

Self Direction is NOT the Same in Family Care and IRIS¹

In his 2015-17 state budget, Gov. Walker has proposed the total elimination of IRIS, the program created specifically to enable people to self direct all of their long term care services. All 11,500+ people in IRIS would be automatically enrolled in Family Care. In his budget justification, the governor has assured people that they would still be able to self direct their services in Family Care. This implies that the same level and form of self direction is available in either program, and that people who choose self direction would have the same flexibility and authority in Family Care as they have in IRIS. This is not the case.

Full Self Direction in IRIS	Partial Self Direction in Family Care
<p>1. A Full Individual Budget. Each person in IRIS is told the amount of his/her Individual IRIS Budget, so s/he knows exactly the amount of funding that is available for all of his/her long term care (LTC) services.</p>	<p>1. A Partial Individual Budget. Family Care members generally are not told how much total funding has been allocated for all of their LTC services. They are only told the budget for the service(s) they choose to self direct.</p>
<p>2. Self direct ALL services. People in IRIS are empowered and supported to self direct ALL of their services, allowing them the flexibility to develop a plan that meets their particular needs.</p>	<p>2. Partial self direction. Family Care members are subject to some constraints in deciding which LTC services they will receive, due to the Resource Allocation Decision (RAD) guidelines. After the services have been decided upon, the member can choose which service(s) to self direct. Most people choose to self direct only one service, which is usually supportive home care.</p>
<p>3. Full Budget authority. Each person in IRIS has “budget authority” to decide how to best allocate his/her entire Individual IRIS Budget to pay for the variety of LTC services s/he needs. This allows flexibility to shift funds from one type of service/support to another; it also allows some flexibility regarding workers’ wages.</p>	<p>3. Partial Budget Authority. Family Care members only have budget authority over the service(s) they choose to self direct. They are given a “service authorization” for a specific # hours for that service, and they cannot change the number of hours on their own, or transfer a portion of their budget to or from this service category. They are also restricted to specified wage scales set by the managed care organization (MCO).</p>
<p>4. Free Market. In IRIS, there are no restrictions (other than background checks) on who a person can choose to provide any of their services, e.g. an aging or disability provider agency, neighbor, family member, or a company they find in the yellow pages.</p>	<p>4. Restricted Market. In Family Care, you have some flexibility in choosing who will provide you services in the service category you are self directing. But you are generally limited to the providers in the MCO provider network for all of your other services.</p>
<p>5. Service Authorization. In IRIS, the participant authorizes the services and supports s/he needs. An IRIS Consultant supports the participant to make informed choices within the guidelines of allowable supports and services. As a result, participants take on more responsibility for their choices.</p>	<p>5. No Service Authorization. In Family Care, the members’ interdisciplinary team (IDT) ultimately makes the decision about what services are authorized, and how much of each service the person will receive. The IDT cannot tell the members which services to self direct, but it can limit the amount and type of services each person receives.</p>

¹ Source: *Save IRIS* coalition