

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p>New Enrollment Medicaid must be established in ForwardHealth interChange (FHiC) before an enrollment can occur. The person must be Medicaid-eligible for at least 30 days beyond the date of enrollment.</p> <p>If enrollment is occurring as urgent services, refer to resource guide for instructions.</p> <p>Enrollment date for youth in transition cannot occur prior to their 18th birthday.</p>	<p>Functional Eligibility:</p> <ol style="list-style-type: none"> Complete Long-Term Care Functional Screen (LTCFS). If the individual is not found eligible or is not found eligible at the nursing home level of care, the ADRC or tribal ADRS will send the appeal rights and the appropriate letter of the following listed letters to the customer regarding functional eligibility results: <ul style="list-style-type: none"> Notice of Denial of Functional Eligibility Notice of Non-Nursing Home Level of Care Notice of Denial of IRIS Eligibility If a LTCFS exists, it must have been calculated within 10 months of the new enrollment date. <p>Financial Eligibility:</p> <ol style="list-style-type: none"> Review CARES Worker Web (CWW) or FHiC for Medicaid eligibility and enrollment status in either a long-term care program or a Medicaid HMO. When the ADRC or tribal ADRS determines that the individual could benefit from assistance with completing the Medicaid application process, provide one or more of the following: 	<p>Customer receiving full-benefit Medicaid:</p> <ol style="list-style-type: none"> Review F-20919D Declaration Regarding Transfer of Resources form and review case for divestment, if applicable. <p>Customer not receiving full benefit Medicaid:</p> <ol style="list-style-type: none"> Accept, process, and determine eligibility for Medicaid applications. If married, complete asset assessment page; calculate and send spousal forms accordingly. If applicable notify ADRC or tribal ADRS that items are pending. Process the verification received and pend the case for enrollment start date. Notify ADRC or tribal ADRS of eligibility result and cost share or premium amount, if any. 	<ol style="list-style-type: none"> Follow MCO contract requirements regarding new enrollments. FHiC will send an automated enrollment confirmation notice to member. Send confirmation to the ADRC or tribal ADRS that enrollment documents were received. Confirm enrollment is entered in FHiC. 	<ol style="list-style-type: none"> Send confirmation to the ADRC or tribal ADRS that referral documents were received. Enter referral into WISITS. Upon completion of ISSP, return IRIS authorization form F-00075 with IRIS start date to the participant with a copy to ADRC or tribal ADRS and CLTS worker, if applicable. Send to IM if participant receives waiver MA. If Medicaid application expires prior to IRIS start date, ICA should assist the participant to reapply. FHiC will send automated enrollment confirmation notice to participant.

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	<ul style="list-style-type: none"> • Assist the person to gather information to support the Medicaid application, including medical and remedial expenses. • Assist the person to schedule an appointment with IM. • Assist the person to complete the application online, via telephone, or by mail. <p>Customer receiving full-benefit Medicaid:</p> <ol style="list-style-type: none"> 6. Provide enrollment counseling as requested by the customer. 7. Complete Medicaid Waiver Eligibility and Cost Sharing Worksheet form F-20919. 8. If applicable, complete Declaration Regarding Transfer of Resources form F-20919D. If divestment has occurred, send to IM. 9. Complete the appropriate enrollment or authorization form: <ul style="list-style-type: none"> • F-00046 Family Care Program Enrollment • F-00533 Partnership Program Enrollment • F-02483 PACE Enrollment • F-00075 IRIS Authorization 	<ol style="list-style-type: none"> 6. Upon receipt of enrollment form from ADRC or tribal ADRS, enter program start date and run and confirm eligibility. 		

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	<p>10. For Family Care, Partnership, and PACE, add enrollment date in FHiC on or before the actual enrollment date. Enrollment must be entered in FHiC to assure eligibility requirements are met and verified. This also assures enrollment in HMO ends appropriately. Select start reason code: new enrollment. Send enrollment packet to MCO or referral packet to ICA.</p> <p>11. Transfer LTCFS to MCO or read only rights to the ICA.</p> <p>Customer not receiving full benefit Medicaid:</p> <p>12. Assist with completing a Medicaid application. If customer is receiving QMB/SLMB/SLMB+, a Medicaid application is not necessary.</p> <p>13. Complete Medicaid Waiver Eligibility and Cost Sharing Worksheet form F-20919.</p> <p>14. If applicable, complete Declaration Regarding Transfer of Resources form F-20919D.</p> <p>15. Complete Medical and Remedial Expenses Checklist form F-00295, if needed.</p> <p>16. Send the following forms to IM:</p>			

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	<ul style="list-style-type: none"> • F-02053 ADRC or tribal ADRS Referral to Income Maintenance • F-00295 Medical and Remedial Expenses Checklist • F-20919 Medicaid Waiver Eligibility and Cost Sharing Worksheet • F-20919D Declaration Regarding Transfer of Resources applicable enrollment or referral • LTCFS Eligibility Results page <p>17. Receive Medicaid verification or budget sheets from IM.</p> <p>18. Provide enrollment counseling.</p> <p>19. Complete the appropriate enrollment or authorization form:</p> <ul style="list-style-type: none"> • F-00046 Family Care Enrollment • F-00533 Partnership Enrollment • F-02483 PACE Enrollment • F-00075 IRIS Authorization <p>20. For Family Care, Partnership, or PACE, confirm enrollment date and cost share, if applicable, with customer.</p> <p>21. For IRIS confirm referral and cost share, if applicable, with customer.</p> <p>22. For Family Care, Partnership, or PACE, add enrollment date in FHiC on or before the actual enrollment date. Select start reason code: new enrollment.</p>			

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	<p>23. Send enrollment packet to MCO or referral packet to ICA. Include the Medical Remedial Expense Checklist F-00295, if applicable</p> <p>24. Transfer LTCFS to MCO or read only rights to the ICA.</p> <p>Note: Enrollment can only be entered in FHiC if the Medicaid eligibility is displayed in FHiC. For customers whose Medicaid eligibility is dependent on the enrollment date, Medicaid eligibility will be populated in FHiC two days after the IM worker confirms the eligibility in CARES.</p>			
<p>New Enrollments for Customers Currently Enrolled in a Medicaid HMO</p> <ul style="list-style-type: none"> • 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 to the right. • 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): 	<p>Enrolling into Family Care, Partnership, or PACE:</p> <ol style="list-style-type: none"> 1. Follow steps as listed in the New Enrollment section above. 2. Add enrollment date in FHiC via the enrollment wizard up to the last day of the month prior to the actual enrollment date. The enrollment date must be the first of the following month or later. The FHiC enrollment wizard will automatically end the HMO the last day of the month prior to the enrollment date. 	<ol style="list-style-type: none"> 1. Follow steps as listed in the New Enrollment section above. 2. For IRIS enrollments update waiver page and confirm eligibility. 	<ol style="list-style-type: none"> 1. Verify eligibility and enrollment segments in FHiC upon receipt. 2. Send confirmation to the ADRC or tribal ADRS that enrollment documents were received. 3. 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. 4. If the HMO is not able to be removed, the member 	<ol style="list-style-type: none"> 1. Send acknowledgement to the ADRC or tribal ADRS of receipt of referral documents. 2. Verify Medicaid HMO enrollment status using referral form provided by ADRC or tribal ADRS. 3. If participant is enrolled in a BadgerCare HMO, process enrollment as new referral. If the participant is enrolled

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<ul style="list-style-type: none"> ○ 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. <p>RQS will notify the ADRC or tribal ADRS upon end dating the HMO. The ADRC or tribal ADRS will add the enrollment into FHiC.</p>	<p>Enrolling into IRIS:</p> <ol style="list-style-type: none"> 1. Follow steps as listed in the New Enrollment section above. 2. Note Medicaid HMO enrollment on the IRIS referral form F-00075. 		<p>should be referred back to the ADRC or tribal ADRS.</p> <ol style="list-style-type: none"> 5. If the HMO was not ended correctly, submit discrepancy report as directed. 6. Follow MCO contract requirements regarding new enrollments. 	<p>in an HMO, establish a first-of-the-month start date and process six business days prior to start date.</p> <ol style="list-style-type: none"> 4. Contact HMO regarding IRIS start date to ensure proper HMO disenrollment prior to IRIS start date. 5. Follow steps for new enrollment.
<p>New Enrollments for Customers Currently in a DOC or DHS facility for more than 30 days.</p>	<p>Functional Eligibility:</p> <ol style="list-style-type: none"> 1. Referral F-02500 received from facility. 2. Complete Long-Term Care Functional Screen (LTCFS). 3. If the individual is not found eligible or is not found eligible at the nursing home level of care, the ADRC or tribal ADRS will send the appeal rights and the appropriate letter of the following listed letters to the customer regarding functional eligibility results: <ul style="list-style-type: none"> • Notice of Denial of Functional Eligibility • Notice of Non-Nursing Home Level of Care • Notice of Denial of IRIS Eligibility 	<ol style="list-style-type: none"> 1. Accept, process, and determine eligibility for Medicaid applications if received from individual and facility. 2. Reopen suspended MA upon notice of discharge or release from facility. 	<ol style="list-style-type: none"> 1. Follow MCO contract requirements regarding new enrollments. 2. Send confirmation to the ADRC or tribal ADRS that enrollment documents were received. 3. Notify ADRC or tribal ADRS of arranged discharge or release date by completing the appropriate section of the Pre-Release Enrollment Agreement form F-02702. 4. FHiC will send an automated enrollment 	<ol style="list-style-type: none"> 1. Process as a new referral.

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	<p>4. If a LTCFS exists, it must have been calculated within 10 months of the new enrollment date.</p> <p>Financial Eligibility:</p> <ol style="list-style-type: none"> 1. The facility is responsible for assisting the individual with the Medicaid eligibility process. The facility will indicate if an application is needed, an application is pending, or if MA is suspended on the referral form. 2. The facility must assure MA eligibility upon release or discharge for enrollment to occur. <p>Enrollment Process:</p> <ol style="list-style-type: none"> 1. Provide enrollment counseling as requested by the customer. 2. Complete the appropriate enrollment or authorization form without an enrollment date: <ul style="list-style-type: none"> • F-00046 Family Care Program Enrollment • F-00533 Partnership Program Enrollment • F-02483 PACE Enrollment • F-00075 IRIS Authorization 3. Complete the Pre-Release Enrollment Agreement form F-02702. 		<p>confirmation notice to member.</p> <ol style="list-style-type: none"> 5. Confirm enrollment is entered in FHiC. 	

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	<ol style="list-style-type: none"> 4. Send enrollment packet to MCO or referral packet to ICA. 5. Transfer LTCFS to MCO or read only rights to the ICA. 6. When notified by MCO or ICA of release date, confirm MA eligibility. To identify suspended Medicaid benefits in FHiC, the ADRC or tribal ADRS will need to view the information in FHiC Functionality, select benefit plan, select the current MA line, and open the Medicaid Status Code Data. The Medicaid Status Code will either reflect ZJ Suspended or list the MA source. 7. Enter enrollment date on appropriate enrollment form and resend to MCO. 8. For Family Care, Partnership, or PACE add enrollment date in FHiC on or before the actual enrollment date. Select start reason code: new enrollment. 			
<p>Member Requested Disenrollment or Transfer This process applies if a customer chooses to disenroll from or transfer to another program, MCO, ICA, or FEA.</p>	<p>Disenrollment:</p> <ol style="list-style-type: none"> 1. Offer options counseling if requested by customer. 2. Explore Medicaid eligibility options with the customer. 3. For customers disenrolling from Partnership, review Medicare Advantage Plan special election 	<p>Disenrollment for IRIS participants or members with Community Waiver Medicaid:</p> <ol style="list-style-type: none"> 1. Update the Community Waivers page: "Do you want Community 	<p>Disenrollment:</p> <ol style="list-style-type: none"> 1. Notify ADRC or tribal ADRS of receipt of Member or Participant Requested Disenrollment or Transfer form. 2. Close member's case. 	<p>Disenrollment:</p> <ol style="list-style-type: none"> 1. If first contact is with the ICA, provide participant with the contact information for the ADRC or tribal ADRS for

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	<p>periods. Refer to EBS or DBS as needed.</p> <p>4. If the customer chooses to disenroll, complete the appropriate Member or Participant Requested Disenrollment or Transfer form:</p> <ul style="list-style-type: none"> • F-00221 Family Care or IRIS, • F-00534 Partnership, or • F-02484 PACE. <p>5. Send the Member or Participant Requested Disenrollment or Transfer form to MCO or ICA that the person is disenrolling from.</p> <p>6. Send the Member or Participant Requested Disenrollment or Transfer form to IM if the customer has Community Waiver Medicaid.</p> <p>7. Enter disenrollment date into FHiC. Select appropriate end reason as indicated on the Member or Participant Requested Disenrollment or Transfer form:</p> <ul style="list-style-type: none"> • F-00221 Family Care • F-00534 Partnership • F-02484 PACE 	<p>Waivers services?” to “N-No”.</p> <p>2. Run eligibility and determine if member is eligible for any other type of Medicaid.</p> <p>Transfers from Family Care, PACE, or Partnership to IRIS: Update the Community Waivers page: “Do you want Community Waivers services?” to “Y-Yes” and enter program start date as provided on IRIS Authorization form.</p> <p>Transfers from IRIS to Family Care, PACE, or Partnership</p> <p>1. When the Member or Participant Requested Disenrollment or Transfer form is received, update the waiver screen, if applicable.</p>	<p>Transfer:</p> <ol style="list-style-type: none"> 1. Notify ADRC or tribal ADRS of receipt of document. 2. Close member’s case or open if member is transferring to a new program. 3. If MCO receives release of information, send requested documents, including transferring LTCFS, to ICA or new MCO. 4. FHiC will send an automated member requested disenrollment notice if the ADRC or tribal ADRS enters a stop reason associated with voluntary disenrollment. 5. For members enrolled in Partnership, determine the Medicare Plan change date based on availability of a Special Election Period and update Medicare payment dates accordingly. 	<p>disenrollment counseling.</p> <ol style="list-style-type: none"> 2. Upon receipt of Member or Participant Requested Disenrollment or Transfer form from the ADRC or tribal ADRS, update the participant case in WISITS. 3. Transfer participant’s LTCFS back to the ADRC or tribal ADRS. FHiC will send an automated member requested disenrollment notice. <p>Transfer:</p> <ol style="list-style-type: none"> 1. Notify ADRC or tribal ADRS of receipt of document. 2. If ICA receives release of information, send requested documents, including

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	<p>Transfer:</p> <ol style="list-style-type: none"> If the customer chooses to transfer to a different MCO or ICA, provide enrollment counseling. Complete the appropriate Member or Participant Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> F-00221 Family Care or IRIS F-00534 Partnership F-02484 PACE Complete the appropriate enrollment or authorization form: <ul style="list-style-type: none"> F-00046 Family Care Program Enrollment F-00533 Partnership Program Enrollment F-02483 PACE Enrollment F-00075 IRIS Authorization Send the appropriate Member or Participant Requested Disenrollment or Transfer form to the MCO or ICA the person is transferring from and the MCO or ICA the person has selected to enroll. Send the appropriate enrollment or referral form to the MCO or ICA the person has selected. If transferring from Family Care, Partnership, or PACE, enter disenrollment date into FHiC. Select 			<p>LTCFS, to new MCO or ICA.</p> <ol style="list-style-type: none"> If ICA to MCO transfer, enter disenrollment date in WISITS. Complete ICA section of Member or Participant Requested Disenrollment or Transfer form F-00221 and return to ADRC or tribal ADRS. FHiC will send an automated participant requested disenrollment notice to participant after MCO start date is coordinated. If ICA to ICA transfer, the receiving ICA sends transfer letter to participant and sending ICA. Follow IRIS work instructions for ICA to ICA transfers.

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	<p>appropriate end reason as indicated on the Member or Participant Requested Disenrollment or Transfer form:</p> <ul style="list-style-type: none"> • F-00221 Family Care • F-00534 Partnership • F-02484 PACE <p>7. If transferring to Family Care, Partnership, or PACE, enter the enrollment date in FHiC. Select start reason code: Transferred from another MCO or LTC program. If transferring to Family Care, Partnership or PACE from IRIS enrollment date cannot be entered in FHiC until Member or Participant Requested Disenrollment of Transfer Form F-00221 is returned from ICA and IRIS disenrollment date is entered in FHiC.</p> <p>8. If transferring to Family Care, Partnership, or PACE from IRIS, enrollment date cannot be entered in FHiC until Member or Participant Requested Disenrollment or Transfer form F-00221 is returned from ICA and IRIS disenrollment date is entered in FHiC.</p> <p>9. If transferring to IRIS, do not end current enrollment from Family Care, Partnership, or PACE until IRIS Authorization form is received from ICA.</p>			<p>7. Send IRIS Authorization form F-00075 with IRIS start date to ADRC or tribal ADRS, IM, ICA, and MCO, as applicable.</p>

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	<p>The start date will be noted on the IRIS Authorization form. Select appropriate end reason as indicated on the Member or Participant Requested Disenrollment or Transfer form F-00221.</p> <p>10. If transferring to IRIS, send updated Member or Participant Disenrollment or Transfer form F-00221 to MCO and ICA with disenrollment date as provided on the IRIS Authorization form from ICA.</p> <p>11. If transferring to IRIS, the IRIS participant may choose to transfer to a new ICA while remaining with the current FEA.</p> <p>12. If the IRIS participant chooses to select a new FEA, the ADRC or tribal ADRS should refer to the FEA transfer calendar to determine the date of transfer.</p> <p>13. If transferring to a new ICA and choosing to transfer to a new FEA, complete Participant Fiscal Agent Transfer Request form F-02764 and send to the new ICA.</p> <p>Transfer to new FEA:</p> <p>1. An IRIS participant may choose to transfer to a new FEA and remain with the current ICA.</p>			

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	<ol style="list-style-type: none"> The ADRC or tribal ADRS should refer to the FEA transfer calendar to determine the date of transfer. Complete Participant Fiscal Agent Transfer Request form F-02764 and send to the ICA. 			
Program Requested Disenrollment	<ol style="list-style-type: none"> The Family Care, Partnership, PACE and IRIS Program Requested Disenrollment form F-02403 is received from the MCO or ICA. Offer disenrollment and options counseling if disenrollment reason is included in Section B or Section D and DHS approval is noted on the form. Explore Medicaid eligibility options. For Family Care, Partnership or PACE, enter disenrollment date in FHiC. Select appropriate end reason as indicated on the Family Care, Partnership, PACE, and IRIS Program Requested Disenrollment form F-02403. 	<ol style="list-style-type: none"> End Community Waiver Medicaid eligibility, if appropriate. Run eligibility and determine if customer is eligible for any other type of Medicaid. 	<ol style="list-style-type: none"> Send the Family Care, Partnership, PACE, and IRIS Program Requested Disenrollment form F-02403 to BQO for approval. When request approved from BQO, route form to IM (except for Section D disenrollments), ADRC or tribal ADRS, and tribe if applicable. FHiC will send automated program requested disenrollment notice to member. 	<ol style="list-style-type: none"> Send the Family Care, Partnership, PACE, and IRIS Program Requested Disenrollment form F-02403 to BQO for approval. When request approved from BQO, route form to IM and ADRC or tribal ADRS. Update WISITS. Transfer LTCFS to the ADRC or tribal ADRS. FHiC will send automated program requested disenrollment notice to participant.

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Loss of Medicaid	<p>Medicaid Waiver (MCDW) If loss of Medicaid eligibility is confirmed in CARES, this will automatically trigger disenrollment of Family Care, Partnership, or PACE in FHiC following adverse action. Member will receive a CARES notice and a no Medicaid eligibility notice at adverse action.</p>	<p>MCO or ICA continuing to provide service: No action necessary, including no entry into FHiC, if MCO or ICA continues to provide services.</p> <p>MCO or ICA discontinuing service:</p> <ol style="list-style-type: none"> 1. Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 is received by ADRC or tribal ADRS indicating MCO or ICA services are no longer being provided. 2. Disenrollment and options counseling offered. 3. The disenrollment date remains as indicated in FHiC, which is the last date of the review month. 4. Enter into FHiC the appropriate end reason: <ul style="list-style-type: none"> • 72 No reason provided • 7J Non-payment of Cost Share 	No action necessary	<ol style="list-style-type: none"> 1. Assist member with Medicaid review. 2. Send Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 to IM and ADRC or tribal ADRS to notify them of any changes that may affect Medicaid eligibility. 3. FHiC will send automated no Medicaid eligibility notice to the member. 4. If the MCO is notified by the ADRC or tribal ADRS, on or prior to the effective date of disenrollment, that the customer has maintained their MA eligibility and not closing in the system the MCO must send an updated Change Routing form F-02404 indicating a retraction of the original disenrollment. 	<ol style="list-style-type: none"> 1. Send Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 to IM and ADRC or tribal ADRS to notify them of any changes that may affect Medicaid eligibility. 2. Transfer participant's LTCFS back to the ADRC or tribal ADRS. 3. FHiC will send automated no Medicaid eligibility notice to the member.
	<p>Late Renewal If a member does not complete their Medicaid review on time, Medicaid will</p>	<p>MCO or ICA continuing to provide service: No action necessary, including no entry into FHiC if MCO or ICA continues to provide services.</p>	No action necessary	<ol style="list-style-type: none"> 1. Assist member with Medicaid review. 2. FHiC will send automated no Medicaid eligibility notice to the member. 	<ol style="list-style-type: none"> 1. Assist participant with Medicaid review. 2. FHiC will send automated no Medicaid eligibility

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	<p>end according to adverse action. This will end the enrollment on the last day of the current month.</p>	<p>MCO or ICA discontinuing service:</p> <ol style="list-style-type: none"> 1. Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 is received by ADRC or tribal ADRS indicating MCO or ICA services are no longer being provided. 2. Disenrollment and options counseling offered. 3. The disenrollment date remains as indicated in FHiC, which is the last date of the review month. 4. Enter into FHiC the end reason: MCO stopped serving or lack of MA. 		<ol style="list-style-type: none"> 3. Assist member to file an appeal, if applicable. 4. Send Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 to ADRC or tribal ADRS only when the MCO is no longer going to continue to provide services, renewal has not been completed, and there is a high likelihood that eligibility will not be restored within 90 days. <p>Note: If the review is completed within 90 days following the review month, FHiC will auto-enroll the member if:</p> <ul style="list-style-type: none"> • The end reason is 65-No Medicaid Eligibility. • The disenrollment date is the last day of the month. • The member is not enrolled in another MCO or HMO. • There has been no lapse in Medicaid eligibility. 	<p>notice to the participant.</p> <ol style="list-style-type: none"> 3. Send Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 to IM and ADRC or tribal ADRS to notify them of any changes that may affect Medicaid eligibility. 4. Transfer participant's LTCFS back to the ADRC or tribal ADRS.

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			FHiC will send Enrollment Confirmation notice if member is auto-reenrolled.	
Institutional Medicaid (MCD) If an individual is a resident of a nursing home and not paying the cost share, the enrollment will not end automatically because the Institutional Medicaid remains open.	1. Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 is received by ADRC or tribal ADRS indicating MCO or ICA services are no longer being provided. 2. Disenrollment and options counseling offered. 3. Enter into FHiC the end reason: 7J Non-payment of cost share	No action necessary	1. Send Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 to ADRC or tribal ADRS indicating NH Medicaid non-payment of cost share. 2. Disenrollment date should follow adverse action. 3. FHiC will send automated no Medicaid eligibility notice to the member.	Not applicable
Medicare or Medicare Part D Changes (Partnership or PACE Only) This process occurs when a member chooses to change to a Medicare or Part D plan different than the plan offered by Partnership or PACE.	1. Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 is received by ADRC or tribal ADRS. 2. Options counseling offered. 3. If individual wants to return to Partnership or PACE plan, follow “New Enrollment” section. 4. If individual wants to stay on new Medicare plan, enter the disenrollment date identified on the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 . 5. Select appropriate end reason: 7C Choosing New Option.	Close Waiver Medicaid, if applicable.	1. Contact the customer to clarify if they intended to disenroll or assist customer in contacting plan and cancelling change if they wish to remain enrolled with the MCO. 2. Complete Section B of the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and forward to ADRC or tribal ADRS.	Not applicable

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				<ol style="list-style-type: none"> MCO disenrollment date is the last date of the month prior to the effective date of the Medicare plan. FHiC will send automated Partnership or PACE specific disenrollment notice to member. 	
Institution for Mental Disease (IMD)	<p>IMD Admission Follow this process for IMD admissions that exceed one day.</p> <p>Individuals under the age of 21 or those 65 and older should not be disenrolled from Family Care, Partnership, or PACE due to an IMD placement, as it is a covered item in the benefit package.</p>	<p>For Family Care, Partnership, or PACE</p> <ol style="list-style-type: none"> ADRC or tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 indicating disenrollment due to IMD admission. Enter the date admitted to the facility as the disenrollment date in FHiC. Select End Reason: IMD. 	<ol style="list-style-type: none"> Upon receipt of Family Care, Partnership, PACE, and IRIS Change Routing form F-02404, update the Current Demographics page to reflect the correct living arrangement type. Run eligibility and close case according to adverse action logic. 	<ol style="list-style-type: none"> Complete Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and forward to IM and ADRC or tribal ADRS. If stay is less than 24 hours, no action needed. Work with member and facility to plan for discharge date. Work collaboratively with the county. Assure member and/or facility has submitted admission form to the Social Security office, if applicable. FHiC will send automated no Medicaid eligibility notice to the member when ADRC or tribal 	<ol style="list-style-type: none"> Complete Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and forward to IM to notify of disenrollment. Work with participant and facility to plan for discharge date. Work collaboratively with the county. Send request for involuntary disenrollment to BQO. When request approved from BQO, update WISITS Transfer LTCFS to ADRC or tribal ADRS.

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA
			ADRS enters the Invalid Setting end reason.	7. FHiC will send automated no Medicaid eligibility notice.
<p>IMD Discharge and Re-enrollment Follow this process when an IMD admission exceeds one day and results in a disenrollment.</p> <p>Enrollment date may not occur prior to discharge, enrollment counseling, and enrollment or referral form being signed.</p>	<ol style="list-style-type: none"> 1. Update the LTCFS at the request of the customer, MCO, ICA, or facility, if customer has had a significant change in condition or if the LTCFS is older than 10 months. 2. Verify financial eligibility upon discharge. 3. Enrollment counseling offered to the customer at request of customer, MCO, ICA, or facility. 4. Complete and send the appropriate enrollment or authorization form. If discharge date is unknown, leave enrollment date blank: <ul style="list-style-type: none"> • F-00046 Family Care Program Enrollment • F-00533 Partnership Program Enrollment • F-02483 PACE Enrollment • F-00075 IRIS Authorization 5. Send enrollment or referral form to MCO or ICA and to IM, if customer needs Community Waiver Medicaid. 6. For Family Care, Partnership, and PACE, enter the enrollment date in FHiC on or before the actual enrollment 	<ol style="list-style-type: none"> 1. IM receives the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 or customer reported change. 2. Update the Current Demographics page to reflect the correct living arrangement. 3. If customer is only Medicaid eligible through Community Waivers, obtain an enrollment form from the ADRC or tribal ADRS for the Community Waiver program start date. 4. Run eligibility and confirm. 5. If application is closed beyond 30 days, a new application is needed. <p>Note: If member or participant contacts IM first,</p>	<ol style="list-style-type: none"> 1. Notify ADRC or tribal ADRS of arranged discharge date from IMD (prior to discharge, if known). 2. Assure member and/or facility has notified the Social Security office of the discharge by submitting discharge papers if applicable. 3. FHiC will send automated enrollment confirmation notice to member. 	<ol style="list-style-type: none"> 7. FHiC will send automated no Medicaid eligibility notice. <p>Process as new referral.</p>

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA	
		<p>date. Select start reason code: Released from IMD. If enrollment date was left blank, enter the enrollment date on the form and in FHiC when MCO notifies the ADRC or tribal ADRS of the discharge date.</p> <p>7. If enrollment date was left blank, enter the enrollment date on the form and in FHiC when MCO notifies the ADRC or tribal ADRS of the discharge date.</p> <p>8. Resend a copy of the updated enrollment form to the MCO and to IM, if customer needs Community Waiver Medicaid</p>	refer member to the ADRC or tribal ADRS to discuss re-enrollment into long-term care.		
Incarceration	<p>Incarceration Admission Follow this process for incarcerations that exceed one day.</p>	<p>For Family Care, Partnership, or PACE:</p> <ol style="list-style-type: none"> ADRC or tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 indicating disenrollment due to incarceration. Enter date incarcerated as the disenrollment date in FHiC. Select End reason: Incarceration. 	<ol style="list-style-type: none"> Upon receipt of Family Care, Partnership, PACE, and IRIS Change Routing form F-02404, update the Current Demographics page to reflect the correct living arrangement type. Run eligibility and close case according to adverse action logic. 	<ol style="list-style-type: none"> Complete Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and forward to IM and ADRC or tribal ADRS. If stay is less than one day, no action is needed. Assure member and/or facility has notified the Social Security office of the incarceration, if applicable. FHiC will send automated no Medicaid eligibility notice to the member 	<ol style="list-style-type: none"> Complete Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and forward to IM. Send request for involuntary disenrollment to BQO. When request approved from BQO, update WISITS.

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA
			when ADRC or tribal ADRS enters the Invalid Setting stop reason.	<ol style="list-style-type: none"> 4. Transfer LTCFS to ADRC or tribal ADRS. 5. FHiC will send automated no Medicaid eligibility notice to the member.
<p>Incarceration Release and Re-enrollment Follow this process when member or participant has been previously enrolled and incarceration exceeds one day and results in a disenrollment.</p> <p>Enrollment date may not occur prior to release, enrollment counseling, and enrollment or referral form being signed.</p>	<ol style="list-style-type: none"> 1. Referral received from the customer, MCO, ICA, or facility. 2. Update LTCFS if older than 10 months or the customer has had a significant change in condition. ADRC or tribal ADRS are not required to go to a jail or prison to complete a LTCFS. Upon DHS approval, ADRC or tribal ADRS completes the LTCFS based on a review of records. This must occur during a telephone, video conference, or internet video that includes the individual, guardian or legal representative, and a credentialed professional knowledgeable about the individual and their daily needs. Verify financial eligibility upon discharge. 3. Enrollment counseling offered. 4. Complete the appropriate enrollment or authorization form. If release date is 	<ol style="list-style-type: none"> 1. Upon receipt of enrollment form; update the Current Demographics page to reflect the correct living arrangement. 2. Run eligibility and confirm. 3. If application is closed beyond 30 days, a new application is required. <p>Note: If customer contacts IM first, refer member to the ADRC or tribal ADRS to discuss re-enrollment into long-term care.</p>	<ol style="list-style-type: none"> 1. Notify ADRC or tribal ADRS of arranged discharge date (prior to discharge, if known). 2. Assure member and/or facility has notified the Social Security office of the release by submitting discharge papers if applicable. 3. FHiC will send automated enrollment confirmation notice to member. 	Process as a new referral.

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA	
		<p>unknown, leave enrollment date blank and send as a pre-enrollment:</p> <ul style="list-style-type: none"> • F-00046 Family Care Program Enrollment • F-00533 Partnership Program Enrollment • F-02483 PACE Enrollment • F-00075 IRIS Authorization <p>5. Send enrollment or referral form to MCO, ICA, and to IM, if customer needs Community Waiver Medicaid.</p> <p>6. For Family Care, Partnership, and PACE, enter the enrollment date in FHiC on or before the actual enrollment date. Select start reason code: 67 Released from Incarceration. If enrollment date was left blank, enter the enrollment date on the form and enter in FHiC when MCO notifies the ADRC or tribal ADRS of the discharge date.</p> <p>7. If enrollment date was left blank, enter the enrollment date on the form and enter in FHiC when MCO notifies the ADRC or tribal ADRS of the discharge date.</p> <p>8. Resend a copy of the updated enrollment form to the MCO and to IM, if customer needs Community Waiver Medicaid.</p>			

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA
Functional Eligibility This may include loss of functional eligibility or a LTCFS annual rescreen that has not been completed on time.	<ol style="list-style-type: none"> ADRC or tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 indicating change in LOC. Options counseling offered. No entry into FHiC is necessary. 	<ol style="list-style-type: none"> Update the Community Waivers Information section of the Community Waivers page “Functionally Eligible?” to “N-No”. Run eligibility and determine if customer is eligible for any other type of Medicaid. 	<ol style="list-style-type: none"> Update the LTCFS. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and route to the ADRC or tribal ADRS indicating change in LOC. FHiC will send automated no functional eligibility or no annual screen notice to member. Transfer LTCFS to ADRC or tribal ADRS or archive. 	<ol style="list-style-type: none"> Update the LTCFS. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and route to the ADRC or tribal ADRS indicating change in LOC. Transfer LTCFS to ADRC or tribal ADRS or archive.
	<ol style="list-style-type: none"> ADRC or tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 indicating change in LOC. Offer options counseling and explore Medicaid eligibility options. If the customer chooses to disenroll, complete the appropriate Member Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> F-00221 Family Care or IRIS F-00534 Partnership F-02484 PACE Send the Member Requested Disenrollment or Transfer form to the MCO or ICA that the person is disenrolling from. 	<ol style="list-style-type: none"> If customer is only eligible for Medicaid through Community Waivers, update the Community Waivers Information section of the Community Waivers page “Functionally Eligible?” to “N-No”. Run eligibility and determine if customer is eligible for any other type of Medicaid 	<ol style="list-style-type: none"> Update the LTCFS. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and route it to the ADRC or tribal ADRS indicating change in LOC. If member is only Medicaid eligible through Community Waivers, send change routing form to IM indicating change in LOC. For Family Care members, send change in LOC letter to member. For PACE or Partnership members, FHiC will send 	<ol style="list-style-type: none"> Update the LTCFS. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and route to the ADRC or tribal ADRS indicating change in LOC. If participant is only Medicaid eligible through Community Waivers, send change routing form to IM indicating change in LOC.

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<ol style="list-style-type: none"> 5. Send the Member Requested Disenrollment or Transfer form to IM if the customer has Community Waiver Medicaid or was enrolled in IRIS. 6. If customer chose to disenroll from Family Care, Partnership, or PACE, enter disenrollment date into FHiC. 7. Select appropriate end reason as indicated on disenrollment form. 8. If the customer is switching to the Family Care program from Partnership, PACE, or IRIS, complete a new enrollment form F-00046 and send to the new MCO. 		<p>automated no functional eligibility or no annual screen notice to member.</p>	<ol style="list-style-type: none"> 4. FHiC will send automated no functional eligibility or no annual screen notice to participant. 5. Transfer LTCFS to ADRC or tribal ADRS.
<p>Increase of Functional Eligibility This applies when a Family Care member changes from non-NH to NH LOC.</p>	<ol style="list-style-type: none"> 1. ADRC or tribal ADRS receives Family Care, Partnership, PACE, and IRIS Change Routing Form F-02404 indicating change in LOC. 2. Options counseling offered. 3. If customer chooses to enroll in IRIS, PACE, Partnership, or another MCO, complete the Member Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> • F-00221 Family Care or IRIS • F-00534 Partnership • F-02484 PACE 4. Complete the appropriate enrollment or authorization form: <ul style="list-style-type: none"> • F-00046 Family Care Program Enrollment 	<ol style="list-style-type: none"> 1. If IRIS referral form received, process as new enrollment. 	<ol style="list-style-type: none"> 1. Update the LTCFS. 2. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and route to the ADRC or tribal ADRS indicating change in LOC. 	<p>Process as a new referral.</p>

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA	
		<ul style="list-style-type: none"> • F-00533 Partnership Program Enrollment • F-02483 PACE Enrollment • F-00075 IRIS Authorization <ol style="list-style-type: none"> 5. Send the appropriate Member Requested Disenrollment or Transfer form to the MCO or ICA the person is leaving and the MCO or ICA the person is transferring to. 6. Send enrollment or referral form to MCO or ICA, and to IM, if customer needs Community Waiver Medicaid. 7. For enrollment into Family Care, Partnership, and PACE, enter the disenrollment and enrollment date in FHiC on or before the actual enrollment date. 8. Select appropriate end reason as indicated on disenrollment form. 			
<p>Date of Death Updates occur approximately every two weeks. In the meantime, enrollment may display as an ongoing enrollment. However, no capitation payment will be made past the date of death because the Medicaid has ended.</p>	<p>No action is necessary</p>	<ol style="list-style-type: none"> 1. Enter date of death in CWW, which will end Medicaid. 	<ol style="list-style-type: none"> 1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404, and send to IM. 2. Notify Social Security, if applicable. 	<ol style="list-style-type: none"> 1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404, and send to IM. 2. Update WISITS. 3. FHiC will send automated notice to participant's next of kin. 	

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA
<p>Discrepancy Reports These reports should be sent at a frequency agreed upon by the MCO, ADRC or tribal ADRS, and IM; not to exceed twice per month.</p>	<ol style="list-style-type: none"> ADRC or tribal ADRS should only correct the member enrollment date, level of care, or MCO ID information when the MCO reports a discrepancy that occurred during the report month or the month prior, meaning the information was entered within the report month or month prior to the request being made. ADRC or tribal ADRS should not correct date of death, enrollment dates due to late functional or financial eligibility, or other systems related issues. 	<ol style="list-style-type: none"> Update eligibility, if appropriate, in CWW for changes that affect Medicaid eligibility or cost share. 	<ol style="list-style-type: none"> Send discrepancy report detailing the type of error to ADRC or tribal ADRS, IM, or BPP: <ul style="list-style-type: none"> Enrollment or Disenrollment date MCO ID LOC Medicaid eligibility Cost share or patient liability. 	Not applicable
<p>Change of Address</p>	No action is necessary.	<ol style="list-style-type: none"> Update address, special managed care program code, and the transfer of Medicaid eligibility. 	<ol style="list-style-type: none"> Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and send to IM. Notify Social Security if applicable. 	<ol style="list-style-type: none"> Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and send to IM. Update WISITS.

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA	
Voluntary Moves (ADRC or tribal ADRS: If a guardianship order is in place, contact RQS to discuss residency prior to proceeding).	Individual chooses to remain enrolled with same MCO or ICA after move and the MCO or ICA is located in both the current and new geographic service region.	Sending ADRC or tribal ADRS: No action is needed. Receiving ADRC or tribal ADRS (the county to which the person is moving): <ol style="list-style-type: none"> 1. Receive the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 from the MCO or ICA. 2. Provide enrollment counseling if requested by customer. 3. Using the move date as the disenrollment 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. 4. Enter enrollment date (date after move) and MCO ID in new location. Select start reason: New Enrollment 	Sending IM: <ol style="list-style-type: none"> 1. Update address in CWW. 2. Update any information provided on change routing form. 3. Transfer case to receiving IM consortia in new location. 	<ol style="list-style-type: none"> 1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404, notifying of the change of address and date of move. Send to IM and receiving ADRC or tribal ADRS. 2. Notify Social Security of address change if member is not in CARES. 	<ol style="list-style-type: none"> 1. Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404, notifying of change of address and date of move. Send to IM. 2. Update WISITS
	MCO or ICA is not available in the new geographic service region or the individual chooses different LTC Program, MCO, or ICA.	Sending ADRC or tribal ADRS: <ol style="list-style-type: none"> 1. If customer contacts ADRC or tribal ADRS to notify of move, refer to the receiving ADRC or tribal ADRS. Receiving ADRC or tribal ADRS (the county to which the person is moving):	<ol style="list-style-type: none"> 1. Update case comments to reflect receipt of the change routing form. 2. Transfer case to receiving IM consortia in new location. 	<ol style="list-style-type: none"> 1. Inform member to contact the ADRC or tribal ADRS. 2. Work with new MCO or ICA to transition member and set enrollment and disenrollment date. 3. Transfer LTCFS to new MCO or ICA. 	<ol style="list-style-type: none"> 1. Inform participant to contact the ADRC or tribal ADRS. 2. Work with new MCO or ICA to transition participant and set enrollment and disenrollment date.

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA	
		<p>Current Family Care, Partnership, or PACE members:</p> <ol style="list-style-type: none"> When contacted by the customer, offer enrollment counseling. Complete the appropriate Member Requested Disenrollment or Transfer form: <ul style="list-style-type: none"> F-00221 Family Care or IRIS F-00534 Partnership F-02484 PACE If customer chooses new Family Care, Partnership, or PACE, complete appropriate enrollment form: <ul style="list-style-type: none"> F-00046 Family Care Program Enrollment F-00533 Partnership Program Enrollment F-02483 PACE Enrollment Send Member Requested Disenrollment or Transfer form without a disenrollment date to the current MCO and new MCO. Send the enrollment packet to new MCO without entering an enrollment date on the enrollment form. Once the new MCO notifies the ADRC or tribal ADRS of the agreed upon enrollment date, update enrollment form with date and send updated copy to new MCO. 		<ol style="list-style-type: none"> For members enrolled in Partnership or PACE, determine the Medicare Plan change date based on availability of a special election period and update Medicare payment dates accordingly. FHiC sends automated member requested disenrollment notice. If member chooses different managed long-term care program, FHiC will send automated member requested disenrollment notice and an enrollment confirmation notice. 	<ol style="list-style-type: none"> Transfer LTCFS to new MCO or ICA. FHiC sends automated participant requested disenrollment notice. If participant chooses different long-term care program, FHiC will also send automated enrollment confirmation notice.

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA	
		<p>7. Update disenrollment and transfer form with disenrollment date and send to the current MCO.</p> <p>8. For Family Care, Partnership, and PACE, add disenrollment date from current MCO in FHiC. Select End Reason: 70 Member Moved to Another Service Region.</p> <p>9. Enter enrollment date of new MCO in FHiC. Select start reason code: Transferred from another MCO or LTC program.</p> <p>10. If customer chooses IRIS, complete IRIS Authorization form F-00075.</p> <p>11. Referral packet is sent to the new ICA.</p> <p>12. Enter disenrollment date from previous MCO in FHiC when IRIS Authorization form is received. Select End Reason: 70 Member Moved to Another Service Region.</p> <p>ICA to ICA:</p> <p>1. When contacted by the individual, offer enrollment counseling and complete the Member Requested Disenrollment or Transfer form F-00221.</p> <p>2. Send Member Requested Disenrollment or Transfer form without</p>			

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA
	<p>a disenrollment date to the current ICA and new ICA.</p> <ol style="list-style-type: none"> Complete and send IRIS Authorization form F-00075 to the new ICA selected. Send referral packet to both current and new ICAs. 			
Move out of state	<p>Sending ADRC or tribal ADRS:</p> <ol style="list-style-type: none"> Receive the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 from the MCO or ICA. Enter disenrollment date as date of move in FHiC. Select End Reason: Moved Out of State. 	<ol style="list-style-type: none"> Enter change of address or move out of state which will end Medicaid according to adverse action and close case. 	<ol style="list-style-type: none"> Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 notifying of change of address and date of move, and send to IM and ADRC or tribal ADRS. Notify Social Security if member not in CARES. FHiC will send notice of member requested disenrollment. 	<ol style="list-style-type: none"> Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 notifying of change of address and date of move, and send to IM and ADRC or tribal ADRS. Update WISITS. FHiC will send notice of member requested disenrollment.
Placement to another county or out of state by MCO.	No action is necessary	<ol style="list-style-type: none"> Receive the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404. Update address in CWW, but due to placement, case is not transferred to the new county. 	<ol style="list-style-type: none"> Complete the Family Care, Partnership, PACE, and IRIS Change Routing form F-02404 and send to IM. Send the member's County of Fiscal Responsibility to BPP on monthly enrollment discrepancy report. 	Not applicable

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

Task	ADRC or tribal ADRS*	IM or Tribal IM*	MCO	ICA
		3. If this is a placement to another state, IM will not close case due to residency.	3. Provide notification to the county of placement according to contract requirements.	

*The role and responsibilities of the tribal aging and disability resource specialist (tribal ADRS) and tribal income maintenance may differ as designated by the tribe.

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

ADRC	Aging and Disability Resource Center
BPP	Bureau of Programs and Policy
BQO	Bureau of Quality and Oversight
CARES	Client Assistance Re-employment and Economic Support
CLTS	Children's Long Term Support
CWW	CARES Worker Web
DHS	Department of Health Services
FHiC	ForwardHealth interChange
GSR	Geographic Service Region
HMO	Health Maintenance Organization
ICA	IRIS Consultant Agency
IM	Income Maintenance (includes Tribal IM agencies)
IMD	Institutions for Mental Disease
IRIS	Include, Respect, I Self-Direct
ISSP	Individual Support and Service Plan
LOC	Level of Care
LTC	Long-Term Care
LTCFS	Long-Term Care Functional Screen
MA	Medical Assistance / Medicaid
MAPP	Medicaid Purchase Plan
MCO	Managed Care Organization
MLTS	Managed Long-Term Care Service
NH	Nursing Home
PACE	Program of All Inclusive Care for the Elderly
SSA	Social Security Administration
SSI	Supplemental Security Income
Tribal ADRS	Tribal Aging and Disability Resource Specialists
WISITS	Wisconsin's Self-Directed IT System