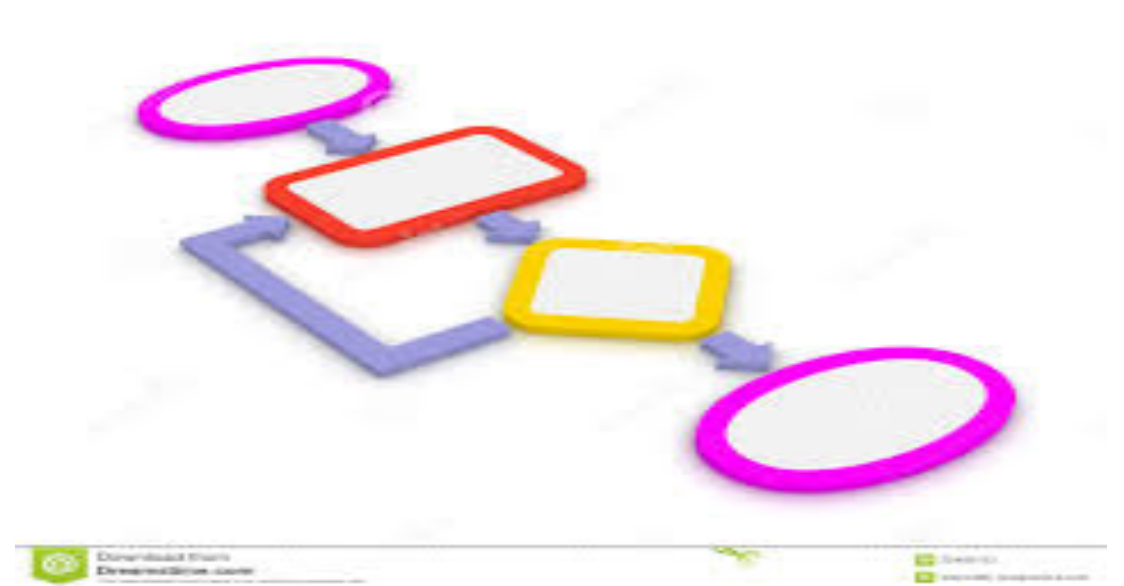


Functional Screens & Individual Budgets: A Brief Overview (2/17)

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The Functional Screen



- The functional screen is an "algorithm" (a systematic way of making a determination)
- It was created by Wisconsin DHS to determine eligibility for Medicaid LTC programs (Dane County Self-Directed Supports, Family Care, IRIS, Partnership)
- The screen contains a list of factors related to the extent of a person's disability and his/her need for support

The Functional Screen Process

- Functional Screeners must be trained, tested and certified before they can conduct functional screens
- After initial certification, screeners must pass a continuing skills test every two years.
- There isn't much "wiggle room" in the functional screen process. If a person was screened by 5 different certified screeners, the outcomes would be identical (or virtually identical) in almost every instance

More on the Functional Screen Process

- The screen is conducted via a face-to-face interview with the person (sometimes with a family member present)
- To account for fluctuations in a person's capacity, the screen is intended to reflect a person's support needs on their "worst day" if they had no support
- In addition to indicating Yes or No in response to the specified questions in the screen, the screener can also add notes in the Notes section, e.g. a) if a person can perform certain tasks but only with prompts, assistance, supervision, etc., or b) if the person needs behavioral supports

Who performs the Functional Screen?



- For new people entering the system, the functional screen is performed by ADRC (Aging and Disability Resource Center) screeners
- In Dane County, functional screens are done annually by a person's support broker or case manager. The last Dane County screen will follow the person into Family Care or IRIS
- In 2018 and after, for people who are already in the system, functional screens will be done annually by MCO screeners or ICA screeners

Calculating Individual IRIS Budgets

- For people who choose IRIS, the results of the functional screen are used by the state as a basis for calculating an individual's IRIS budget
- If the IRIS budget seems too low, an IRIS Consultant can assist the person to request a review of the budget to make sure that it covers to cost of needed supports
- These reviews often result in a favorable budget adjustment

Getting a preview of your IRIS Budget

- People currently in the Dane County SDS system can ask their support brokers to obtain their "Estimated IRIS Budget"
- The "Estimated IRIS budget" is a starting point. Actual IRIS budgets are based on support needs and stated outcomes. They are usually different than the estimated budgets.
- Remember: You can't directly compare your Dane SDS budget to your estimated IRIS budget - Dane budgets include Medicaid personal care but IRIS budgets do not
- So you need to add your estimated cost of Medicaid personal care to your IRIS budget in order to compare that combined total with your Dane budget

Budgeting in Family Care

- Family Care does not have individual budgets
- MCO's don't calculate their costs that way; they contract for a type of service for X number of people with a provider and determine an overall cost of services with that provider
- So a Family Care care manager may not be able to tell you the individual costs of all the services in your Family Care plan

Budgeting in FC self-directed supports option

- If a person chooses to self direct one or more of his/her services in Family Care, the MCO will set a dollar amount for that portion of the person's plan
- The person will then have full "budget authority" to utilize those funds as s/he sees fit, assuming they are used to achieved the outcomes agreed upon in the person's Family Care plan