

A Side-by-Side Comparison of Family Care and IRIS

Program Element	Family Care	IRIS
THE BASICS What are these programs?	The Wisconsin Department of Health Services (DHS) contracts with managed care organizations (MCOs) to operate the long-term care program. DHS prefers to have multiple MCOs in every part of the state for people to choose from. MCOs employ care managers who work directly with the "members" and provide them with a variety of supports. MCOs contract with provider agencies in their "provider networks" to provide services to their members (this creates some accountability of providers to the MCO). Family Care also includes a self-directed services option. The Family Care benefit package includes personal care services.	IRIS (Include, Respect, I Self-Direct) is a Wisconsin long-term care program designed to enable people to self-direct their services. DHS contracts with ICAs (IRIS consultant agencies) and FEAs (fiscal employer agents) to provide a variety of support to IRIS participants and their families to enable them to successfully self-direct their services. That support is generally provided by IRIS consultants, with the FEAs primarily responsible for processing payment for services. Participants have "budget authority" (control over how their individual budget is spent) and "employer authority" (control over who they receive services from—they are not limited to a "provider network"). IRIS does not include personal care, but IRIS participants can obtain Medicaid personal care separately on their Medicaid card, or obtain it through the Self-Directed Personal Care program www.dhs.wisconsin.gov/iris/sdpc.htm.
FUNDING How are these programs funded?	Family Care is a Medicaid program. Each MCO receives a fixed payment (a "capitated rate") for every person they serve, based on studies of the cost of long-term care services in that part of the state. Some people's care plans will cost more than the Family Care rate and some will cost less. The MCO pools the money and uses it to provide individually planned services for all its members.	IRIS is also a Medicaid program, but it doesn't involve capitated rates. Instead, each person is provided access to an individual IRIS budget as explained further below.

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START-UP How is my eligibility determined?	The county aging and disability resource center (ADRC) conducts this screen for people newly entering the long-term care system. MCOs conduct these screens for people already receiving services in the Family Care program.	Same as Family Care, except ICAs conduct the long-term care functional screen for people already receiving services in the IRIS program. The county aging and disability resource center (ADRC) conducts this screen for people newly entering the long-term care system. MCOs conduct these screens for people already receiving services in the Family Care program.
INFORMATION Where can I get information on the MCOs and ICAs? BUDGETS How will my individual budget be calculated?	People receive information on the MCOs from options counselors at the ADRC and from the MCO websites. People who choose Family Care as their long-term care program do not receive an individual budget for their care plan. They are members of an interdisciplinary care management team that begins with an assessment of how the member wants to live and the support he or she needs.	People receive information on the ICAs from options counselors at the ADRC and from the ICA and FEA websites. The long-term care functional screen results are used to determine the initial individual budget estimate for each IRIS participant. This budget estimate does not include the budget for personal care since the person receives that service separately via their Medicaid card or via the Self-Directed Personal Care program. If the initial budget estimate appears inadequate, ICAs can assist the person or his/her guardian to request
SELF-DIRECTION How does self-direction work in each program?	Individuals who select Family Care may choose to self-direct one or more of their services. Within Family Care, people typically have "budget authority" for the services they choose to direct and use "employer authority" to directly hire support staff. The MCO continues to manage all other services for the individual.	additional funding to meet particular needs. Individuals who choose IRIS self-direct all their long-term care services and supports with budget and employer authority (with support from family and friends if desired). They may directly hire support staff, directly purchase other goods or services, or purchase services from provider agencies. Individuals eligible for personal care services may choose whether to self-direct personal care with support from the IRIS Self-Directed Personal Care program oversight agency, or use their Medicaid card to access personal care through an agency.
INDIVIDUAL PLANNING In managed care, how will my individual plan be developed and who will be involved?	Individuals work with their care manager and the other members of their interdisciplinary team to identify their long-term care outcomes. Then a set of individualized supports and services are selected to achieve those outcomes in the most cost effective way.	See below for how individual planning is handled in the IRIS program.

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INDIVIDUAL PLANNING	During the assessment process described above,	Within their monthly budget amount, and with the
In self-direction, how will my individual	individuals identify the services they would like to	help of a chosen IRIS consultant and anyone else they
plan be developed and who will be	self-direct. Individuals will work with their team to	choose, individuals create their own plan of supports
involved?	establish a budget. Typically that budget is based	and services. The ICA approves the support and
	upon what the MCO would have otherwise paid for	service plan. For individuals who choose Self-Directed
	the services.	Personal Care, the oversight agency uses the Personal
		Care Screening Tool to determine the personal care
		budget, which is in addition to the IRIS budget.
SERVICES	The table attached to this document lists the services	The table attached to this document lists the services
What kinds of services are covered in	available through Family Care.	available through IRIS.
each program?	www.dhs.wisconsin.gov/publications/p0/p00570.pdf	www.dhs.wisconsin.gov/publications/p0/p00570.pdf
SUPPORT BROKERS	Support broker services are in the Family Care	IRIS funding can be used for support broker services.
Will I be able to receive support broker	"nursing home level of care" benefit package. Family	However, IRIS participants should be prepared to
assistance?	Care members should be prepared to explain which	explain which of their long-term outcomes will
	of their long-term outcomes will necessitate the	necessitate the assistance of a support broker above
	assistance of a care team.	and beyond the assistance of an IRIS consultant.
		Participants also need to consider how much of their
		IRIS budget they can allocate to a support broker in
		addition to the other paid services in their budget.
SERVICE PROVIDERS	People in Family Care may select from service	For any of their services, people in IRIS may hire any
What are my choices for who will	providers within the MCO's provider network.	eligible service provider, and may also hire their own
provide the services included in my	Individuals who choose to self-direct certain services	workers, including family, friends, and neighbors.
plan?	may also select their own workers for those services,	Participants may also hire provider agencies as
	including family, friends, and neighbors.	providers. All providers must be qualified.
SERVICES	Within Family Care, members are supported by a care	IRIS participants (with help from family or friends, as
After I choose my services and	manager who has primary responsibility for arranging	needed) directly contact any agencies or individuals
providers, who will arrange for me to	and coordinating the services that have been selected	they want to provide their services. They are assisted
receive those services?	following the interdisciplinary care management	by their chosen IRIS consultant to process all required
	team assessment and individual planning process.	paperwork to enable services to begin.
PAYMENT	The MCO arranges for all payments either directly	The individual's chosen IRIS FEA will set up payments
How will my services be paid for?	through contracts with agencies within the MCO's	and pay claims that are listed on the IRIS service and
	provider network, or through a contracted FEA for	support plan after the individual authorizes payment.
	staff hired directly by an individual using self-directed	
	supports.	

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ONGOING ASSSISTANCE	There are a variety of ways in which MCOs may	IRIS consultants may provide assistance in helping a
Who will help me sustain and	provide assistance in strengthening and building	participant think about strengthening and building
strengthen my connections to friends	connections to friends and the community.	connections to friends and community, both through
and the community?	Individuals interested in Family Care may want to	IRIS services and through ideas and connections the
	learn more about this from the MCOs' websites.	IRIS consultant may have. Individuals interested in
		IRIS may want to learn more about this from
		ICAs'websites.
CRISES	MCOs within Family Care will provide assistance at	An individual's ICA is available to help an individual
Who will help me if I'm having a crisis?	times of crisis through the individual's care	when a crisis arises. Assistance may range from
	management team and through the providers within	problem-solving to referral to an appropriate agency.
	the MCO's network.	The program requires participants to have an
		emergency backup plan.
QUALITY	MCOs have provider network managers that oversee	Individuals who choose IRIS have primary
Who will oversee the quality of my	the quality of services within agencies with whom	responsibility for ensuring the quality of the services
services?	they contract. The member's care management team	they purchase and holding their service providers
	also addresses quality concerns about the person's services. DHS also has oversight staff that monitor	accountable. IRIS consultants are available to help participants think about quality issues. Each ICA and
	<u> </u>	FEA has quality management plans and DHS has staff
	quality.	that monitor quality.
CUSTOMER SATISFACTION	The individual is a member of his or her	While the individual has primary responsibility to
What if I am dissatisfied with any of my	interdisciplinary care management team. That team	address concerns with particular services, the
services?	will assist the member with any concerns about	individual's IRIS consultant is available to help an
Services.	services. Participants may also contact one of the	individual think about how to best address any
	ombudsman programs, Disability Rights Wisconsin or	concerns. Members may also contact the
	the Board on Aging and Long Term Care.	ombudsman program, Disability Rights Wisconsin.
SAFETY	An individual's care management team prioritizes	An individual's ICA prioritizes health and safety as an
Who will ensure my safety?	health and safety as an essential element of a	essential element of a person's ability to live a good
	person's ability to live a good life. While safety is not	life. While safety is not something that can ever be
	something that can ever be "guaranteed" within our	"guaranteed" within our human frailties, it is an area
	human frailties, it is an area of focus within all of	of focus within all of Wisconsin's long-term care
	Wisconsin's long-term care programs. The DHS-MCO	programs. IRIS consultants also have some
	contract contains certain provisions that hold MCOs	responsibilities to support the participant's capacity
	accountable for paying attention to the safety of their	to ensure his or her own safety.
	members.	

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