

A Side-by-Side Comparison of Family Care and IRIS (4/9/17 version)

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Family Care and IRIS are different. There is no simple answer to the question, “Which one is better?” Only the person receiving services and their family can answer that question in the context of their unique circumstances. Arriving at a thoughtful answer to the question requires taking a close look at the differences between the programs and deciding which approach to providing long-term care services suits you the best. The chart below is an attempt at objectively and neutrally presenting key differences. It is not the official document of any organization or governmental agency.

The Family Care column refers to both Family Care and Family Care Partnership, with the exception that Family Care Partnership includes Medicare funding and integrates both long term care and health care Medicaid-funded services (see attached table).

<p>THE BASICS</p> <p>What are these programs?</p>	<p>FAMILY CARE</p> <p>Family Care is a managed care program, operated by MCOs (managed care organizations) which have contracts with the state to administer long-term care services in multiple counties. The state 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 a variety of support. MCOs contract with provider agencies in their “provider networks” to provide services to their members (this creates some accountability of providers to the MCO). Members may request the opportunity to utilize services outside of the MCO network. Family Care also includes a self-directed services option. Family Care includes personal care services.</p>	<p>IRIS</p> <p>IRIS is not a managed care program. It is a separate program designed to enable people to self-direct their services. The state contracts with ICAs (IRIS Consultant Agencies) and FEAs (Fiscal Employment Agencies) 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 (ICs), with the FEAs primarily responsible for processing payment for services. Participants have “<u>budget authority</u>” (control over how their individual budget is spent) and “<u>employer authority</u>” (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 (https://www.dhs.wisconsin.gov/iris/sdpc.htm)</p>
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<p>FUNDING How are these programs funded?</p>	<p>FAMILY CARE Family Care is a Medicaid program, jointly funded by the federal government (60%) and the state (40%). Each MCO receives a fixed payment (a “<u>capitated rate</u>”) for every person they serve, based on studies of the cost of long-term care services in that part of the state. The MCO is allowed to spend more or less than the capitated rate on any member, depending on the support needs of that person.</p>	<p>IRIS IRIS is also a Medicaid program, but it doesn’t involve capitated rates. Instead, each person is given an individual IRIS budget as explained further below.</p>
<p>START-UP How is my eligibility determined?</p>	<p>FAMILY CARE Wisconsin has trained, certified screeners who annually conduct a <u>functional screen</u> for each person to confirm that person’s initial (and continued) eligibility for Medicaid long-term care services. 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.</p>	<p>IRIS Same as Family Care, except ICAs conduct this screen for people already receiving services in the IRIS program.</p>
<p>INFORMATION Where can I get info on the MCOs and ICAs?</p>	<p>FAMILY CARE From Options Counselors at the ADRC, from local family and advocacy organizations, and from the MCO websites. (After the MCOs are certified for Dane County, there may also be opportunities for prospective members to interact with the MCOs in some way.)</p>	<p>IRIS From Options Counselors at the ADRC, from local family and advocacy organizations, and from the ICA and FEA websites. (After the ICAs are announced for Dane County, there may also be opportunities for prospective members to interact with the ICAs in some way.)</p>

<p>BUDGETS How will my individual budget be calculated?</p>	<p>FAMILY CARE People who choose Family Care as their long-term care choice do not receive an individual budget. They are members of an interdisciplinary care management team that begins with an assessment of how people want to live and the support they need.</p>	<p>IRIS 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. It is understood that the functional screen cannot be 100% accurate in setting a budget amount for each individual. If the initial budget estimate appears inadequate, ICAs can assist the person or his/her guardian to request additional funding to meet particular needs. Budget reviews often result in a favorable change in the budget.</p>
<p>SELF DIRECTION How does self direction work in each program?</p>	<p>FAMILY CARE Individuals who select Family Care may choose to self-direct <u>one or more</u> of the services they select. Within Family Care, people typically use “employer authority” to directly hire support staff. The MCO continues to manage all other services for the individual.</p>	<p>IRIS Individuals who choose IRIS self-direct <u>all</u> their long-term care services and supports (with support from family and/or friends if desired). They have “budget authority” which they may use to 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 (SDPC) oversight agency, or use their Medicaid card to access personal care through an agency.</p>
<p>INDIVIDUAL PLANNING In <i>managed care</i>, how will my individual plan be developed and who will be involved?</p>	<p>FAMILY CARE Individuals work together with their care manager and the other members of their interdisciplinary team to identify their desired long-term care outcomes. Then a set of individualized supports and services are selected to achieve those outcomes in the most cost effective way.</p>	<p>IRIS Not applicable (IRIS is not a managed care program)</p>

<p>INDIVIDUAL PLANNING In <i>self direction</i>, how will my individual plan be developed and who will be involved?</p>	<p>FAMILY CARE During the assessment process described above, individuals identify the services and supports they would like to self-direct. Each MCO has its own process for determining the budget segment <u>for each service</u> the individual chooses to self-direct. Typically that budget is based upon what the MCO would have otherwise paid (in managed care) for that set of services.</p>	<p>IRIS Within their monthly budget amount, and with the help of a chosen IRIS Consultant and anyone else they choose, individuals create their own plan of supports and services. The ICA approves the support and service plan. For individuals who choose Self-Directed Personal Care (SDPC), the SDPC oversight agency uses a Personal Care Screening Tool to determine the personal care budget, <i>which is in addition to the IRIS budget</i>.</p>
<p>SERVICES What kinds of services are covered in each program?</p>	<p>FAMILY CARE The table attached to this document lists the services available through Family Care.</p>	<p>IRIS The table attached to this document lists the services available through IRIS</p>
<p>SUPPORT BROKERS Will I be able to receive support broker assistance?</p>	<p>FAMILY CARE Family Care funding can be used for support broker services. However, members should be prepared to explain which of their LTC outcomes will necessitate the assistance of a support broker above and beyond the assistance of a FC care manager.</p>	<p>IRIS IRIS funding can be used for support broker services. However, IRIS participants should be prepared to explain which of their LTC outcomes will necessitate the assistance of a support broker above 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.</p>
<p>SERVICE PROVIDERS What are my choices for who will provide me the services included in my plan?</p>	<p>FAMILY CARE People in Family Care may select from service providers within the MCO provider network, which is highly likely to include most if not all current Dane County providers. Individuals who choose to self-direct certain services may also select their own workers for those services, including family, friends and neighbors.</p>	<p>IRIS For any of their services, people in IRIS may select from any eligible service provider, and may also select their own workers, including family, friends and neighbors.</p>

<p>ARRANGING SERVICES After I choose my services and providers, who will arrange for me to receive those services?</p>	<p>FAMILY CARE Within Family Care, members are supported by a care manager who has primary responsibility for arranging and coordinating the services that have been selected following the interdisciplinary care management team assessment and individual planning process.</p>	<p>IRIS IRIS participants (with help from family or friends as needed) directly contact any agencies or individuals they choose to provide their services. They are assisted by their chosen IRIS Consultant to process all required paperwork to enable services to begin.</p>
<p>PAYMENT How will my services be paid for?</p>	<p>FAMILY CARE The MCO arranges for all payments either directly through the contracts with agencies within their provider network, or through a contracted FEA for staff hired directly by an individual using SDS.</p>	<p>IRIS The individual's chosen IRIS FEA will set up payments and pay all claims that are listed on the IRIS service and support plan after the individual authorizes payment.</p>
<p>ONGOING ASSISTANCE Who will help me sustain and strengthen my connections to my friends and community?</p>	<p>FAMILY CARE There are a variety of ways in which MCOs may provide assistance in strengthening and building connections to friends and community. The approaches differ among MCOs. Individuals interested in Family Care may want to learn more about this from MCOs available to serve Dane County.</p>	<p>IRIS IRIS Consultants may provide assistance in helping a participant think about strengthening and building connections to friends and community, both through IRIS services and through ideas and connections the IC may have. Individuals interested in IRIS may want to learn more about this from ICAs available to serve Dane County.</p>
<p>CRISES Who will help me if I'm having a crisis?</p>	<p>FAMILY CARE MCOs within Family Care will provide assistance at times of crisis through the individual's care management team, and through the providers within the MCO's network</p>	<p>IRIS An individual's IRIS Consultant Agency is available to help an individual when a crisis arises. Assistance may range from problem-solving to referral to an appropriate agency.</p>

<p>QUALITY Who will pay attention to the quality of my services?</p>	<p>FAMILY CARE MCOs have provider network managers that pay attention to the quality of services within agencies with whom they contract. An individual’s care management team is available to help people think about quality issues.</p>	<p>IRIS Individuals who choose IRIS have primary responsibility for assuring the quality of the services they purchase and holding their service providers accountable. IRIS Consultants are available to help them think about quality issues.</p>
<p>CUSTOMER SATISFACTION What if I am dissatisfied with any of my services?</p>	<p>FAMILY CARE The individual is a member of his/her interdisciplinary care management team. That team will assist the individual with any concerns about particular services.</p>	<p>IRIS While the individual has primary responsibility to address concerns with particular services, the individual’s IRIS Consultant is available to help an individual think about how to best address any concerns</p>
<p>SAFETY Who will ensure my safety?</p>	<p>FAMILY CARE An individual’s care management team prioritizes health and safety as an essential element of a person’s ability to live a good life. While safety is not something that can ever be “guaranteed” within our human frailties, it is an area of focus within all of Wisconsin’s long-term care programs. The DHS-MCO contract contains certain provisions which hold MCOs accountable for paying attention to the safety of their members.</p>	<p>IRIS An individual’s IRIS Consultant Agency prioritizes health and safety as an essential element of a person’s ability to live a good life. While safety is not something that can ever be “guaranteed” within our human frailties, it is an area of focus within all of Wisconsin’s long-term care programs. IRIS consultants have some responsibilities to support the participant’s capacity to ensure his/her own safety.</p>