal ADRS will review the Client Assistance Re-employment and Economic Support (CARES) worker website or ForwardHealth interChange for full-benefit Medicaid eligibility.

Medicaid must be established in ForwardHealth interChange before an enrollment can occur. If the applicant is currently Medicaid eligible, the ADRC/tribal ADRS checks the eligibility end date. If the end date is within 30 days of the anticipated Family Care, Partnership, or Program of All Inclusive Care for the Elderly (PACE) enrollment date, then the ADRC/tribal ADRS counsels the applicant on the need to complete their Medicaid renewal prior to enrolling in a long-term care (LTC) program.

Members Receiving Full-Benefit Medicaid

A list of full-benefit Medicaid programs can be found in the Medicaid Eligibility Handbook (MEH). See [Section 21.2 Full Benefit](#). The following is a current list of the full-benefit Medicaid programs:

- Katie Beckett Medicaid (See MEH [Section 29.1 Katie Beckett](#))
- Home and Community-Based Waivers Long-Term Care (See MEH [Section 28.1 Home and Community-Based Waivers Long-term Care Introduction](#))
- Institutional Medicaid (See MEH [Section 27.1 Institutions](#))
- BadgerCare Plus (See the [BadgerCare Plus Eligibility Handbook](#))
- Supplemental Security Income (SSI)-related Medicaid (See MEH Section 24.1 SSI-Related Medicaid Introduction)
- Foster Care Medicaid (See the [BadgerCare Plus Eligibility Handbook](#))
- Adoption Assistance Medicaid
- Medicaid Met Deductibles (See MEH [Section 24.2 Medicaid Deductible Introduction](#))
- Medicaid Purchase Plan (MAPP) (See MEH [Section 26.1 Medicaid Purchase Plan Introduction](#))
- Wisconsin Well Woman Medicaid (See MEH [Section 36.1 Wisconsin Well Woman Medicaid Introduction](#))
- SSI Medicaid

If the applicant is currently eligible for full-benefit Medicaid, the ADRC/tribal ADRS checks the eligibility end date. If the end date is within 30 days of the anticipated Family Care, Partnership, or PACE enrollment date, then the ADRC/tribal ADRS counsels the member on the need to complete their Medicaid renewal prior to enrolling in a LTC program.

For applicants who are currently eligible for SSI Medicaid, BadgerCare Plus, MAPP, or SSI-Related Medicaid, the ADRC/tribal ADRS will complete the Medicaid Waiver Eligibility and Cost Sharing Worksheet, [F-20919](#). ADRCs and tribal ADRS will retain a copy of the Medicaid Waiver Eligibility and Cost Sharing Worksheet, [F-20919](#), in their local records.

If applicable, the ADRC/tribal ADRS will complete the Declaration Regarding Transfer of Resources Long-Term Care Medicaid Waiver Program and/or Community Options Program form, [F-20919D](#), and forward this form to the income maintenance (IM) agency if there has been a divestment and the member answered “Yes” to one or more of the questions on the form. The ADRC/tribal ADRS will provide enrollment counseling as requested by the member.

If an applicant is enrolling into Family Care, PACE, or Partnership, the ADRC/tribal ADRS must submit one of the following enrollment forms to the managed care organization (MCO):

- Family Care Program Enrollment, [F-00046](#)
- Partnership Enrollment, [F-00533](#)
- PACE Program Enrollment, [F-02483](#)

The ADRC/tribal ADRS will transfer the LTCFS to the MCO and enter the enrollment into ForwardHealth interChange on or before the actual enrollment date. Enrollment must be entered in ForwardHealth interChange to ensure eligibility requirements are met and verified.

Enrolling into IRIS

If enrolling into IRIS, the ADRC/tribal ADRS must:

- Submit the IRIS Authorization form, [F-00075](#), to the IRIS consultant agency (ICA).
- Assign LTCFS read-only rights to the ICA.
- Upon return of the IRIS Authorization form, indicating the start date, transfer LTCFS to the ICA.

Note: An IRIS participant's actual date of enrollment is determined by the ICA.

Members Not Receiving Full-Benefit Medicaid

When the ADRC/tribal ADRS determines that the applicant could benefit from assistance with completing the initial Medicaid application process, they will assist the applicant with:

- Gathering information to support the Medicaid application, including medical and remedial expenses.
- Completing, signing, and submitting the Medicaid application. Applications may be submitted online, on the phone, or via the mail.
- Scheduling an appointment with an IM worker or by otherwise completing the application process online, via phone, or by mailing in a paper application to the IM agency.

The ADRC/tribal ADRS will obtain and complete the Medical and Remedial Expenses Checklist for Medicaid Long-Term Care Waiver Programs, [F-00295](#), to allow applicants to become Medicaid-eligible without a deductible or reducing a potential cost share if applicable.

The ADRC/tribal ADRS will send the following documents to the IM agency:

- ADRC/tribal ADRS Referral to Income Maintenance for Managed Long-Term Care Services, [F-02053](#)
- LTCFS Eligibility Results page
- Declaration Regarding Transfer of Resources Long-Term Care Medicaid Waiver Program and/or Community Options Program form, [F-20919D](#), if applicable
- Medical and Remedial Expenses Checklist for Medicaid Long-Term Care Waiver Programs, [F-00295](#)

If an applicant is receiving Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or Specified Low-Income Medicare Beneficiary Plus (SLMB+), it is not necessary to complete a Medicaid application. The ADRC/tribal ADRS will submit all other items indicated above to the IM agency.

Upon receipt of Verification of Medicaid eligibility, the ADRC/tribal ADRS will:

- Confirm the enrollment date and cost share amount for Family Care, Partnership, or PACE, if applicable, with the member.
- Confirm the referral to the ICA and cost share amount for IRIS, if applicable, with the member.
- Enrolling into Family Care, PACE, or Partnership

The ADRC/tribal ADR will provide enrollment counseling as requested by the member. If enrolling into Family Care, PACE, or Partnership, the ADRC/tribal ADRS must submit the appropriate enrollment form to the MCO and IM agency, if appropriate, by the verification due date:

- Family Care Program Enrollment, [F-00046](#)
- Partnership Enrollment, [F-00533](#)
- PACE Program Enrollment, [F-02483](#)
- Medical and Remedial Expenses Checklist for Medicaid Long-Term Care Waiver Programs, [F-00295](#), if applicable

The ADRC/tribal ARDS will transfer the LTCFS to the MCO and enter the enrollment into ForwardHealth interChange on or before the actual enrollment date.

Enrolling into IRIS

If enrolling into IRIS, the ADRC/tribal ADRS must:

- Submit the IRIS Authorization form, [F-00075](#), to the ICA and IM agency by the verification due date.
- Send the Medical and Remedial Expenses Checklist for Medicaid Long-Term Care Waiver Programs, [F-00295](#), to ICA if applicable.
- Assign LTCFS read-only rights to the ICA.
- Transfer LTCFS to the ICA upon receipt of the start date, which is included on the returned IRIS Authorization form.

Note: Enrollment can only be entered in ForwardHealth interChange if the Medicaid eligibility is displayed in ForwardHealth interChange. For applicants whose Medicaid eligibility is dependent on the enrollment date, Medicaid eligibility will be populated in ForwardHealth interChange 48 hours after the IM agency confirms the eligibility in CARES.

Managed Care Organization Role

The MCO will follow their MCO contract requirements regarding new enrollments.

ForwardHealth interChange will send an automated enrollment confirmation notice to applicants.

The MCO will send confirmation to the ADRC/tribal ADRS that the enrollment documents were received.

IRIS Consultant Agency Role

The ICA will send confirmation to the ADRC/tribal ADRS that referral documents were received. The ICA will enter the referral into Wisconsin's Self-Directed IT System (WISITS).

Upon completion of the Individual Support and Service Plan (ISSP), the ICA initiates enrollment by returning the IRIS Authorization form ([F-00075](#)) with the start date, to the ADRC/tribal ADRS. The IM Agency will only need the IRIS Authorization form ([F-00075](#)) if waiver programs are open.

ForwardHealth interChange will send an automated enrollment confirmation notice to applicants.

The ICA will monitor for any upcoming Medicaid renewal date, and if the Medicaid application expires after the referral but prior to the IRIS start date, the ICA should refer the participant to their IM agency if assistance is required.

Income Maintenance Agency Role

Members Receiving Full-Benefit Medicaid

If an applicant is eligible for any form of full-benefit Medicaid and answers “Yes” to any question on the Declaration Regarding Transfer of Resources Long-Term Care Medicaid Waiver Program and/or Community Options Program form, [F-20919D](#), the IM agency will review the reported asset(s) and/or transfer(s) for possible divestment.

The IM agency will request verification of the divestment if necessary. If a divestment has occurred, the IM agency will follow instructions detailed in [CARES Process Help 11.6 Institutional Divestment](#).

Members Not Receiving Full-Benefit Medicaid

The IM agency will:

- Accept and process Medicaid applications for new applicants.
- Determine eligibility for full-benefit Medicaid if the member is already open for limited-benefit Medicaid.
- Request and process all necessary verifications.
- Notify ADRC/tribal ADRS of eligibility results and cost share, patient liability, or premium amount, if any, and pend for enrollment start date.
- Enter the program start date and run and confirm eligibility upon receipt of the enrollment form from the ADRC/tribal ADRS.
- Complete an asset assessment to determine the community spouse asset share and determine the spousal income allocation amount if the member is married and in group B or B plus.
- Send both the Notice of Medicaid Income Allocation, [F-10097](#), and the Medicaid Recipient Asset Allocation Notice, [F-10098](#), forms for group B or B plus members with a community spouse.

For Family Care, PACE, or Partnership:

- The Family Care Program Enrollment form, [F-00046](#), with the enrollment date **is not received** by the last date of the initial processing timeframe: explore other Medicaid eligibility, including SSI-related Medicaid through a deductible.
- The Family Care Program Enrollment form, [F-00046](#), with the enrollment date **is received** timely: Enter the program start date, run eligibility, and confirm the case.

- Upon confirmation, CARES generates and sends the correct Notice of Decision (NOD) to the applicant.

For IRIS, the IM agency must do one of the following:

- The IRIS Authorization form, ([F-00075](#)) with the included start date, **is not received** within the last date of initial processing timeframe: explore other Medicaid eligibility, including SSI-related Medicaid through a deductible.
- The IRIS Authorization form ([F-00075](#)), with the included start date, **is received** timely: enter the program start date, run eligibility, and confirm the case.
- Upon confirmation, CARES will generate and send the correct NOD to the applicant.

New Enrollments for Customers Currently Enrolled in a Medicaid HMO

If a customer who is currently enrolled in a Medicaid HMO is requesting a mid-month enrollment date into Family Care, Partnership, or PACE, please send the following to your 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.

RQS will notify the ADRC or tribal ADRS upon end dating the HMO. The ADRC or tribal ADRS will add the enrollment into ForwardHealth interChange.

If a customer who is currently enrolled in a Medicaid HMO is requesting an enrollment date for the first of the following month, follow the procedures below.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

Enrolling into Family Care, Partnership, or PACE:

- Follow steps as listed in the New Enrollment section above.
- Add enrollment date in ForwardHealth interChange 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 ForwardHealth interChange enrollment wizard will automatically end the HMO the last day of the month prior to the enrollment date.

Enrolling into IRIS:

- Follow steps as listed in the New Enrollment section above.
- Note Medicaid HMO enrollment on the IRIS referral form [F-00075](#).

Managed Care Organization Role

- Verify eligibility and enrollment segments in ForwardHealth interChange upon receipt.
- Send confirmation to the ADRC or tribal ADRS that enrollment documents were received.
- 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.
- If the HMO is not able to be removed, the member should be referred back to the ADRC or tribal ADRS.
- If the HMO was not ended correctly, submit discrepancy report as directed.
- Follow MCO contract requirements regarding new enrollments.

IRIS Consultant Agency Role

- Send acknowledgement to the ADRC or tribal ADRS of receipt of referral documents.
- Verify Medicaid HMO enrollment status using referral form provided by ADRC or tribal ADRS.
- If participant is enrolled in a BadgerCare HMO, process enrollment as new referral. If the participant is enrolled in an HMO, establish a first-of-the-month start date and process six business days prior to start date.
- Contact HMO regarding IRIS start date to ensure proper HMO disenrollment prior to IRIS start date.
- Follow steps for new enrollment.

Income Maintenance Agency Role

No action is necessary unless divestment is reported. If the Declaration Regarding Transfer of Resources Long-Term Care Medicaid Waiver Program and/or Community Options Program form, [F-20919D](#), is received, refer to the New Enrollment section for Members Receiving Full-Benefit Medicaid for processing.

Urgent Service Referrals

Urgent services will be provided when significant health and safety risks are present that would result in detrimental harm to the applicant, and there are no other resources or adequate supports available within the 30-day financial eligibility determination period. The need is considered immediate, and the service(s) to meet the needs are in the Family Care or Partnership benefit package but are not covered by other resources.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS identifies functionally eligible applicants who meet the definition stated above and requests that the applicant who requires urgent services to sign the Urgent Services Agreement, [F-02140](#), which indicates their financial eligibility is pending and they will be liable for the cost of services provided by the MCO if found financially ineligible. Follow the Medicaid application process described in the [Members Not Receiving Full-Benefit Medicaid](#) section of this guide.

Forward the signed Urgent Services Agreement, [F-02140](#), and signed enrollment form with the same date to the MCO for review.

Note: The signature date of the Urgent Services Agreement, the enrollment form, and the Medicaid application date must be the same.

Upon the MCO's agreement to serve the applicant, the ADRC/tribal ADRS sends a signed Family Care Program Enrollment form, [F-00046](#), Partnership Enrollment form, [F-00533](#), or PACE Enrollment form, [F-02483](#), to the IM agency with an enrollment date that is no earlier than the date the Medicaid application is submitted, along with the signed Urgent Services Agreement, [F-02140](#).

The ADRC/tribal ADRS will refer the applicant to the IM agency for a Medicaid eligibility determination and will communicate to the local IM agency to notify them that the case is a priority. Follow the [Member Not Receiving Full Benefits Medicaid](#) process described in this guide.

When the ADRC/tribal ADRS receives notification from the IM agency that financial eligibility has been approved, the ADRC/tribal ADRS enters the enrollment into ForwardHealth interChange. If the ADRC/tribal ADRS receives notification from the IM agency that financial eligibility has been denied, the ADRC/tribal ADRS contacts the applicant and the MCO immediately to discontinue the urgent services.

The ADRC/tribal ADRS offers options counseling to the applicant and assists in locating other services if they are not financially eligible or if the MCO refuses the urgent services referral.

Managed Care Organization Role

The MCO will confirm the receipt of the urgent services referral and signed Urgent Services Agreement, [F-02140](#), with the ADRC/tribal ADRS.

The MCO will indicate on the Urgent Services Agreement whether the referral is approved or denied, sign and date the Urgent Services Agreement, and return it to the ADRC/tribal ADRS. The MCO will complete a comprehensive assessment and person-centered plan according to Article IV.A.3., titled “Provision of Services While Financial Eligibility Is Pending,” of the Wisconsin Department of Health Services (DHS)-MCO contract.

If an urgent services referral is accepted, the MCO will assume responsibility for the urgent services provided to the applicant until their Medicaid eligibility is established.

The MCO will notify and refer the applicant back to the ADRC/tribal ADRS for options counseling if they are found financially ineligible for Medicaid.

The MCO will work with the applicant regarding a repayment plan if the applicant is found financially ineligible for Medicaid.

IRIS Consultant Agency Role

No action necessary.

Income Maintenance Agency Role

- The IM agency assigns priority to urgent service referrals for a financial eligibility determination, if possible.
- The IM agency acknowledges receipt of the urgent service referral and processes the urgent service request.
- The IM agency notifies the ADRC/tribal ADRS and MCO of the financial eligibility determination as soon as possible.

New Enrollments for Members Currently in an HMO (Supplemental Security Income/Medicaid, Elderly, Blind, Disabled Medicaid, or BadgerCare Plus)

If an applicant who is currently enrolled in an HMO is requesting a mid-month enrollment into Family Care, PACE, or Partnership, the ADRC/tribal ADRS should send the following to the Regional Quality Specialist:

- The reason why the enrollment cannot be delayed until the first of the following month.
- The applicant's name, date of birth, and member ID number from ForwardHealth interchange.
- The requested enrollment date from the ADRC/tribal ADRS.
- Regional Quality Specialists will notify the ADRC/tribal ADRS upon end dating the HMO. The ADRC/tribal ADRS will add the enrollment into ForwardHealth interChange.
- If an applicant who is currently enrolled in an HMO is requesting an enrollment date for the first of the month, follow the procedure explained below.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

Enrolling in Family Care, Partnership, or PACE

The ADRC/tribal ADRS will follow the steps indicated in this section.

The ADRC/tribal ADRS will add the enrollment date in ForwardHealth interChange using 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 Enrollment Wizard will automatically end the HMO the last day of the month prior to the enrollment date.

Enrolling in IRIS

The ADRC/tribal ADRS will follow the steps indicated in this section and note the HMO enrollment on the IRIS Authorization form ([F-00075](#)).

Managed Care Organization Role

- The MCO will verify the eligibility and enrollment segments in ForwardHealth interChange upon receipt and send confirmation to the ADRC/tribal ADRS that the enrollment documents were received.

- If the applicant is enrolled in an HMO, the MCO will contact the ADRC/tribal ADRS as soon as possible to verify that actions have been taken to end the HMO enrollment prior to enrollment in the MCO.
- If the HMO is not able to be removed, the applicant should be referred back to the ADRC/tribal ADRS. If the HMO was not ended correctly, the MCO will submit a discrepancy report as directed.
- The MCO will follow MCO contract requirements regarding new enrollments.

IRIS Consultant Agency Role

- The ICA will send acknowledgement to the ADRC/tribal ADRS of receipt of the enrollment and verify the HMO enrollment status using the IRIS Authorization form provided by ADRC/tribal ADRS.
- If the applicant is enrolled in a BadgerCare Plus HMO, the ICA will process enrollment as new referral. If the applicant is enrolled in an SSI HMO, establish a first-of-the-month start date and process/establish six business days prior to start date.
- The ICA will contact the HMO regarding the IRIS start date to ensure the proper HMO disenrollment prior to the program start date.
- The ICA will follow the new enrollment steps described in this section.

Income Maintenance Agency Role

No action is necessary unless divestment is reported. If the Declaration Regarding Transfer of Resources Long-Term Care Medicaid Waiver Program and/or Community Options Program form, [F-20919D](#), is received, refer to the New Enrollment section for Members Receiving Full-Benefit Medicaid for processing.

DIENROLLMENT AND TRANSFER PROCESSES

Member Requested Disenrollment

This process applies if a member chooses to disenroll from an LTC program.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS offers options counseling to the member.

If the member chooses to disenroll, the ADRC/tribal ADRS should complete a Family Care/IRIS Member Requested Disenrollment or Transfer form, [F-00221](#), a Partnership Member Requested Disenrollment or Transfer form, [F-00534](#), or a PACE Program Member Requested Disenrollment or Transfer, [F-02484](#), and submit it to the MCO or ICA that the member is disenrolling from.

For members disenrolling from Partnership, the ADRC/tribal ADRS will review Medicare Advantage Plan special election periods. Refer to Elder Benefit Specialists ([EBS](#)) or Disability Benefit Specialists ([DBS](#)) as needed.

The ADRC/tribal ADRS should explore Medicaid eligibility options with the member.

If the member has Community Waiver Medicaid or is disenrolling from IRIS, the ADRC/tribal ADRS will send the Member Requested Disenrollment or Transfer form to the IM agency.

The ADRC/tribal ADRS will enter the disenrollment date and disenrollment reason into ForwardHealth interChange for disenrollment from Family Care, Partnership, or PACE.

Managed Care Organization Role

The MCO will notify the ADRC/tribal ADRS that they received the Member Requested Disenrollment or Transfer form and close the member's case.

IRIS Consultant Agency Role

If the first contact is with the ICA, they will provide the participant with the contact information for the ADRC/tribal ADRS for disenrollment counseling.

Upon receipt, the ADRC/tribal ADRS the ICA will notify the ADRC/tribal ADRS that they received the Member Requested Disenrollment or Transfer form. The ICA will then transfer the member's LTCFS back to the ADRC/tribal ADRS and proceed to close their record in WISITS.

ForwardHealth interChange will send an automated voluntary disenrollment notice to the member.

Income Maintenance Agency Role

Disenrollment for Members with Home and Community Waiver Medicaid

The IM agency will update the "Do you want Community Waivers services?" question in the Community Waivers page to "N-No," run eligibility, and determine if the member is eligible for any other type of Medicaid. CARES will send out the appropriate Notice of Decision.

Member Requested Transfer

This process applies when a member chooses to transfer from another LTC program, MCO, or ICA.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

If the member chooses to transfer to a different MCO or ICA or a different program, the ADRC/tribal ADRS will complete a Family Care/IRIS Member Requested Disenrollment or Transfer form, [F-00221](#), a Partnership Member Requested Disenrollment or Transfer form, [F-00534](#), or a PACE Program Member Requested Disenrollment or Transfer, [F-02484](#).

The member requests the date they wish to transfer to the new program or agency. The date the member chooses to transfer from the program may not always be possible, especially for immediate requests. If a member wishes to transfer from a program in less than three business days from the date the form is signed, special arrangements will need to be in place to coordinate between the MCO or ICA and the ADRC/tribal ADRS to expedite the process.

If the member requests to change their current LTC program or switch MCO or ICA, the ADRC/tribal ADRS will select the appropriate type of transfer. If the member chooses to enroll in Family Care, PACE, or Partnership, the ADRC/tribal ADRS will enter the new enrollment date as selected by the member. If the member chooses IRIS, the IRIS referral date will be entered and the IRIS start date is determined by the ICA. If the member is transferring from Family Care, PACE, or Partnership to IRIS, the disenrollment date should not be entered until the start date is

received from the ICA. If the member is transferring to a new LTC program, MCO, or ICA due to a move, the current program and new program will determine and agree to the disenrollment and enrollment dates and notify the ADRC/tribal ADRS. The ADRC/tribal ADRS will then complete enrollment and disenrollment forms by adding the selected dates.

The ADRC/tribal ADRS will complete a new enrollment form ([F-00046](#), [F-00533](#), or [F-02483](#)) or an IRIS Authorization form, [F-00075](#).

The ADRC/tribal ADRS should set the enrollment date unless:

- The member is enrolling in IRIS. The ADRC/tribal ADRS will receive the notification of start date by the ICA, via the returned IRIS Authorization form.
- The member is moving to a new county and selecting a new LTC program, MCO, or ICA. The MCO or ICA will coordinate a start date and notify the ADRC/tribal ADRS.

The applicable member's requested disenrollment or transfer form ([F-00221](#), [F-00534](#), or [F-02484](#)) will be sent to the MCO or ICA that the member is transferring from and the new MCO or ICA the person is enrolling in. The enrollment form or IRIS authorization will be sent to the new program.

When completing a transfer without setting a start date:

- If the transfer involves a move and the member is selecting a new LTC program or MCO, the ADRC/tribal ADRS will receive the start date from the MCO, enter the enrollment date on the enrollment and disenrollment form, and update the enrollment in ForwardHealth interChange.
- If the member is transferring from Family Care, Partnership, or PACE, the ADRC/tribal ADRS will select the appropriate end reason as indicated on the disenrollment or transfer form. The ADRC/tribal ADRS will send the updated enrollment form to the MCO and the updated disenrollment or transfer form to the MCO or ICA that the member is transferring from.
- If the member selected IRIS, the ADRC/tribal ADRS will not end their current enrollment from Family Care, Partnership, or PACE until the IRIS start date is received. The ICA will send the IRIS Authorization form ([F-00075](#)) with the included start date to the IM agency, the ADRC/tribal ADRS, and the former managed care organization notifying them of the IRIS program start date and MCO end date. Upon receipt of the start date, the ADRC/tribal ADRS will enter the disenrollment date as noted on the IRIS Authorization form in ForwardHealth interChange and select the appropriate end reason as indicated on the disenrollment or transfer form. The ADRC/tribal ADRS will

send the updated disenrollment or transfer form to the MCO or ICA that the member is transferring from.

If the participant is transferring from IRIS to Family Care, Partnership, or PACE or if the member is transferring due to a recent move and their new address is not displayed in ForwardHealth interChange, the ADRC/tribal ADRS will send the disenrollment or transfer form to the IM agency.

Managed Care Organization Role

The MCO will notify the ADRC/tribal ADRS that the document was received and either close or open the member's case depending on the request.

If the MCO receives a release of information, they will send requested documents, including transferring LTCFS, to an ICA or a new MCO.

IRIS Consultant Agency Role

Sending IRIS Consultant Agency

If the ADRC/tribal ARDS is the first point of contact, the ICA will notify the ADRC/tribal ADRS that the document was received.

If the ICA is the first point of contact, they will provide the participant with the contact information for the ADRC/tribal ADRS for options counseling.

If the ICA receives a release of information, they will provide the requested documents, including transferring LTCFS, to the new ICA or MCO:

- If the transfer is from ICA to MCO, the ICA will update WISITS, which will prompt ForwardHealth to send a notice to the participant after the MCO start date is coordinated.
- If the transfer is ICA to ICA, the sending ICA will communicate with the receiving ICA and update WISITS, which will prompt ForwardHealth to send a notice to the participant.

The ICA will follow IRIS work instructions for internal processes regarding ICA to ICA transfers.

Receiving ICA

If the ADRC/tribal ARDS is the first point of contact, the ICA will notify the ADRC/tribal ADRS that the document was received.

If the ICA is the first point of contact, the ICA will provide the participant with the contact information for the ADRC/tribal ADRS for options counseling:

- If the transfer is MCO to ICA, the ICA will send the IRIS Authorization form ([F-00075](#)) to the IM agency, the ADRC/tribal ADRS , and the former managed care organization notifying them of the IRIS program start date and MCO end date.
- If the transfer is ICA to ICA, the receiving ICA will coordinate the transfer with the participant and sending ICA.

The ICA will follow IRIS work instructions for internal processes regarding ICA to ICA transfers.

Income Maintenance Agency Role

Transfers from Family Care, PACE, or Partnership to IRIS

After receiving the appropriate disenrollment/transfer forms the IM agency will update the Program Type to IRIS Waivers and update the program start date on the Community Waivers page and run eligibility.

Transfers from IRIS to Family Care, PACE, or Partnership

When the appropriate disenrollment/transfer form is received, the IM agency will update Program Type to OP -COP-W/CIP II and update the program start date on the Community Waivers page and run eligibility.

Program-Requested Disenrollment

This process applies when a program (MCO or ICA) has requested disenrollment of a member for not meeting program requirements to remain enrolled.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS will receive the Family Care, Partnership, PACE, and IRIS Program Requested Disenrollment form, [F-02403](#), from the MCO or ICA.

The ADRC/tribal ADRS will offer disenrollment and options counseling if the disenrollment reason is included in Section B and DHS approval is noted on the form.

The ADRC/tribal ADRS will explore Medicaid eligibility options.

For Family Care, Partnership, IRIS, or PACE, the ADRC/tribal ADRS will enter the disenrollment date in ForwardHealth interChange and select the appropriate end reason as indicated on disenrollment form:

- 7G member acts that jeopardize MCO
- 7F no contact or no longer accepting services
- 7H unable to assure safety

Managed Care Organization Role

The MCO will send the program-requested disenrollment form and any other required documentation to the Bureau of Quality and Oversight (BQO) for approval.

When the approved request is received from BQO, the MCO will route the approval to the ADRC/tribal ADRS and IM agency.

ForwardHealth interChange will send the automated MCO-requested disenrollment notice to the member, which includes appeal rights.

IRIS Consultant Agency Role

The ICA will submit a request for involuntary disenrollment to BQO for approval.

When a request is approved, the ICA will send a program-requested disenrollment form to the ADRC/tribal ADRS and IM agency.

ForwardHealth interChange will send the automated program-requested disenrollment notice to the member, which includes appeal rights.

The ICA will transfer the LTCFS to the ADRC/tribal ADRS.

Income Maintenance Agency Role

After receiving the appropriate disenrollment/transfer form, the IM agency will end the Community Waiver Medicaid eligibility if appropriate.

The IM agency must explore other Medicaid eligibility through CARES before terminating the member's health care. CARES will send out the appropriate Notice of Decision.

Disenrollment Due to Loss of Medicaid Eligibility

If Medicaid eligibility is terminated in CARES, the termination will automatically trigger disenrollment of Family Care, Partnership, PACE, or IRIS in ForwardHealth interChange following adverse action. For Family Care, Partnership, PACE, or IRIS, the member will receive a CARES notice and a No Medicaid Eligibility notice at adverse action.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS will receive a Family Care, Partnership, PACE, or IRIS Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), from the MCO or ICA.

It is not necessary for the ARDC to enter change information in ForwardHealth interChange if the MCO or ICA continues to provide services.

If the change routing form is received indicating MCO or ICA services are no longer being provided, the ADRC/tribal ADRS will offer disenrollment and options counseling. The disenrollment date will remain as the system-generated date, which is the last date of the renewal month.

The ADRC/tribal ADRS will select the appropriate end reason:

- 7J non-payment of cost share
- 7K invalid setting
- 72 no reason provided

If the ADRC/tribal ADRS is able to assist the member in reestablishing eligibility after the Medicaid end date, the ADRC/tribal ADRS will offer options counseling regarding all LTC options:

- Reenrolling in the current MCO or ICA
- Choosing a new MCO or ICA
- Card services
- Private pay

If the member is reenrolling into a LTC program, all ADRC/tribal ADRS steps follow the [New Enrollments/Application Process](#) section.

If the reason the member was being disenrolled was failure to pay cost share, then the ADRC/tribal ADRS should also explain the concept of a repayment plan with the MCO.

Managed Care Organization Role

The MCO will assist the member with Medicaid renewal and eligibility issues.

The MCO will send the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), to the ADRC/tribal ADRS. If the MCO will stop serving after exhausting all attempts to remedy eligibility issues, they will list the last date of service in Section F of the change routing form.

ForwardHealth interChange will send an automated “LTC program is ending due to no Medicaid eligibility” notice to the member.

If the MCO is notified by the ADRC/tribal ADRS that the member has maintained their Medicaid eligibility and not closing in the system on or prior to the effective date of disenrollment, the MCO must send an updated change routing form indicating a retraction of the original disenrollment.

IRIS Consultant Agency Role

The ICA will send the change routing form to the ADRC/tribal ADRS and IM agency.

The ICA will transfer the member’s LTCFS back to the ADRC/tribal ADRS.

ForwardHealth interChange will send an automated notice indicating a loss of Medicaid eligibility to the member.

Note: If the reason for the member’s loss of Medicaid eligibility due to cost share non-payment (or other specific MCO or ICA-monitored processes), the MCO or ICA will notify the IM agency and the ADRC/tribal ADRS via the change routing form. Refer to [Non-Payment of Cost Share](#) and [Non-Payment of Patient Liability](#) for related processes.

Income Maintenance Agency Role

No action necessary.

Disenrollment Due to Late Renewal of Medicaid

If a member does not complete their Medicaid renewal in a timely fashion, Medicaid will end on the last day of the month in which the renewal was due.

If the Medicaid renewal is completed and participant is found eligible within 3 calendar months following the renewal month, ForwardHealth interChange will auto-reenroll the member. Auto-

reenroll is not applicable to IRIS participants. IRIS participants will be required to re-enroll into IRIS after Medicaid is re-established.

If the Stop Reason is 65—No Medicaid Eligibility, the disenrollment date will be the last day of the month if the member is not enrolled in another MCO or HMO and there has been no lapse in Medicaid eligibility. Stop Reason 65—No Medicaid Eligibility should only be used in instances where the MCO has continued to serve the member while Medicaid eligibility is being reestablished.

If the MCO sends a change routing form indicating that their MCO is no longer providing services, the Stop Reason Code should be changed to 72—No Reason Provided. For IRIS participants ForwardHealth interChange will communicate this information to WISITS.

ForwardHealth interChange will send an enrollment confirmation notice if the member is auto-reenrolled.

Note: A new enrollment date will be needed if the Medicaid renewal is completed outside of 3 calendar months or if services were discontinued.

Aging and Disability Resources Center Role

The ADRC/tribal ADRS does not need to enter information in ForwardHealth interChange if the MCO continues to provide services.

If the ADRC/tribal ADRS receives a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), indicating that MCO or ICA services are no longer being provided:

- Disenrollment/Options counseling will be offered when the change routing form is received. The disenrollment date will remain the system-generated date, which is the last date of the Medicaid renewal month.
- For Family Care, PACE, or Partnership, the ADRC/tribal ADRS will change the disenrollment reason in ForwardHealth interChange and select the End Reason: No reason provided.

Managed Care Organization Role

The MCO will assist the member with their Medicaid renewal.

ForwardHealth interChange will send an automated No Medicaid Eligibility notice to the member.

If stopping services, the MCO will send appropriate notifications to the member and provider and inform the member of their appeal rights.

The MCO will send a change routing form to the ADRC/tribal ADRS and IM agency only when the MCO will no longer provide services and will indicate the last date that services were provided on the change routing form.

IRIS Consultant Agency Role

If assistance is required with the Medicaid renewal, the ICA will assist the participant or direct the member to the IM agency, as necessary.

If Medicaid is not reinstated, ICA will send a change routing form to the ADRC/tribal ADRS and IM agency when the ICA will no longer provide services.

The ICA will transfer the member's LTCFS back to the ADRC/tribal ADRS.

ForwardHealth interChange will send an automated notice indicating a loss of Medicaid eligibility to the member.

Income Maintenance Agency Role

No action necessary.

Medicare or Medicare Part D Changes that Affect Eligibility for Managed Long-Term Care (PACE/Partnership Only)

This occurs when a member chooses to change to a Medicare or Part D plan different than the plan offered by the Partnership or PACE organization.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS will offer options counseling when a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), is received.

If the member wants to stay on the new Medicare plan, the ADRC/tribal ADRS will enter the disenrollment date in accordance with the change routing form and select the End Reason 7C—choosing new option.

If a member wants to return to the PACE/Partnership plan, the ADRC/tribal ADRS will follow the [New Enrollments/Application Process](#).

Managed Care Organization Role

The MCO will contact the member to verify whether or not they intended to disenroll. If the member wishes to remain enrolled with the MCO, the MCO will assist the member with contacting their plan and cancelling the change.

The MCO will complete a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), and forward it to the ADRC/tribal ADRS and IM agency.

The MCO disenrollment date is the day prior to the effective date of the Medicare plan.

ForwardHealth interChange will send an automated PACE/Partnership-specific disenrollment notice to the member.

IRIS Consultant Agency Role

No action necessary.

Income Maintenance Agency Role

Upon receipt of a change routing form, the IM agency will update the waiver page as needed, run the member's eligibility, and explore other Medicaid eligibility as needed. CARES will send out the appropriate Notice of Decision.

Disenrollment Due to Admission to Institute for Mental Diseases

Follow this process for admissions that exceed one day. For example, if a member is admitted on Monday and discharged on Tuesday, **no** Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), or disenrollment is required. If the member is admitted on Monday and discharged on Wednesday, a change routing form and disenrollment is required.

Note: A disenrollment should not occur for members who are under age 21 or over age 64.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

For Family Care, PACE, and Partnership:

- The ADRC/tribal ADRS will receive a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), indicating disenrollment due to admission to institute for mental diseases (IMD).
- The ADRC/tribal ADRS will enter the admission date to the facility as the disenrollment date into ForwardHealth interChange as indicated on the change routing form and select End Reason 7K—Invalid Setting.
- The ADRC/tribal ADRS should work on reenrollment as soon as possible to ensure the member's continuity of care upon discharge from the IMD.

Managed Care Organization Role

The MCO will complete a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), and forward it to the ADRC/tribal ADRS and IM agency. If the admission does not exceed one day, no action is necessary.

The MCO will:

- Work with the member and facility to which they were admitted to plan a discharge date.
- Work collaboratively with the county regarding discharge planning.
- Assure that the member and/or facility has submitted an admission form to the Social Security office if applicable.
- ForwardHealth interChange will send an automated No Medicaid Eligibility notice to the member if the ADRC/tribal ARDS enters the Invalid Setting Stop Reason.
- The MCO will notify the ADRC/tribal ADRS via the change routing form that the member resides in assisted living so the ADRC/tribal ADRS is aware of the urgency of the reenrollment should the change routing form be removed because some communications are not via a Change Routing Form.

Note: If the member is in urgent need for services upon discharge, the MCO will communicate this need with the ADRC/tribal ADRS.

IRIS Consultant Agency Role

The ICA will:

- Work with the participant and/or the facility to which they were admitted to plan a discharge date.
- Work collaboratively with the county regarding discharge planning, as necessary, if the discharge is occurring within the suspension window.
- Send a request for involuntary disenrollment to BQO, if the discharge is occurring outside of the suspension window.

When the request is approved by BQO, the ICA will complete a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), and forward it to the ADRC/tribal ADRS and IM, update WISITS, and transfer the participant's LTCFS back to the ADRC/tribal ADRS.

ForwardHealth interChange will send an automated notice indicating disenrollment to the participant, which includes their appeal rights.

Income Maintenance Agency Role

Upon receipt of the Change Routing form, [F-02404](#), IM agency will update the current demographics page to reflect the correct living arrangement type, run the member's eligibility, and explore other Medicaid eligibility as needed. CARES will send out the appropriate Notice of Decision.

Disenrollment Due to Incarceration

Follow this process for incarcerations that exceed one day. For example, if a member is incarcerated on Monday and released on Tuesday, **no** change routing form or disenrollment is required. If the member is incarcerated on Monday and released on Wednesday, a change routing form and disenrollment is required.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

For Family Care, Partnership, and PACE, the ADRC/tribal ADRS:

- Will receive a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), indicating disenrollment due to incarceration.

- Will enter the date the member was admitted to the facility as the disenrollment date into ForwardHealth interChange.
- Will select End Reason 7K—Invalid Setting.

Managed Care Organization Role

The MCO will complete the change routing form and forward it to the ADRC/tribal ADRS and IM agency if the member's incarceration exceeds one day.

The MCO will encourage the member and/or facility to notify the Social Security office of the discharge and/or release by submitting discharge papers if applicable.

ForwardHealth interChange will send an automated No Medicaid Eligibility notice to the member if the ADRC/tribal ADRS enters the Invalid Setting stop reason.

IRIS Consultant Agency Role

The ICA will send a request for involuntary disenrollment to BQO.

When the request is approved by BQO, the ICA will complete the change routing form and forward it to the ADRC/tribal ADRS and IM agency if the member has been incarcerated, update WISITS, and transfer the member's LTCFS back to the ADRC/tribal ADRS.

ForwardHealth interChange will send an automated notice indicating disenrollment to the member, which includes their appeal rights.

Income Maintenance Agency Role

After receiving the appropriate disenrollment/transfer form, the IM agency will update living arrangement, run the member's eligibility, and confirm the suspension or termination of health care benefits. CARES will send out the appropriate Notice of Decision.

REENROLLMENT

Institutes for Mental Diseases Discharge and Reenrollment

Follow this process when an IMD admission results in a disenrollment.

Note: A disenrollment should not occur if the member is under age 21 or over age 64. The ADRC/tribal ADRS should consider if an Urgent Service Agreement is needed and assist the member with a Medicaid application when applicable.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

At request of member, MCO/ICA, or facility, the ADRC/tribal ADRS will complete the following steps:

- Update LTCFS if older than 10 months or if the member has had a significant change in their condition.
- Verify what the member's financial eligibility will be upon discharge. The ADRC/tribal ADRS should consider if an Urgent Service Agreement is needed.
- Assist the member with a Medicaid application, if applicable.
- Offer enrollment counseling to the member at the request of member, MCO/ICA, or facility.
- Complete the enrollment form for Family Care, Partnership, or PACE or an IRIS authorization form (Family Care, [F-00046](#), Partnership, [F-00533](#), PACE, [F-02483](#), and IRIS, [F-00075](#), respectively) and send it to the MCO or ICA and forward it to the IM agency if the member needs Community Waiver Medicaid. If the discharge date is unknown, leave the enrollment date blank.
- Add the enrollment date when the MCO or ICA sends notification of the discharge date as soon as possible if the enrollment date was left blank.
- Resend a copy of the updated enrollment form to the MCO and IM agency.
- Enter the enrollment date for Family Care/Partnership/PACE into ForwardHealth interChange.

Managed Care Organization Role

The MCO will notify the ADRC/tribal ADRS of the arranged discharge date from IMD (prior to discharge, if known) and assist the member and/or facility with notifying the Social Security office of the discharge if applicable.

ForwardHealth interChange will send automated Enrollment Confirmation notice to member.

IRIS Consultant Agency Role

Process referral as a new enrollment (refer to [New Enrollments/Application Process](#)).

Income Maintenance Agency Role

1. Upon receipt of a member reported change, the IM agency will update the Current Demographics Page to reflect the correct living arrangement.
2. If the member is only Medicaid eligible through Community Waivers, the IM agency will pend the case to allow 10 days for the ADRC/tribal ADRS /client to submit or obtain an enrollment form from the ADRC/tribal ADRS for the Community Waiver program start date.
3. Once the IM agency receives the program start date, they will run the member's eligibility and confirm.
4. If the eligibility for health care has been closed for over 30 days, a new application and enrollment and referral will need to be submitted.

Incarceration Release and Reenrollment

Follow this process when an incarceration has resulted in a disenrollment.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

If the member needs residential care, the ADRC/tribal ADRS will proceed as follows:

- Update the LTCFS if older than 10 months or the member has had a significant change in condition. ADRC/tribal ADRS are not required to go into a jail/prison to complete an LTCFS.
- Verify full-benefit Medicaid for 30 days past the enrollment date upon discharge. Consider urgent services if there is an immediate need for services upon release, for example when the member needs residential services.

- Complete the enrollment form for Family Care, Partnership, or PACE or an IRIS authorization (Family Care, [F-00046](#), Partnership, [F-00533](#), PACE, [F-02483](#), and IRIS, [F-00075](#), respectively) and send it to the MCO or ICA and forward it to the IM agency if the member needs Community Waiver Medicaid. If the release date is unknown, leave the enrollment date blank.
- Add the enrollment date when the MCO or jail/prison notifies the ADRC/tribal ADRS of the discharge date if the enrollment date was left blank for Family Care, Partnership, or PACE. Resend a copy of the updated enrollment form to the MCO.
- Enter the enrollment date for Family Care/Partnership/PACE in ForwardHealth interChange.

Managed Care Organization Role

The MCO will notify the ADRC/tribal ADRS of the member's arranged release date (prior to release, if known) in instances where the MCO has remained involved due to service needs.

Assist member and/or facility with notifying the Social Security office of the discharge

IRIS Consultant Agency Role

The ICA will process referrals as a new enrollment (refer to the [New Enrollments/Application Process](#) section of this guide).

Income Maintenance Agency Role

Upon receipt of a member-reported change; the IM agency will update the Current Demographics Page to reflect the correct living arrangement.

If the member is only Medicaid eligible through Community Waivers, the IM agency will pend the case to allow 10 days for the ADRC/tribal ADRS client to submit or obtain an enrollment form from the ADRC/tribal ADRS for the Community Waiver program start date.

- If the IM agency receives the program start date, they will run the member's eligibility and confirm.
- If the IM agency does not receive the program start date and the health care benefits have been closed for more than 30 days, a new application and enrollment and referral form will need to be submitted.

CHANGE IN FUNCTIONAL ELIGIBILITY

Decrease of Functional Eligibility

This includes when a PACE/Partnership member or IRIS member LOC decreases from Nursing Home (NH) to non-NH LOC. A member must have an NH LOC to be eligible for IRIS, Partnership, and PACE.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS will offer options counseling when the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), is received.

A current PACE, Partnership, or IRIS member must select the Family Care program to remain enrolled at the non-NH LOC. If a Family Care member remains eligible for non-NH care and the member chooses to disenroll, the ADRC/tribal ADRS will complete a Member Requested Disenrollment or Transfer form following the instructions in the [Member Requested Disenrollment](#) section of this guide.

The ADRC/tribal ADRS will submit the Member Requested Disenrollment or Transfer form to the MCO and help the member explore Medicaid eligibility options if applicable.

If the member is switching to the Family Care program from Partnership, PACE, or IRIS, the ADRC/tribal ADRS will complete a new Family Care Program Enrollment form, [F-00046](#), and send it to the new MCO.

If the member (who is at the non-NH LOC) chose to disenroll from Family Care, the ADRC/tribal ADRS will enter the disenrollment date in ForwardHealth interChange and select the appropriate end reason as indicated on disenrollment form. If the member chose not to enroll in Family Care from Partnership, PACE, or IRIS, no entry into ForwardHealth interChange is necessary.

Managed Care Organization Role

The MCO will update the LTCFS, complete a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), and route the form to the ADRC/tribal ADRS indicating the member's change in LOC.

If the member is Medicaid eligible through Community Waivers, the MCO will send the change routing form to the IM agency indicating the change in LOC. For Family Care, the MCO will assist the member in exploring other full-benefit Medicaid options.

For Family Care members, the MCO will send a Change in LOC letter to the member, and for PACE/Partnership members, ForwardHealth interChange will automatically send a No Functional Eligibility/and Annual Screen notice.

IRIS Consultant Agency Role

The ICA will route the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), to the ADRC/tribal ADRS and IM agency indicating the member's change in LOC. The ICA will transfer the member's LTCFS back to the ADRC/tribal ADRS.

ForwardHealth interChange will send an automated notice indicating loss of functional eligibility to the member, which includes their appeal rights.

Income Maintenance Agency Role

If the member is Medicaid eligible through Community Waivers, the IM agency will update "Functionally Eligible?" in the Community Waivers Information section of the Community Waivers page to "N-No," run the member's eligibility, and determine whether or not the member is eligible for any other type of Medicaid. CARES will send the appropriate Notice of Decision.

DIENROLLMENT DUE TO LOSS OF FUNCTIONAL ELIGIBILITY

Loss of Functional Eligibility

This may include loss of functional eligibility or a LTCFS annual rescreen that has not been completed timely.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS will offer options counseling upon receipt of the Family Care, Partnership, PACE, or IRIS Change Routing form, F-02404, from the MCO or ICA.

No entry into ForwardHealth interChange is necessary.

Managed Care Organization Role

The MCO will update the LTCFS, if the member agrees to participate in screening process.

In Family Care, if the member changes from NH LOC to Non-NH LOC and the member was receiving waiver Medicaid (Group B or B+), the MCO will assist them in exploring other full-benefit Medicaid. The MCO will complete and route a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), to the ADRC/tribal ARDS indicating the change in LOC.

ForwardHealth interChange will send an automated No Functional Eligibility/No Annual Screen notice to member and either transfer or archive the LTCFS.

IRIS Consultant Agency Role

The ICA will route the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), to the ADRC/tribal ADRS and the IM agency indicating the member's change in LOC. The ICA will transfer the member's LTCFS back to the ADRC/tribal ADRS.

ForwardHealth interChange will send an automated notice indicating loss of functional eligibility to the member, which includes their appeal rights.

Income Maintenance Agency Role

The IM agency will update “Functionally Eligible?” section of the Community Waivers Information section of the Community Waivers page to “N-No,” run eligibility. CARES will send out the appropriate Notice of Decision.

Increase of Functional Eligibility

This applies when a Family Care member changes from non-NH to NH LOC.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS will offer options counseling when they receive a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#).

If the member chooses to enroll in IRIS or another MCO, the ADRC/tribal ADRS will complete a Family Care/IRIS Member Requested Disenrollment or Transfer form, [F-00221](#), Partnership Member Requested Disenrollment or Transfer form, [F-00534](#), or PACE Member Requested Disenrollment or Transfer form, [F-02484](#) and an enrollment or IRIS authorization (Family Care, [F-00046](#), Partnership, [F-00533](#), PACE, [F-02483](#), and IRIS, [F-00075](#), respectively).

The ADRC/tribal ADRS will send a Family Care/IRIS Member Requested Disenrollment or Transfer form, [F-00221](#), a Partnership Member Requested Disenrollment or Transfer form, [F-00534](#), or a PACE Program Member Requested Disenrollment or Transfer, [F-02484](#), to the member’s current MCO and a new enrollment or authorization form to the appropriate MCO or ICA. If member has selected IRIS, the ADRC/tribal ADRS will forward the form to the IM agency.

For Family Care, the ADRC/tribal ADRS will enter disenrollment and new enrollment dates into ForwardHealth interChange and select the appropriate End Reason as indicated on the form.

Managed Care Organization Role

The MCO will update the LTCFS, complete a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), and route it to the ADRC/tribal ADRS indicating the member’s change in LOC.

IRIS Consultant Agency Role

Follow [new enrollment process](#).

Income Maintenance Agency Role

Follow [new enrollment process](#).

ONGOING CASE MANAGEMENT

Medicaid Renewal Process

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

No action necessary.

Managed Care Organization Role

The MCO will:

- Assist members with the renewal process and gathering verifications if needed by member.
- Communicate problems to the IM agency.
- Monitor the status of renewals in CARES and Forward Health.
- Complete any change routing forms as applicable, indicating the service end date and submitting them to the ADRC/tribal ADRS and IM agency.

IRIS Consultant Agency Role

See [Disenrollment Due to Late Renewal of Medicaid](#) section.

Income Maintenance Agency Role

- Members may submit the renewal and renewal information over the phone, in the mail, over ACCESS, or in person. If the member is eligible for HCBW Medicaid and spousal impoverishment rules apply, the member's spouse must sign the renewal before eligibility can be confirmed. The community spouse's signature may be received by any of those methods, not necessarily the same way the member signed the application.

IM agency will:

- Process the renewal and if needed, pend for any required verifications.
- Check case for divestment of assets.
- Confirm ongoing benefits.
- Send an updated Spousal Income Allocation Form, if spousal impoverishment applies.

- CARES will send the appropriate Notice of Decision.

Change to Full-Benefit Medicaid

When a member is already open with an MCO, previously resided in a nursing home, and has moved to another setting that requires their eligibility for HCBW Medicaid to be determined.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

No action necessary.

Managed Care Organization Role

If the member is open for Institutional Medicaid, the MCO will provide the IM agency with a copy of the LOC results page from the LTCFS, the enrollment form, and any additional needed verifications.

If the member is open for Non-CARES Medicaid, the MCO will assist the member in applying for or securing another source of Medicaid if applicable.

IRIS Consultant Agency Role

Follow the [new enrollment](#) process.

Income Maintenance Agency Role

If the member is open for Institutional Medicaid, the IM agency will:

- Update the member's enrollment date and any applicable fields on the community waiver page based on the functional screen.
- Determine eligibility for HCBW or other form of Medicaid.

If the member is not open in CARES for Medicaid, the IM agency will:

- Process a new Medicaid application.
- Determine eligibility for a form of Medicaid.
- Update the member's enrollment date and any applicable fields on the community waiver page based on the functional screen.

Death of Member

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.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

No action necessary.

Managed Care Organization Role

The MCO will complete a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), and send it to the IM agency. If the member did **not** reside in an entitlement county, the MCO will send the change routing form to the ADRC/tribal ADRS.

If the member was SSI-MA, the MCO will facilitate notification to the Social Security department when necessary.

IRIS Consultant Agency Role

The ICA will complete a change routing form and send it to the IM agency. If the participant did not reside in an entitlement county, the ICA will send the change routing form to the ADRC/tribal ADRS and update WISITS.

ForwardHealth interChange will send an automated notice indicating disenrollment to the next of kin.

Income Maintenance Agency Role

If the IM agency is notified of the member's death by the MCO or ICA, the IM agency will enter the date of death in CARES Worker Web (CWW). No other verification is needed.

If the IM agency is notified via data exchange, they will:

- Request verification and send a 10-day notice to the member.
- Take appropriate action on receipt of verification or due date.
- CARES will send out the appropriate Notice of Decision.

Discrepancy Reports

These reports should be sent at a frequency agreed upon by the MCO, ADRC/tribal ADRS, and IM agency (not to exceed twice per month).

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS may correct the member's enrollment date, disenrollment date, or the MCO ID information when the MCO reports a discrepancy that occurred during the report month or the month prior.

The ADRC/tribal ADRS should not:

- Correct the member's date of death or enrollment dates due to late functional or financial eligibility.
- Change LOC or other systems-related issues.

Managed Care Organization Role

Discrepancy Type	Discrepancy Occurred in Current Month or Month Prior to Report	Discrepancy Occurred Earlier than Current Month or Month Prior to Report
Enrollment Date	ADRC/tribal ADRS	Bureau of Programs and Policy (BPP)
Disenrollment Date	ADRC/tribal ADRS	BAPP
MCO ID	ADRC/tribal ADRS	BAPP
LOC	BAPP	BAPP
Medicaid Eligibility	IM agency	IM agency
Cost Share/Patient Liability	IM agency	IM agency
Other	BAPP	BAPP

IRIS Consultant Agency Role

No action necessary.

Income Maintenance Agency Role

The IM agency will re-determine eligibility if appropriate. CARES will send any appropriate Notice of Decision.

CHANGE OF ADDRESS

A member move can be considered voluntary or placement by an agency. Different actions may be taken depending on whether the member's move is a voluntary move to a new residency or if the member was moved due to a placement by an agency. All IRIS moves will be voluntary moves. ForwardHealth interChange address information will reflect the address that is found in CARES or SSA.

Change of Address within the Same County

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

No action necessary.

Managed Care Organization Role

The MCO will complete a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), route it to the IM agency, and support the member in reporting the change of address to the SSA if applicable.

IRIS Consultant Agency Role

The ICA will inform the participant to report change of address to the IM agency and update WISITS.

Income Maintenance Agency Role

The IM agency will update any necessary changes to the member's information as provided on the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#).

Voluntary Moves within the Same Geographic Service Region

Voluntary moves occur when a member, who is not subject to a protective placement/service order or under guardianship, initiates the move to an independent living arrangement such as an apartment or home.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

Sending Aging and Disability Resource Center

No action necessary.

Receiving Aging and Disability Resource Center

The receiving ADRC/tribal ADRS will provide enrollment counseling if requested by the member.

If the member requests a new MCO or ICA, the receiving ADRC/tribal ADRS will follow the [Member Disenrollment or Transfer Request](#) directions.

Managed Care Organization Role

The MCO will notify the sending IM agency and receiving ADRC/tribal ADRS of the member's change of address and date of move via a change routing form and support the member when reporting their change of address to SSA.

IRIS Consultant Agency Role

- The ICA will inform the participant to report their change of address to the IM agency and update WISITS.
- The ICA will notify the customer that they can contact the ADRC/tribal ADRS.

Income Maintenance Agency Role

The IM agency will update the member's address in CWW, update any information provided on the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), and transfer the case to the receiving IM agency if applicable. CARES will send any appropriate Notice of Decision.

Voluntary Move into a Different Geographic Service Region

Note: This section covers various moves into a different Geographic Service Region (GSR). An MCO or ICA may not be available in the new GSR, or the member may select a new MCO, ICA, or LTC program. PACE and Partnership programming is available only in certain counties and is not based on GSR.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

Sending Aging and Disability Resource Center

If the member contacts the ADRC/tribal ADRS and notifies the ADRC/tribal ADRS they have moved, the sending ADRC/tribal ADRS can refer the member to the receiving ADRC/tribal ADRS.

Receiving Aging and Disability Resource Center

If the member chooses to remain enrolled with the same MCO or ICA after move **and** the MCO/ICA is located in the new GSR:

- The receiving ADRC/tribal ADRS will provide enrollment counseling if requested by member.
- For IRIS, if the member chooses to remain with same ICA, no further action is necessary.
- The receiving ADRC/tribal ADRS will use the member's move date as the enrollment date as indicated on the Family Care, Partnership, PACE, and IRIS Change Routing, form [F-02404](#), end the current enrollment (date of move). Select End Reason: 70—Moved to Another Service Region.
- The receiving ADRC/tribal ADRS will enter the member's enrollment date (date after move) and MCO ID in new location.

If the MCO or ICA is not available in the new GSR or county **or** if the member chooses a different LTC program, MCO, or ICA, the receiving ADRC/tribal ADRS will:

- Offer enrollment counseling to the current Family Care/Partnership/PACE member when contacted by the member.
- Complete the appropriate Family Care/IRIS Member Requested Disenrollment or Transfer , [F-00221](#), Partnership Member Requested Disenrollment or Transfer form, [F-00534](#), or PACE Member Requested Disenrollment or Transfer form, [F-02484](#), and send to both the receiving and sending MCO/ICA.

If the member selects new Family Care, Partnership, or PACE, the receiving ADRC/tribal ADRS will complete the appropriate Family Care Program Enrollment form, [F-00046](#), Partnership Program Enrollment form, [F-00533](#), or PACE Program Enrollment form, [F-02483](#).

The enrollment packet will be sent to the new MCO without entering an enrollment date on the enrollment form.

Once the new MCO notifies the ADRC/tribal ADRS of the agreed on enrollment date, the ADRC/tribal ADRS will update the enrollment form with the date and send an updated copy to new MCO. The ADRC/tribal ADRS will update the Disenrollment/Transfer Form, [F-00221](#), with the disenrollment date and send it to the current MCO.

If the member selects IRIS, the ADRC/tribal ADRS will complete an IRIS Authorization form, [F-00075](#), and send a referral packet to the new ICA.

The ADRC/tribal ADRS will enter the disenrollment date from the previous MCO in ForwardHealth interChange when the IRIS Authorization form is returned, with the start date included, and will select End Reason: 70—Members Moved to Another Service Region.

IRIS Consultant Agency to IRIS Consultant Agency Transfers

When contacted by the member, the ADRC/tribal ADRS will offer enrollment counseling and complete:

- The Family Care/IRIS Member Requested Disenrollment or Transfer form, [F-00221](#).
- A new IRIS Authorization form, [F-00075](#), for the new ICA selected.

The ADRC/tribal ADRS will send a referral packet to both the sending and receiving ICAs.

Managed Care Organization Role

If the member is moving to a new GSR and the intent is to stay with the current MCO if available, the MCO will:

- Submit a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), reporting the new address. In Section B (Other), indicate if the member has expressed an intent to remain with their current MCO, and send a change routing form to the CDPU and the ADRC/tribal ADRS in the county member is moving to.
- Monitor that ForwardHealth interChange is updated to reflect the change in the GSR.

If the member is moving to a new GSR and the current MCO is not available or the member's intent is to not remain with the current MCO, the sending MCO will:

- Assist the member with contacting the ADRC/tribal ADRS of the receiving area.
- Work with new MCO to transition member and to determine an enrollment date.
- Transfer LTCFS to new MCO.
- Provide other supporting documents as listed on a Family Care/IRIS Member Requested Disenrollment or Transfer form, [F-00221](#).

If the member is moving to a new GSR and the current MCO is not available or the member's intent is to not remain with the current MCO, the receiving MCO will:

- Contact the current MCO to collaborate on the transition.
- Contact the ADRC/tribal ADRCs to notify them of the agreed upon enrollment/disenrollment date.

IRIS Consultant Agency Role

If the participant is moving to a new GSR and ICA is available, the ICA will:

- Inform the participant to report their change of address to the IM agency.
- Update WISITS.

Sending IRIS Consultant Agency

If the member is moving into a new GSR **and** their ICA is no longer available or they are choosing a new ICA, the sending ICA will:

- Inform the participant to contact the ADRC/tribal ADRCs of the receiving area if first contact regarding the transfer is with the sending ICA.
- Once received, notify the ADRC/tribal ADRCs of the receipt of the transfer request.
- Work with new (receiving) ICA to transition the participant.
- Transfer LTCFS to the new ICA.
- Provide other supporting documents as listed on Family Care/IRIS Member Requested Disenrollment or Transfer form, [F-00221](#).
- Follow the steps outlined in [Member/Member Requested Transfer](#) section of this guide.

Receiving IRIS Consultant Agency

Upon receipt of the referral, the receiving ICA will work with the sending ICA to transition the participant and follow the steps outlined in [Member Requested Transfer](#) section of this guide.

Income Maintenance Agency Role

The IM agency that originally held the member's case will update case comments to reflect the information received on the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), and transfer the case to the IM agency that administers eligibility in the new location, if applicable.

Moving Out of State

If a Wisconsin resident establishes residency outside Wisconsin, they will not be eligible to continue in Wisconsin LTC programs until they return to Wisconsin and once again establish residency according to the state's definition. Below are the following roles in situations where eligibility ends.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

Sending Aging and Disability Resource Center

Upon receipt of Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), the sending ADRC/tribal ADRS will enter the disenrollment date as the date of the member's move into ForwardHealth interChange and select end reason 70—moved to another service region.

Managed Care Organization Role

The MCO will:

- Notify the IM agency via a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), of the member's change of address and date of move.
- Support the member in notifying the SSA of the move.

ForwardHealth interChange will send notice of the member requested disenrollment.

IRIS Consultant Agency Role

The ICA will:

- Notify the IM agency and ADRC/tribal ADRS via the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), of the participant's change of address and date of move.
- Update WISITS.
- ForwardHealth interChange will send notice of the voluntary disenrollment.

Income Maintenance Agency Role

The IM agency will enter the change of address/move out of state for the member, run eligibility, and confirm the termination of eligibility. CARES will send the appropriate Notice of Decision.

Placement to another County or Out of State by Managed Care Organization

A member's LTC agency may arrange and make placement under an approved plan of care in an out-of-county treatment facility or living situation in order to meet the person's specialized needs for care. Such placement does not constitute change of residency, nor does it shift primary responsibility for care to the county where such a placed person now lives or to LTC programs operating in this county. Under these circumstances, the member remains enrolled with the long-term agency responsible for the placement.

In addition, if a member is under a court-ordered commitment under Chapter 51 or a protective placement or protective services under Chapter 55, the member remains a resident of the county where they resided at the time the initial commitment or the initial order was made, even if their treatment needs require relocation to a service or facility in another county.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

No action necessary.

Managed Care Organization Role

The MCO will:

- Notify the IM agency via a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#).
- Provide notification to the county of placement according to contract requirements.

IRIS Consultant Agency Role

No action necessary.

Income Maintenance Agency Role

The IM agency will update the member's address in CWW due to placement but will keep county of residence the same. The case is not transferred to the new county.

If this is a placement to another state, the IM agency will not close case due to residency.

As referenced in MEH 6.8.3 when there is a dispute about responsibility, the social or human services department of the receiving county may initiate referral to the Department of Health

Services' Area Administration office for resolution. Pending a decision, the county where the person is physically present must process the application, any changes, and renewals.

Non-Payment of Cost Share

A cost share is a monthly amount a waiver member may have to contribute toward the cost of their waiver services. The cost share is paid to the member's MCO or ICA. Payment of the cost share is a condition of eligibility. Nonpayment of a cost share will result in financial ineligibility for the waiver program and disenrollment from the MCO or ICA.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ARDS will offer disenrollment or options counseling upon receipt of the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), from the MCO or ICA indicating failure to pay cost share.

The disenrollment date will remain as system-generated the last date of the renewal month. The ADRC/tribal ARDS will change the disenrollment reason in ForwardHealth interChange and select the End Reason: Non-payment of cost share.

Managed Care Organization Role

- Work with member to attempt to resolve nonpayment issues.
- Submit the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), to the IM agency.
- Monitor CWW for effective date of disenrollment determined by the IM agency.
- Send Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), to ADRC/tribal ARDS indicating non-payment of cost share and the effective date of disenrollment per CWW.
- ForwardHealth interChange will send automated no MA Eligibility notice to the member if and when the ADRC/tribal ARDS enters non-payment of cost share or invalid setting Stop Reason.

IRIS Consultant Agency Role

The ICA will:

- Work with participant to attempt to resolve nonpayment issues, including by attempting to assist the participant to establish a repayment agreement.

- Submit the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), to the IM agency, with a copy routed to the ADRC/tribal ADRS.

ForwardHealth interChange will send an automated notice indicating loss of financial eligibility to the participant.

Income Maintenance Agency Role

After receiving the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), the IM agency will update the “Are you meeting your cost share / spending down obligation?” field on the Community Waivers page to “No”, run eligibility to determine eligibility for other forms of Medicaid, and confirm. CARES will send the appropriate Notice of Decision.

NON-PAYMENT OF PATIENT LIABILITY

A patient liability amount applies to a resident of a medical institution, including those enrolled in Family Care, Partnership, or PACE who are in or likely to be in a medical institution for 30 or more days. An institutionalized member enrolled in one of the Long-Term Care programs is expected to pay their patient liability monthly to their MCO. If a member does not pay their patient liability, their enrollment will end following adverse action logic whereas the Institutional Medicaid remains open.

Aging and Disability Resource Center/Tribal Aging and Disability Resource Specialist Role

The ADRC/tribal ADRS will offer disenrollment and options counseling when they receive a Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), enter the disenrollment date into ForwardHealth interChange, and select the end reason 7J—Non-payment of cost share.

Managed Care Organization Role

The MCO will work with member to attempt to resolve nonpayment issues, and send the Family Care, Partnership, PACE, or IRIS Change Routing form, [F-02404](#), to the ADRC/tribal ADRS indicating NH Medicaid non-payment of patient liability.

The disenrollment date should follow adverse action on the change routing form.

ForwardHealth interChange will send an automated No Medicaid Eligibility Notice to the member. For PACE, the MCO will follow the process of enrollment premium payment with the member.

IRIS Consultant Agency Role

No action necessary.

Income Maintenance Agency Role

No action necessary.

APPENDIX A — ACRONYMS

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

ACCESS	Access to Eligibility Support Services
ADRC	Aging and Disability Resource Center
ADRS	Aging and Disability Resource Specialist
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
CWA	Children’s Waivers Agency
CWW	Cares Worker Web
DHS	Department of Health Services
EBS	Elder Benefit Specialists
GSR	Geographic Service Region
HCBW	Home and Community Based Waiver
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
MCDW	Medicaid Waiver
MLTS	Managed Long-Term Care Service
NOA	Notice of Action
NH	Nursing Home
PACE	Program of All Inclusive Care for the Elderly
PPRF	Pre-Printed Renewal Form
RFA	Request for Assistance
SSA	Social Security Administration
SSI	Supplemental Security Income
TADRS	Tribal Aging and Disability Resource Specialists
WISITS	Wisconsin’s Self-Directed IT System

APPENDIX B — LINKS TO AGENCY CONTACTS

For a listing of an agency's contacts, click the appropriate link:

- MCO: <https://dhsworkweb.wisconsin.gov/library/baltcs-mcodirectory.htm>
- ICA: www.dhs.wisconsin.gov/iris/directory.htm
- IM Agency: www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm
- ADRC: <https://dhsworkweb.wisconsin.gov/dph/badr.htm>



Wisconsin Department of Health Services
Division of Medicaid Services
P-02997 (05/2021)