

IRIS FAQ
Oct 2, 2017 & Oct 4, 2017



Since the recently completed DHS series of meetings about IRIS, Family Care and Partnership, we have received many questions about IRIS. The DHS Side by Side Comparison on LOV's website shows the primary differences between IRIS and Family Care.

It is important for you to take your time and continue to learn about these programs. We suggest that you schedule a meeting early this fall with the ADRC to receive enrollment counseling from them. You need not make a selection at your first meeting with the ADRC, unless you are confident in your selection. If you would like, the ADRC will meet again with you after you have had a chance to share and discuss their information with others whom you rely upon to support you in making important decisions.

Here are some of the most frequent questions we have received about IRIS.

It seems as if IRIS is just more work. Why would I want to choose it?

The primary advantage of the manner in which DHS designed IRIS is the amount of control it creates for the individual. Within your IRIS budget, you choose your providers, including current providers for those who wish to keep things the same and maintain their current supports, services, and community connections just as they are. You may also hire your own staff instead of or in addition to agencies. You can combine contracting with an agency and hiring staff directly. Your IRIS Consultant Agency (ICA) would help you create your IRIS plan and assist you in a variety of ways, but they would not second guess your plan or your choice of eligible providers or potential staff. Some families have said that IRIS is more work than Family Care, but the extra work was worth it. Other families have said IRIS is not more work than Family Care. IRIS is not right for everyone.

If I choose IRIS, who can help me direct/coordinate/arrange my services?

Within IRIS, there are three primary ways you will get the support you need to create, continue or change the supports and services you need. You will select an IRIS Consultant (IC) from your ICA to help you plan services and assure that everything is set up and then working properly. The IRIS Consultant has the same required education and experience as a Family Care Care Manager, or your previous Dane County Case Manager or Support Broker.

For assistance which your IRIS Consultant would not typically provide (for example, helping a person with annual eligibility applications, assisting in developing community connections, coordinating team meetings), IRIS includes a Support Broker Service. You can hire someone directly for specific supports that you need, or you can purchase those supports from a provider agency. At least one existing broker agency intends to continue providing those services. Other organizations may offer these services in the future. First, ask your IRIS Consultant if they could provide the particular assistance you are needing, since the IC services definition is flexible. Review the description of IRIS Consultant Services and the Support Broker Services definitions.

Your third primary support will be from the Fiscal Employment Agency (FEA), which your ICA will help you choose. Your FEA will “pay the bills” for your supports and services, including agencies you rely upon as well as individuals you select or eligible goods you need (home modifications, for example).

I am afraid that IRIS is for people who want to hire their workers directly. I want to keep the agencies that currently provide services for my loved one. Can I do that with IRIS?

Yes you can. IRIS was designed to enable you to purchase services directly from your current providers or change providers. Your ICA and FEA would set that up for you. You would see little, if any, difference in how the agencies were paid.

If I have Medical Assistance Personal Care (MAPC), is that in addition to my IRIS budget? Can my residential agency use my IRIS funding as well as MAPC money to support me? Will I be able to tell the difference in how they do it or is it a behind the scenes thing?

MAPC and all of your other Medicaid Forward Card services would be in addition to your IRIS budget. Both Supported Living providers and Adult Family Homes can use MAPC services within the home. People are still working on the mechanics of how that will work within IRIS, so we don't know yet if you would be able to tell the difference any more than you can now.

How will I know my IRIS Budget?

Many of you have already learned your initial IRIS Budget Estimate from your support broker. If you have not, you may request that information from the ADRC when you meet with them. If your initial IRIS Budget Estimate is lower than your current service costs, please know that your current services may include costs that would be reimbursed in addition to your IRIS funding (for example, MAPC or DVR services).

It is also important to remember that the Department of Health Services is aware that it is not possible to be 100% accurate in creating a unique budget for each person. They emphasize that this is the "initial estimate" and have created a process by which your ICA will help you request a budget adjustment, if necessary. By far, most IRIS adjustments have been approved, though that is not a guarantee.

If I know I would need a budget adjustment, how can I select IRIS before I know whether the request would be approved?

You may select IRIS and an ICA at the ADRC. Your ICA would work with you to think about other support options and help you be sure that a budget adjustment was needed. They would work with you to submit the request. Most have been reasonable requests and have been approved, as noted above. If the request were denied, your ICA and your chosen allies would help you explore any other options for changing supports and services within IRIS, or assist you to return to the ADRC and select a Managed Care Organization.

What is the case load of an IRIS consultant? Care Manager at an MCO?

The ADRC will give you a table with some information about each ICA and MCO, including what they indicate their initial ratio will be in Dane County. This information is reported by the MCOs and ICAs.

Won't I also just get to keep my current plan if I choose Family Care? Will things stay the same?

Family Care will typically start with your current plan. Once they get to know you, they have a Resource Decision-Making process and different assessments they will use to help you determine the most effective ways to help you meet your desired outcomes. The Care Plan they help you develop, based on experience in other counties, will most often include some or all of your current providers. Your Care Plan may include additional supports. It may include fewer supports. If you disagree with changes to your Care Plan, the MCO will help you with both internal and external appeals of those changes.

How soon after I select an ICA would they start working with me? How will I know when I would make the transition from Dane County to IRIS?

The ADRC will send referrals to each ICA at the end of each week. Your ICA would contact you within three business days of receiving your referral to help you select your IRIS Consultant. Soon after that, you and whomever you choose to join you would have an initial meeting with your ICA.

The ADRC will inform you of which month in 2018 your transition will occur. Your ICA would work with you to assure everything is in place by that month for your IRIS services to begin. Until that time, your current services continue as is.

See also: **IRIS Consultant Services description**
 IRIS Support Broker Service description