



**Department of Health Services - State of Wisconsin
Town Hall Results
Provider (IRIS Program)**

Phyllis

What could the Department of Health Services improve?

I have received referrals as a nurse provider from Community Care of Central WI for people who have Medicaid. Working with CCCW has been much more easier and efficient than working with the offices in Madison.

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

More efficiency and easier communications in Madison with providers of care service and people who are on Medicaid.

Steve

What could the Department of Health Services improve?

FAMILY CARE: Reduce the number of nurse care managers. This is frequently duplication with what agencies can provide and with the social work care manager; they do not do any real nursing, and many enrollees do not have complicated medical concerns. One director of nursing and one or two assistants, depending on how large the enrollment base is, would be sufficient to provide the nurse care management consultation. The caseloads for all care managers can be increased. Create single service care managers with very large caseloads-100 or more. When an enrollee gets all or almost all of their services from a single agency such as a CBRF, AFH, or nursing home or just gets home health, personal care, or workshop services, there is little case coordination needed since that is all provided by the agency serving the person. The CM needs to monitor for quality, participate in care planning, and review the services provided. Given this the caseload can be specialized for these types of enrollees and be significantly larger. Sub-capitated arrangements with contract agencies should be tried. Under this arrangement a provider would receive a capitated rate for X number and types of participants and would then have the flexibility to determine the best way to provide and pay for the services. The provider becomes much more of a partner in developing cost effective service strategies. Administrative costs of the MCOs should be defined and limited to a reasonable percentage. The costs of the MCOs keep increasing while provider contracts are reduced. In the long run, there will be many fewer providers and much less consumer choice. Reduce the number of MCOs. Are 11 really needed or would one per DHS region and Milwaukee be sufficient? This would help reduce overhead costs. Reconsider the franchise approach. One system for all MCOs for billing, monitoring and reporting costs, auditing, etc would be cost effective and make it easier for providers to work with multiple MCOs. MCOs need to work with providers and cover reasonable costs. If this does not occur, the number of quality providers will substantially decrease and costs would then have to go up. For some providers where direct care staff is making around \$8.00 per hour, there have been no raises for the last three years. DHS should consider completing the state for Family Care. This lowers the cost for the current waiver participants and would eliminate sooner the need to maintain the management of a number of HCB Waivers for adults. If funding is an issue, the waitlist could be addressed over a 4 or 5 year period except when more people could be added through attrition. Maintaining two adult LTC systems is very inefficient. Consideration should be given to privatizing the administration and management of Family Care and Partnership. Only a few contract managers would then be needed at the state. Just like EDS does claims for Medicaid because they specialize in this, an experienced managed care management agency could manage Family Care and Partnership. CBRFs should begin at 7. This would allow for AFHs up to six people and reduce costs without impacting quality. Reduce the regulatory burdens on CBRFs, relocation procedures, Personal Care, and the many other provided long-term care services that would help to decrease costs. A provider, state, consumer, and MCO taskforce could help to determine where this should occur. Better communication between CMs and provider agencies would help improve the program. Providers, participants, guardians, etc need to be very involved in care planning, functional screens, personal care screens, etc. At times these items are performed without anyone involved who really knows the person. In order to capture all of the possible Medicare funding that may be available and use it to offset state Medicaid costs, a model that integrates long-term care and acute and primary care may need to be considered for all participants. It has long been documented that Family Care saves acute and primary funds more than long-term care funds. If this continues to be the case, then gaining more Medicare funds would even be more cost effective while reducing the overall usage and need for acute and primary care. **IRIS:** ADRCs need to be much better informed about IRIS and make sure all possible Family Care enrollees are fully informed about IRIS. Every ADRC should have at least one staff person who is intimately knowledgeable about IRIS on staff to help those interested in knowing more about and then possibly enrolling in IRIS. Quality monitoring of the ADRCs needs to occur around this. The functional screen process needs to be uniform. There appears to be inconsistency in functional screen outcome for similar participants. For IRIS to work effectively, the functional screen must be very accurate. IRIS enrollees or potential enrollees may need more help to get started or even on an ongoing basis than can be provided by the Independent Consultant (IC). Private support brokering services should be encouraged in these instances, which may make many potential participants/guardians much more comfortable with IRIS. The cost of the support broker service would come from the participants' IRIS budgets. Periodic review of all IRIS costs should be completed on a regular basis. Creative strategies should be used to reduce the need for higher cost services such as when 24 nursing is authorized but not needed, but a lesser service such as supportive home care or personal care cannot be authorized. There have been frequent comments made about the IRIS Fiscal Agency. A review of the cost effectiveness of this agency is needed. Possibly this service could be provided more efficiently and at less cost. Timeliness with changes can also be a problem. The IRIS program should develop ways for participants to contract with agencies for packages of services. The participant could still terminate the agency if they were not satisfied and go with a different provider. The state would need to help develop agencies that could do this. This package could also include service coordination. This may also give potential participants/guardians more comfort with the IRIS program.

Only agencies that see the participant as a partner could be involved this way. Participants would be better served by a directory of potential provider agencies and by being able to speak directly to provider agencies. IC staff also needs more information about provider agencies. ADRCs: Some costs may be able to be reduced by reviewing the caseloads and the volume of inquiries to the ADRCs. Also a review of how the initial calls are processed, either by an I & A staff person or the receptionist, may lead to a method that would be the most efficient. As noted under IRIS, more knowledge by all ADRC staff about IRIS is needed and at least one staff person is needed who specializes in IRIS. The state should also consider providing more flexibility in the management of the ADRC.

Combining ADRC management with the Aging program or another county agency program may help reduce costs. It is very positive that the remainder of the state is being funded for ADRC services. This will help to support more people choosing IRIS if done right.

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

None

Jennifer

What could the Department of Health Services improve?

IRIS -Self-directed care is heading in the wrong direction. For a few it may be helpful, although for many it is putting them in a tough position. Many are elderly, forgetful, and/or vulnerable. They are suffering from chronic health issues and in no position to direct their own care. Their workers may not show up or do a good job but they rely on them in order to remain in their own homes thus do not report them. Also, who do these independent workers report to? In a licensed home health agency, there are strict regulations and licensed nurses providing oversight. We are surveyed and held to high standards.

It is concerning to see IRIS workers not following any infection control standards (glove use etc) or not having anyone to report skin breakdown and ulcers to. In the end, there are patients that may not be making the best decisions now in charge of directing their workers whom are unsupervised, unlicensed, and can easily take advantage of the clients. Also, for amounts of time authorized - IRIS or self directed PC is allowing a significant increase in personal care hours in comparison to what agencies were saying was reasonable and necessary. We are seeing workers out in the homes, using such time to read papers, talk with clients, watch tv with them, bake cookies, etc. Yet another reason that a client will choose to protect the worker and their self-directed time. A client would much rather bake cookies than complete ROM exercises. FAMILY CARE -Adding RN and SW case managers plus supervisory/administration oversight via Family Care to the MA system is wasteful and just duplicating services already being provided. For our county, we are very small.

We used to be able to walk across the hall, discuss a client, and solve a problem. Now we have to share all information with another case management team and wait for them to tell us if a service is reasonable and necessary. Physicians now have case managers calling and making requests in addition to providers. Overall, it has just made the process complex and has not provided any cost savings at all. Locally, our care management organization saw a budget shortfall and ironically turned that around the following year. How? By cutting services and equipment to it's members.

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

Return to traditional MA covered long term care services and eliminate family care. The level of administration and RN/SW case management is duplicating services county based, non-profit agencies were already providing. It is inefficient to have a whole other level of management. Strongly restrict the IRIS/self-directed option. Many are not appropriate to direct their own care and that is why they require assist in the first place. How can we pass along more responsibility to patients to direct their own care when the individual is asking/in need of help? Plus, through the prior authorization process, traditional MA services provided were limited. It seems that the nurse that authorizes self-directed is seeing a patient one time and making judgement on what the patient needs for services. That decision might be best left to someone that knows the patient for more than one hour and can follow up with the patient on an ongoing basis.

Angela

What could the Department of Health Services improve?

Family Care becomes a huge waste of money once the member enters assisted living. The necessity for a team (RN, NP, SSC) to manage a members care becomes obsolete because of the support structure already inherent within the assisted living facility. Reconsider the necessity of the 20 bed limit for IRIS funding in a CBRF.

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

IRIS makes better cost savings sense because you only get what you need to pay for the care. Also, the caps proposed beginning June 2011 should not result in nursing home placement. Nursing home care costs the state \$6000-7000 per month. Assisted living rates are \$2800-4000 per month.

Rolf

What could the Department of Health Services improve?

None

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

Transfer people from waiver programs to family care, it could save 13 million over 3-5 years.

Cyndi

What could the Department of Health Services improve?

None

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

Our group offers a program Rest Assured which offers technology based monitoring through cameras, sensors, and virtual drop in visits adaptable to the needs of the edlerly and developmentally delayed in a home care setting. This could work well in rural areas where staffing is limited as well as working with higher functioning individuals who are able to remain in their homes with minimal cueing and support.

Kay

What could the Department of Health Services improve?

Would like you to consider lifting the caps on family care. There are so many people who have been waiting a long time for services with disabilities. Family care was supposed to help get some people off of waiting lists.

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

Self directed supports in family care is a wonderful option for individuals and could save money.

Guy

What could the Department of Health Services improve?

MCO program is working good-as a critical partner to the MCO by providing their client transports we have become a part of the team by watching the home & advising when a MCO team member visit may be needed. Also, different vans match different client needs (rear load, mini bus, etc). A broker system would destroy this and cost more.

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

Cancel the July 1, 2011 start of LogistiCare broker program. A state wide caller and scheduling of trips will be a big problem and costly. Allow more trips to keep clients active enough to stay out of nursing homes(to work, social, food pantry). Consider help with fuel costs before there is no service. Have MCO's accept another MCO's agreement. Why another 55 page agreement & 17 signatures for one out of area transport.

Darci

What could the Department of Health Services improve?

None

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

As a medicaid provider I called Forward Health and asked if our agency could not receive the paper form of the approved PAs or when there is any need for more information the paper form sent out. When an approved PA is sent there is cost of the paper, envelope and stamps. The rep at Forward Health told me that it was automated and they could not grant me my request, but they would put it in their suggestions box. Providers are allowed to download the information off of the Forward Health portal. If all paper PAs were stopped a lot of money could be saved.

Carol

What could the Department of Health Services improve?

Retain Medicaid for low income people especially mother's, children. employee's without insurance, unemployed men. If the amount of support is reduced people will be ill and die to lack of access to care.

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

Over 10-15 years there could be very gradual reduction in government support. This should be contingent upon increase in employment especially in minority populations.

ARC of Greater Milwaukee

What could the Department of Health Services improve?

Better training for social workers and nurses. Place an emphasis on case management and social and medical assessments.

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

Keep family care.

Debbi

What could the Department of Health Services improve?

Home care is better and cheaper than institutional care.

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

None

Susan

What could the Department of Health Services improve?

Without BadgerCare adequately funded people will get sicker, costs will go up and children will die. School nurses see broken bones, abscesses, undiagnosed genetic disorders. People will still go to doctor no matter what, so without coverage, health care costs will go up.

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

None

Bethany

What could the Department of Health Services improve?

Keep medical assistance programs available for people even with the budget issues we are facing, people who are on them, need them!!

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

Screen people who are on these programs more. Make sure services are being used the way they should be.

Sally

What could the Department of Health Services improve?

Prosecute employees & members when they commit fraud. Make sure DHS talks to licensure departments (draft scope of services in Community Residential Settings for ADF, CBRF, & RCAC's is wrong but Community Care is using it). Have open meetings and keep all players involved in upcoming changes. Create a community database for all providers to have access to on a state level and include IRIS enrollment, mandate that all providers check this database. Make sure that FC & IRIS is the payor of last resort. Maximize federal match dollars. Redefine and limit IRIS enrollment to only those that can truly self direct. Create a board of private family care providers to listen, review, & recommend savings & policies before DHS makes changes. Utilize LPN's in MCO's.

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

Coordinate all benefits between Medicaid services for recipients, child welfare, foster care, and day care, etc. Family Care has been proven to be cost effective. It appears that FC is being set up to fail so that everyone goes into IRIS without any accountability. Creation of a web based Medicare Consultant & Home Health/Hospice Agency Referral System for hospitals and CMO/IRIS. Creation of a web based Medicare Expert Consultant Services for FC & IRIS care managers. Do not stop enrollment in FC, IRIS is a duplication of FC without accountability, limit IRIS enrollment. Develop a 27/7 telemedicine call center.

Kevin

What could the Department of Health Services improve?

WI doesn't have a good baseline, needs to be on national core indicators.

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

Self directed services = preventative care at lower rates.

Nancy

What could the Department of Health Services improve?

Improve communication between DHS i.e. BQA, Family Care, Medicaid Personal Care. Improve communication between DHS and MCO; MCO and CMU. Improve communication & training at ADRC.

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

The family care MCO seems to be about making money versus spending dollars wisely. Eliminating layers of management at the MCO level would appear to provide substantial cost savings freeing those dollars to be used for the individuals that need care. Eliminate duplicated services. Align rates for all provider agencies. There appears to be no consistent rates for supportive home care between provider agencies. Self directed supports may be fine for some clients but for others it's a recipe for disaster. Often when a frail elderly person's family is told they have to be in charge of hiring, firing, scheduling, for their parent they will place that individual in a nursing home as the family does not have adequate time to undertake that degree of supervision. There is still need for agency involvement. By eliminating layers of management there may be a way to let the system work more efficiently.

David

What could the Department of Health Services improve?

Continue support of BAL's work on the Wisconsin Coalition for Collaborative Excellence in assisted living. Improved communication between Office of Family Care Implementation and the LTC provider community.

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

Improve ADRC screening process to best eliminate inappropriate divestiture and ensure appropriate coordination of other benefits like LTC insurance, VA time & attendance, HUD vouchers, etc. Eliminate care plan case management redundancy between provider and MCO. The providers care plan should be adequate.

Jeff

What could the Department of Health Services improve?

Consider the Healthy Job Initiative being introduced liked by Murtha & Moulton. Consider the effort of lower regulation of IRIS on quality of care and the potential for fraud.

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

Streamline the billing process and requirements for MA HMO payers. The requirements are inconsistent and at times require paper filing which is inefficient. Rural areas without internet have trouble verifying eligibility.

Pamperin

What could the Department of Health Services improve?

I have been an AFH care provider for over 5 years. I lost my client after her parents went with Iris when our county went to family care in July. My husband and I have a beautiful home with 2 openings for special needs adults. I am a full time provider. My question is, if it is less expensive for the state to place clients in AFHs instead of nursing homes why has my home been empty for so long? I would like for DHS to make sure that all people who would enjoy living in an AFH have a chance to do so.

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

None

Kitty

What could the Department of Health Services improve?

Simplify application process and remove barriers to application. Collaborate with consumers, providers, case managers and advocates.

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

Map & streamline enrollment processes to resolve inefficiencies. Involve public health nurses, they know what will be helpful and wasteful. Assure access to contraceptive methods. Invest in making the prenatal care coordination benefit available to all pregnant women on Medicaid. Reinstate provision of early periodic screening, diagnostic and treatment services by public health nurses.

Peg

What could the Department of Health Services improve?

Improve IRIS infrastructure, info is inconsistent to providers/consumers causing lag time potentially leading to decreased service delivery and decreased quality of life. Be sensitive to the other budget pressures that effect transition age youth and young adults with disabilities. Other budgets effecting these citizens are public special education and county related services.

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

None

Jay

What could the Department of Health Services improve?

I propose a more simplistic system of direct contracting with the state. The state DHS has in the past initiated direct contracts to individuals, small or large corporations. Removing the costly middle man (Family Care). Guarantee service to all in need, with focus on individual quality service.

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

None

Donna

What could the Department of Health Services improve?

Reimbursement rates for services needed for high needs developmental disability population or we will be pushed back into larger institutional sized residents.

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

The oversight from Madison (OFCE) has been more micro-management of the MCO's. Let the MCO's run their business rather than the OFCE taking more control. Too much centralization of dept staff, reduce staff at the dept. A centralized information system for all MCO's in Madison OFCE offices is not where the system should reside. MCO's could unify & share existing systems without dept purchase. Admin staff at MCO levels could be reduced if MCO's were structured across broader regions. Provide partnership in all regions as an additional option of choice so we can deliver more care management for those needing integrated primary care, reducing costs of Medicaid programs. More dual eligibility to bring in more federal dollars to the state.

Mike

What could the Department of Health Services improve?

Stop the implementation of the transportation brokerage until the department, consumers, and the provider community can look at additional ways of containing cost.

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

None

Gina

What could the Department of Health Services improve?

My agency provides services to older adult clients. In one program we serve the individuals who aren't eligible for Family care because they still have some limited assets. Once they run out of money we have always been able to enroll them in Family care and continue to serve them so that they can stay out of nursing homes. Without Family care these clients would end up in nursing homes. A major concern that I have is where will we be able to find enough nursing homes beds for the people who will not be able to enroll in Family care. In WI (Milwaukee) we have closed so many nursing homes as a result of Family Care allowing people to remain at home or in a least restrictive setting that it is now difficult to find nursing homes for our clients who take T-19.

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

A lot of money could be saved if the formula that is used to set up a budget for IRIS would change to include personal care received via T-19. Clients on IRIS are able to maximize T-19 services and get an IRIS budget on top. It is fraudulent because 30% of PCW in a home health care agency is allocated for Supportive home care, which is covered under IRIS.

To save money the IRIS funding should include cost of t-19 services that are covered under Family care and the budget should be capped at the same capitated rate. Another cost saving strategy would be to make sure that an outside agency/vendor assess clients for home health services (t-19) instead of the agency that gets paid to provide the care. This is counter intuitive. Obviously the assessment is going to maximize the hours because of the profit made on each hour of services provided goes to the agency doing the assessment. There is no checks or balances.

Kimberly

What could the Department of Health Services improve?

I don't see any necessary changes

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

Make drug companies less powerful in this country! Drug companies and medical supply providers make such huge profits! I feel that all providers of health care must protest regarding the lobby power of drug companies. This will lower overall medical costs.

Dave

What could the Department of Health Services improve?

Prior to increasing IRIS funded services, DHS needs to restructure Family Care so that MCO members receive needed services. Rescind the revised prevocational services definition. Revise procedures to ensure that ADRC's are the only entity that administer the LTC functional screen to reduce personnel costs at MCO's. Allow for larger caseload sizes in Family Care. Return IDT's to their full membership. Eliminate positions paid by MCO's previously funded by Pathways grant. Standardize salary and benefits at MCO's. Do not require MCO's to match the experience of the 5 pilot counties. Require all MCO's to maintain no more than 15% case mgmt & admin expenses.

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

None

Lori

What could the Department of Health Services improve?

Family Care MCOs do not have uniform contracting standards and lack common infrastructure to support program operations in an integral manner.

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

Standard residential and vocational rate setting methodologies beased on consumer needs and costs. Process to identify and adequetly set rates for outlier members whose needs don't fit the standard formula. A resonable bed hold process to preserve members residential services when they are temporarily absent. Shared info systems to provide economies of scale and uniform data collection and reporting.

John

What could the Department of Health Services improve?

Concerned about cuts to institutional settings.

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

More self direction, no wait list.

James

What could the Department of Health Services improve?

MCO's - why teams of 2?

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

Families should help pay for cost of care. Get assistance from the VA.

Marianne

What could the Department of Health Services improve?

Expand reimbursement for Registered Dietitians to provide medical nutrition therapy.

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

Registered Dietitians can provide preventative nutrition care, allowing for cost savings.

Jim

What could the Department of Health Services improve?

BC policy forces people to decline increased income due to ineffective (too abrupt) phase-out. New Veteran's Home in Chippewa falls may be ARRA funded, but it's not needed

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

None

Mary

What could the Department of Health Services improve?

Adequately fund capitated rates for FamilyCare, IRIS. Decrease utilization of RNs to realistic, needed levels. Also too many social workers for population. A ration of 200:1 patients to workers used to work fine. MCOs are top-heavy.

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

None