



## Department of Health Services - State of Wisconsin Town Hall Results

### IRIS (from Other Respondents)

**Carolyn**

#### **What could the Department of Health Services improve?**

Limit the number of burial trust and burial insurance a member can have. There should be stricter penalty when a customer sells or divest their property or home while in the programs and they fail to notify the agency of the sell or divestment timely. Review the number of hours each customer is receiving, put some kind of checks and balances in place to make sure a member is not getting more hours for care and work than needed. Often ESS hear of member being given hours for work and the work is not getting done or work is done by the customer and the customer and employee splitting the check.

This is one of the biggest rip-off out of the 3 programs. Iris should be over hauled right now we have a number of people applying because they think that they are going to be getting the checks to do whatever they want with them. Some customer look at Iris as extra income to use as they please. Maybe the agencies need to explain Iris better. People applying for Iris should be assessed especially the disable child and young adults who have not been assessed since they were determined disable. Some have grown out or their disability or improved and do not need a lot of care. But due to not being assessed they continue to get a lot of hours for their care because they were determined disable. The guide line for senior care need to be changed, member should be tested as any other Medicaid program. There should be stricter penalties for members who do not disclose all of their income and assets when applying for Senior Care.

#### **Do you have any cost savings suggestions for the Department of Health Services?**

None

**Dan**

#### **What could the Department of Health Services improve?**

If eligibility for BadgerCare+ will change, it would seem prudent to have a provision that permits persons who pass the LTC or MH/AODA Functional Screen remain eligible for Medicaid. These persons may or may not meet MAPP criteria for Medicaid eligibility because they may earn too much money. If they lose eligibility and are no longer able to afford necessary medications or treatments they may decompensate or medically or physically deteriorate to a point where they become disabled (which also may result in a loss of employment and payment of taxes). I believe this would result in higher costs long term for the state, as well as an undesirable outcome for the persons. It may be appropriate to consider including persons who have received MH or AODA services from a county or may be viewed at risk of passing the functional screen as well.

#### **Do you have any cost savings suggestions for the Department of Health Services?**

None

**What could the Department of Health Services improve?**

Streamline the appeals and grievance system, implement lean government standards & provide staff with efficient training to be effective workers, quality oversight on IRIS. Align screen with eligibility requirements in statute, improve data systems so we have real time data vs. 6 months old.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**What could the Department of Health Services improve?**

While you like IRIS, the program has huge problems. I would suggest a LAB review ASAP, especially before you increase IRIS 3X. There is a huge lack of oversight, consistently in funded care, etc.

**Do you have any cost savings suggestions for the Department of Health Services?**

Make IRIS look at Medicaid's personal care hours before approving a plan. E.G. One IRIS person (age 19) had authorization for 130 hrs/week which employed her sister & mother, while she attended high school full time. What a waste, especially since IRIS also funded many hours of supportive home care. Duplicative services.

**Margaret**

**What could the Department of Health Services improve?**

Look to nursing to provide quality care, reduce health care costs, and treat the whole person in collaboration with other members of the health care team. Evidence for nurse run clinics around have data to prove outcomes: Silver Spring, House of Peach Nursing Center. Since people live in communities and not in institutions, can we look to strong health care delivery system that aligns FQHC's, local health depts, advance practice nurses and primary care docs.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Kathy**

**What could the Department of Health Services improve?**

For clients - allow for trained staff to provide care for adults (older kids) with autism. This group of people need specifically trained staff to teach daily living skills and job coaching. Using evidence based providers BCBA's will improve outcomes. Our current model does not pay a professional wage.

**Do you have any cost savings suggestions for the Department of Health Services?**

Reduce levels of admin fees which lower funds available to clients. Improve technology for both public staff and caregivers or clients. Use internet more, reduce paperwork. Internal - involve fiscal staff during program implementation.

**John**

**What could the Department of Health Services improve?**

Better/increased utilization of Workers Compensation Insurance for participants.

**Do you have any cost savings suggestions for the Department of Health Services?**

Permit the group of IRIS participants to be considered a single workers compensation insurance employer permitting a single base premium of \$220 per year. Currently the 2,800 IRIS participants if purchasing WCI would need to expend \$616,000 to purchase 2,800 base premiums.

**Charles**

**What could the Department of Health Services improve?**

A couple of items from an IT prospective is data governance and naming conventions. These may not seem huge, but when data elements are called many different things or the name is confusing, there is much time spent in researching what it is. For example would you say county\_res is county of residence or county of responsibility? Should county code be three digits or two? Should county be county or cnty? Without consistency within databases that should be talking to each other there is repetitive interpretation and research that needs to take place with multiple analysis involving different resources. Even with good documentation there is still effort lost to ensure what the data element is representing if it is not intuitive or consistent. I believe there would a cost savings in development and analytical work with an aggressive data governance effort to address ownership, consistency and impact on department goals both short term and long. The decisions for consistency and naming conventions should apply also to vendors doing development work for DHS as part of the contractual agreements. Identify redundant functions or development of applications. Since the state, particularly DHS, has paid for the development of many applications by vendors, the code should be owned by the department and the department should have access and be able to reuse it for other applications. For instance, if an application has a great client registration entry screen(s) and the department needs to develop a new application or enhance an existing one, it seems logical (hopefully legal) to take existing code and plug it in or use it as a starting point (not necessarily using the same vendor). If most client registration screens had the same or very similar code it would be easier to maintain and enhance.

**Do you have any cost savings suggestions for the Department of Health Services?**

We know that fraud and abuse is a large problem across the country in the Medicaid and Medicare programs. We should develop edits on the incoming data that could identify potential fraud (such as deceased people receiving benefits for more than 2 months, our application has this edit with a one month limit). I believe we should accept the data and flag it so a fraud analytical team could investigate the claims and recoup monies where appropriate.

**Kim**

**What could the Department of Health Services improve?**

Streamline the eligibility and enrollment process for customers accessing managed long term care and IRIS.

**Do you have any cost savings suggestions for the Department of Health Services?**

Eliminate the inefficiencies that are currently in practice. There are systems now in place that can be enhanced to communicate information and interface with each other more effectively.

jennifer

**What could the Department of Health Services improve?**

Iris-some people get a ridiculous amt of money and the guardian is becoming greedy and pays themself double as what another respite provider gets and claim the person needs 24 hr care but actually does not...some of the funds are used for \$300/mo worth of doll clothes, toys and another chunk like this for clothes for the daughter. Excessive and waste of taxpayer money in this case. BC-All children should be eligible with no copay for visits. All adults should have copays on every clinic, urgent care, ER, specialty visit. They should be allowed to pay extra if they are putting themself at high risk for disease by being obese, smoking, etc. My insurance goes up with this. I think leave the medication co pay on the lower end but even that could be a dollar or two higher for adults. If there is extra money saved use a portion to give children better BC dental coverage, we see children in pain with decay that the parents don't treat because they don't want to pay. Foodshare-no one needs to eat that much food a month as what the state gives, no wonder so many people are obese

**Do you have any cost savings suggestions for the Department of Health Services?**

many people are selling their foodshare at 50 cents on the dollar to make cash, i know people who receive over \$500 for two adults and an infant (who receives wic) this is ridiculous-this funding should be cut not only to save money, but our country is struggling with an obesity/diabetic epidemic and food share is only adding to it by giving excess funds to over indulge esp on processed high fat foods (we spend about \$300-\$350 a month for a family of five (plus wic for a 15 mo old) and we both work f/t plus do foster care) if you care not working full time you have extra time to cook homemade meals vs ready to eat, processed foods; the children in these homes are eligible for free/reduced lunch as well, although that is very unhealthy food as well, but cut these funds to a reasonable amount. Also I work in a healthcare setting most of the people come in with MA and they smoke, are obese, have chronic conditions and don't care that they cost a lot of money to taxpayers because their copays are so low or nonexistent--this needs to change; children should be covered up to age 18 as well as have better dental coverage; adults should be expected to be more responsible for their health and have copays esp for using er for regular clinic use-\$25/er visit would still be ridiculously cheap and same for clinic visits, we have multiple pts (not all, but a lot that abuse the benefits)that come in 1-3x a week (even with no concerns) because they will say they don't care, they don't pay for it plus they use the mileage reimbursement forms and make more money by coming to the dr or go to visits an hour+ away so that they get more mileage and food vouchers and aren't afraid to share this with us when they come in. Also it is common that the roommate is actually the boyfriend so that the mom and kids get better benefits or the divorced parents lie and say the kids are shared 50/50 to make both parents eligible for BC then one parent that I know of buys her groceries and her ex-husbands with the foodshare (he pays her extra cash on the side for food and for lying and saying they share the kids so he can get BC too) and then the leftover money on the foodshare this lady sells to her sister for 50 cents on the dollar

**IRENE**

**What could the Department of Health Services improve?**

DO NOT REMOVE THE ES OUT OF THE COUNTIES. OUR

**Do you have any cost savings suggestions for the Department of Health Services?**

1)COUNT INTEREST INCOME FOR MEDICAID PROGRAMS2)LOOK AT ASSETS AND HAVE A \$10000 ASSET LIMIT FOR BCP3)FUNERAL ELIG. (IF LIFE INS POLICY, AND IT IS ENOUGH TO COVER THE BURIAL, THEN IT SHOULD BE USED ON ANY TYPE OF MA CASE. SPOUSAL CASES THAT HAVE ASSETS OVER \$5000 SHOULD NOT BE ELIG. FOR HAVING BURIAL PAID.4)FOR FAMILIES THAT QUALIFY FOR BCP, BUT HAVE INS, BUT WANT BCP FOR DENTAL AND EYE, THEN HAVE JUST A SEPARATE PROGRAM FOR THOSE TWO AND CHARGE A MINIMUM PREMIUM. THEY SHOULD NOT GET FULL COVERAGE WHEN THEY HAVE FULL COVERAGE EXCEPT FOR THE DENTAL AND EYE.5)BADGERCARE+ WHEN A WOMAN HAS A CHILD AND NOT MARRIED, THE MOM AND THE FATHER OF THE CHILD SHOULD HAVE TO BOTH PAY LYING IN COSTS. PLUS THEY SHOULD HAVE TO PAY FOR EACH CHILD THAT IS BORN OUT OF WEDLOCK NOT JUST THE FIRST ONE AND ONLY THE FATHER PAY.(IT TAKES TWO TO HAVE A CHILD AND THEY ARE BOTH RESPONSIBLE)MAYBE IF THEY WOULD BOTH HAVE TO PAY AND PAY ON EACH CHILD THEY MIGHT GET SMART.6)IRIS NEEDS TO IMPROVE THEIR TURN AROUND TIME ON ELIGIBILITY BEGIN DATES. THEY ALSO NEED TO HAVE SOMEONE COMPLETE THE GRP C WORKSHEET OR HAVE THE ADRC DO THE FIRST ONE AND IF IRIS DOES NOT AGREE THEN THEY CAN SEND A CORRECTION. NOW WE HAVE A CUSTOMER THAT HAS BEEN DENIED WW ELIG. BECAUSE IRIS HAS NOT COMPLETED AND FAXED THE GRP C WORKSHEET TO US. IT HAS BEEN OVER 4 MONTHS. THIS PERSON NEEDS SERVICES.7)CUSTOMERS GOING ON FC SHOULD HAVE THEIR ASSESSMENT COMPLETED WITHIN 1 MONTH NOT UP TO 90 DAYS. THEY NEED THE SERVICES. 8)SENIORCARE SHOULD STAY. PEOPLE SHOULD NOT HAVE TO FIND ANOTHER PART D CARRIER. THERE IS ALOT OF PART D'S THAT DO NOT COVER ALL MEDICATIONS AND CUSTOMERS DO NOT UNDERSTAND WHAT THEY NEED TO BE ASKING FOR AND THERE IS ALSO ALOT OF PEOPLE THAT DO NOT HAVE ANYONE TO HELP THEM. THEY WILL BE GOING WITHOUT PRESCRIPTIONS.

**Marilyn**

**What could the Department of Health Services improve?**

Expand services. Without universal health care, adults without minor children will not receive benefits.

**Do you have any cost savings suggestions for the Department of Health Services?**

Do not cut benefits. I do not support budget cuts to necessary entitlement programs. This is particularly egregious given the poor employment conditions. Stop balancing budgets on the backs of the poor and middle class. I do not support Ryan's budgets and tax cuts for corporations. Raise revenues= stop your draconian cuts.

**Geri**

**What could the Department of Health Services improve?**

Invest in community mental health services, including community-based programming such as targeted case management, the community support program, and outpatient services. Restructure Medicaid, increase the number of good primary physicians, mental health clinicians, and dentists. Consider the idea of a medical home model. Consider creative ways to support non-institutional supportive services such as crisis services, crisis respite and mobile crisis.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Paul**

**What could the Department of Health Services improve?**

Eligibility. Implement the required asset verification solution to apply a system tested and proven by the Social Security Administration to find undisclosed assets for individuals applying for publicly funded programs.

**Do you have any cost savings suggestions for the Department of Health Services?**

Eligibility. Implement the required asset verification solution to apply a system tested and proven by the Social Security Administration to find undisclosed assets for individuals applying for publicly funded programs. Implementation of this system should reduce Medicaid spending for the aged, blind and disabled population by 5 or more percent.

**Anne**

**What could the Department of Health Services improve?**

Some program requirements don't make sense. Requiring a vendor who either does not accept medicaid or operates on a cash basis only and does not bill for services, to fill out the Medicaid provider form, causes access problems. The FSA requires these forms to be filled out but they are not applicable in all situations. My latest experience has been that they are requiring the provider form to be filled out by a sponsor of a training program that I am sending one of my son's staff to. This is not a medical support. We end up getting stuck in certain situations and go round and round trying to resolve these issues. These types of stories deter people from using self determination in long term care.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Margaret**

**What could the Department of Health Services improve?**

Programs must always keep in the forefront that these are tax supported programs and the tax payers should not be held responsible to provide a better life for anyone on a program than they can afford for themselves. Services should be equal across all groups. The amount of money and help given those lucky to have there brain dysfunction Developmental Disability over those who present the same type of challenges in the community from brain disorders mainly categorized as mental health. Services and budgets should be the same for an elder with the same functional screen marks as a developmentally disabled as a physically disabled

**Do you have any cost savings suggestions for the Department of Health Services?**

Budgets and services based on providing basics acknowledging participants have an income, medicaid and Family Care/IRIS. The basics being shelter, food and healthcare first then looking to see what can be added and remain fiscally responsible to the tax payer. Budgets for any group residing with family members should not be as generous as those who live by need in substitute care. My concern is we pay for socialization for DD because they need it . Everyone absolutely everyone could use help with costs for socialization and programming for maintaining health. I find it offensive to see camp, gym membership, extensive day programs paid for by taxpayers who cannot afford these things for them selves. There needs to be a means test for young disabled adults that looks at parent income the same way it is applied to families of nondisabled to get governemtn assistance. Something along the lines of the FAFSA. Double dipping into school and community funding from 18-21 should end with a choice to use one program or the other.

**Larry**

**What could the Department of Health Services improve?**

Limits for Family Care & IRIS - concern is can we get exemption in budget for mandated services? We no longer have the money but state statute requires that we provide mandated services.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Marge**

**What could the Department of Health Services improve?**

Supervise in home health care of Iris participants

**Do you have any cost savings suggestions for the Department of Health Services?**

Family members should not be paid to care for family members on IRIS. The door is wide open for abuse of the program in that Family members are using money to remodel their homes, mileage to places they would be going anyway, hours not available. Family members may not have the experience or training needed to provide for their family member. Quite often this is a 24/7 job for the family member providing care. Respite care is requested to give them a break at additional expense. Although Social workers are assigned to the cases the reality is the monitoring of these cases is too little. It can be an ideal situation for elder abuse with no one needing to be fully accountable to anyone for the quality of care the patient is receiving. The balance of power between an Elderly Blind or Disabled person and their caretaker is lacking when the caretaker is a direct family member. Patients are reluctant to get their children in trouble by reporting abuses. They may also be intimidated by their family member. Unnecessary money is being spent because of this

**Donna**

**What could the Department of Health Services improve?**

IRIS and fiscal agency are incompetent. I spend inordinate amount of time following up on things, from mistakes in payroll (almost every payroll period) to getting plans approved. They make excuses that they are overworked, which is true, but the bottom line is the consumer suffers.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

## **LaVerne**

### **What could the Department of Health Services improve?**

1 If caps are set on Family Care, allow counties to maintain their own wait lists and do not require separate lists for Family Care, IRIS and Partnership.2. Please don't try to move everyone into IRIS. It's a good program for some people who are able to manage their own care but not everyone is able to do so and some people would be at greater risk of abuse or financial exploitation.3. SeniorCare--In addition to additional costs to older adults, ADRCs will have difficulty keeping up with the added time required for assistance with Medicare D which takes about 2 hours vs. 10-15 minutes for SeniorCare. SeniorCare application is much easier and many older people can complete their own applications.

### **Do you have any cost savings suggestions for the Department of Health Services?**

1. Invest in preventing falls among elderly living at home and in group homes. 40% of persons admitted to Wisconsin nursing homes have had a fall in the past 30 days. The majority of persons admitted to Wisconsin hospitals because of a fall are discharged to nursing homes. Many of end up staying there long-term and must turn to Medicaid when their assets run out. Wisconsin has initiated several evidence-based programs to prevent falls among the elderly. With a relatively small investment, those programs could be expanded to have greater impact on falls reduction.2. Keep in-person enrollment for Elderly, Blind and Disabled and Long Term MA at the county level to avoid misappropriation of elder persons' assets and avoid divestment. EBD MA eligibility determination is more complicated than other MA. Asset and divestment information must go back five years. Without careful review of documentation older persons could be more vulnerable to misappropriation of their assets, and the Medicaid program subject to divestment. ADRC, Adult Protective Service and Economic Support staff currently work together to identify misappropriation of an older person's assets. Furthermore, local workers help to avoid enrollment disruptions which could result in nursing homes not being paid, increasing debt and being less likely to accept MA.3. Do not restrict access to prescriptions that work for persons with mental illness as these have helped to stabilize hospital placements and keep people out of jails.4. A relatively small investment in CIT and CIP training for law enforcement, teachers and other community persons can stave off more costly incarceration or hospitalization of persons with mental illness.

## **Pamela**

### **What could the Department of Health Services improve?**

Capping Family Care enrollment is a direct recant on promises made by Governors in both political parties to serve our most vulnerable citizens.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Count the assests of the household for BadgerCare+ recipients during eligibility determination. Count the interest and dividend payments received by the household. Have premiums due in advance. Eliminate the free month. Stop coverage when people move out of the state. Enforce restrictive re-enrollment periods due to late payments. Raise copays. Mirror private ins (deductibles).

## **Christine**

### **What could the Department of Health Services improve?**

1) Repair, update, complete: CARES/CWW fixes - system issues seriously hinder efficiencies. 2) Application process - they amount of information online & paper is overwhelming, especially for EBD. 3) Staff training.

### **Do you have any cost savings suggestions for the Department of Health Services?**

1) System fixes. 2) Asset limits after a certain income limit. 3) Reduce duplication - too many entities are involved in application process to avoid increasing staffing levels and this only increases confusion and duplication.

**Mark**

**What could the Department of Health Services improve?**

The Department has spent a lot of time implementing peer specialists into our service system for mental health. We also need to have recovery coaches also implemented to our service system to help people with SUD. Recovery coaches are not sponsors, they are NOT COUNSELORS they are people that have lived life experience in addiction, that have found recovery and want to help them as they transition out of treatment, jail, and prison. These people need the help and just volunteer models aren't enough. I am prepared to help implement a wonderful model that is also supervised by a clinician, which makes it billable to Medicare. This would help recidivism, cut down on wait lists, and help the people of Wisconsin become tax paying productive members of society. I'm already working on the infrastructure and ready to implement this model, all I need is help from the department.

**Do you have any cost savings suggestions for the Department of Health Services?**

This above mentioned model is the model to go with, I've personally researched every model I can find and this one is the cheapest and best model available, I already have permission to use it and implement it, from the creator of the model. I would be ready at anytime to give a presentation. The people that are working with me on this project are clinicians, providers, consumers, and peer specialists. We want to help the addicts of the great state of Wisconsin!!!

**Kristi**

**What could the Department of Health Services improve?**

DHS should require full-time employment for those receiving BadgerCare and BadgerCare+. I know several people receiving these benefits who only work part-time because if they worked full-time they would not qualify to receive the benefits. There is no reason they cannot work full-time. This angers me as I am someone who worked hard, went to college to make something of myself, am employed full-time and continuing to pay my student loans as well as the taxes that fund programs for those who think the government should provide for them. DHS also could improve all programs by providing the services of a registered dietitian. Registered dietitians complete a minimum of a 4-year degree in nutrition. Their skills are beneficial in the prevention and treatment of many diseases including obesity, heart disease, diabetes, hypertension, kidney disease, celiac disease and many others.

**Do you have any cost savings suggestions for the Department of Health Services?**

By providing medical nutrition therapy with a registered dietitian, DHS could save a lot of money. Registered dietitians can help to prevent diseases from worsening and prevent future doctor visits. In addition, obesity is the biggest concern in our nation right now and a significant expense. Dietitians can help patients to lose weight safely and effectively through diet and exercise. Weight loss through lifestyle modifications is significantly cheaper than weight loss surgery such as gastric bypass surgery.

**Deborah**

**What could the Department of Health Services improve?**

Stop taking funding away from our most vulnerable citizens: elderly, disabled, poor, working poor and children.

**Do you have any cost savings suggestions for the Department of Health Services?**

Look at salaries of state government legislators and administrators. Everybody should contribute based on their income/resources. Stop picking on the poor, working poor and middle class. Stop wasting \$. Stop making foolish decisions that give BIG BUSINESS more tax breaks. Increase state sales tax. Increase income taxes for people making more than \$250,000/year. Stop this favoritism and good ole boy club politics...I am very close to the point where I am embarrassed to say I live in Wisconsin.

**Nancy**

**What could the Department of Health Services improve?**

Better training for IRIS Consultants. Increase hiring qualifications provide sick time and vacation.

**Do you have any cost savings suggestions for the Department of Health Services?**

Decrease the levels of admin. there isnt a need for a OC, Mentor, Guode and IC. That is too many layers of admin. Each doing a piece of the same job

**Roberta**

**What could the Department of Health Services improve?**

None

**Do you have any cost savings suggestions for the Department of Health Services?**

Change MA eligibility for LTC & waiver programs in the following ways: For spousal impoverishment cases have only one asset limit of \$52,000 or less. Get rid of the half a loaf divestment loophole that only rich people who go to certain lawyers know about. Make it a divestment if POA's use their parent's money to hire an attorney so that they can receive half the loaf of their parent's nest egg. The attorney is not helping the parent, they are helping th child POA so using the parent's money to pay the attorney should be a divestment. Make a person in a CBRF pay more of their income towards their care. The MCO's are charging a fixed amount of rent based on a person receiving SSI. (\$750 per mo) People with higher incomes get to keep lots of money & many struggle to keep under the \$2000 asset limit. Rent could be based on the person's income rather than a flat fee.

**Thomas**

**What could the Department of Health Services improve?**

Family Care Program

**Do you have any cost savings suggestions for the Department of Health Services?**

Too much family care money is going to the middle man .

**Martha**

**What could the Department of Health Services improve?**

I am paralyzed from my neck down, totally dependent on others to assist me at the same time have been working as a Resource Specialist for 14 years. DHS needs to continue what they are doing for individuals. If possible, individuals who are making significantly more money than others should pay more taxes. And/or within DHS reduce some of the positions that aren't as hand's on with participants of the services.

**Do you have any cost savings suggestions for the Department of Health Services?**

Look above