



Key Questions:

Highlighting differences between options for selfdirection in Family Care / Partnership / PACE and IRIS

This document answers key questions that highlight differences between self-directing one's services and supports in Family Care, Partnership and Program of All-Inclusive Care for the Elderly (PACE), and IRIS (Include, Respect, I Self-Direct).

Key Question: How much of my services can I self-direct?



Family Care/Partnership/PACE (managed long-term care)

Individuals who select Family Care, Partnership or PACE can also choose to self-direct many of their services and supports or they can choose to direct only the services and supports they selected.

The managed care organization (MCO) will continue to manage any services the individual does not choose to self-direct. Please note that family, friends and others may help.



(Include, Respect, I Self-Direct)

Individuals who choose IRIS, self-direct all of their long-term care services and supports. Family, friends, their IRIS consultant, and others may help.

The individual will be able to access services and supports available through the Medicaid card and include these services in their support and service plan.

Individuals eligible for personal care services may choose whether to self-direct personal care or use their Medicaid card to access personal care through an agency.

Key Question: How are services paid?



Family Care/Partnership/PACE (managed long-term care)

A fiscal intermediary uses dollars allocated by the managed care organization to pay all claims that are listed on the individual's Self-Directed Service (SDS) plan after the individual authorizes the payment.



IRIS (Include, Respect, I Self-Direct)

The IRIS fiscal employer agent (FEA) pays all claims that are listed on the service and support plan after the individual approves the payment.





Key Question: How is a service and support plan developed?



Family Care/Partnership/PACE (managed long-term care)

During the assessment process, individuals identify the services and supports they would like to self-direct. Based on what it would otherwise pay for that set of services, the MCO's interdisciplinary care management team designates an amount of money the individual can use to pay for services and supports. Individuals create a Self-Directed Service (SDS) plan that outlines how they will direct those services and supports.

This "SDS Plan" is approved by the individual's care management team.

The interdisciplinary care management team will continue to manage any services and supports the individual does not choose to self-direct.



IRIS (Include, Respect, I Self-Direct)

Information collected for the long term care functional screen (LTCFS) determines an individual's budget estimate. The budget estimate represents the funds available to create an IRIS plan to meet an individual's long-term care needs. The IRIS consultant agency (ICA) will provide and discuss the budget estimate with individuals, help them develop an IRIS plan, and provide expertise and support to ensure that their long-term needs will be met. Individuals have access to a wide range of services including a service option called "Customized Goods and Services." Individuals may apply to the Department of Health Services for adjustments to their budget amount if they are not able to develop a cost-effective support and service plan within the initial monthly budget estimate.

If you choose to also self-direct personal care, a separate budget will be developed using the Personal Care Screening Tool. The personal care budget is in addition to your IRIS budget.

Key Question: Can my family and friends be paid to provide care?



Family Care/Partnership/PACE (managed long-term care)

The individual can select their own workers, including family, friends and neighbors. These individuals must meet qualification requirements including background checks and attend any required training.



IRIS (Include, Respect, I Self-Direct)

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Key Question: Do I have to hire my workers directly?



Family Care/Partnership/PACE (managed long-term care)

The individual can employ workers directly or use a co-employment agency that would offer help with recruiting, screening, hiring, training and firing workers. Individuals may also purchase services and supports through an agency.



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