

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: IRIS Adviosry Committee			Attending: Committee Members:
Date: 01/28/2020	Time Started: 9:00 a.m.	Time Ended: 3:00 p.m.	Monica Bear, Julie Burish, Martha Chambers, Dean Choate, Fil Clissa, John Donnelly, Vicky Gunderson, Mitch Hagopian, Maureen Ryan, Jill Walter, Sue Urban DHS Staff: Jasmine Bowen, Amy Chartier, Seldon Kroning, Sam Ninnemann, Kyle Novak, Dana Raue, Christine See, Suzanne Ziehr
Location: Warner Park Community Center, Community Room 1, 1625 Northport Drive, Madison, WI 53704			Presiding Officer: Betsy Genz, Director, Bureau of Adult Programs and Policy

Minutes

Meeting called to order

- Motion to approve minutes by Dean Choate, seconded by Mitch Hagopian, with edit below
 - Edit – for Background check discussion
 - It is the intention to align the criminal convictions that prohibit employment with the offenses outlined in 50.065 and Chapter 12

Department Updates, presented by Betsy Genz, Dana Raue, and Amy Chartier

- **Home and Community Based Settings (HCBS)**
 - Non-Residential Settings
 - Department of Health Services (DHS) had contracted with Public Consulting Group (PCG) to conduct site visits and complete 1-2 adult family home (AFH) certifications
 - This contract ended December 31, 2019 and is not being renewed
 - Five (5) contractors were hired to work with DHS and conduct site visits and complete 1-2 bed AFH certifications
 - DHS will be reviewing site visits PCG completed
- **Electronic Visit Verification (EVV)**
 - Thursday, January 30, 2020, DXC Technology (DXC) will meet with Health Maintenance Organization (HMOs), Managed Care Organizations (MCOs) and IRIS Fiscal Employer Agents (FEAs) to go over the visit extract file
 - DHS is developing a video to explain EVV for providers
- **Staffing**
 - Jordan Humpal left DHS
 - This leaves one (1) individual on the WISITS team
 - Currently looking to hire a limited term employee (LTE) through MicroPact
 - Posting for three (3) permanent positions on the WISITS team will occur soon
- **Membership**
 - Letters of interest were received
 - Working to get a good selection of potential members

- We've asked our contract partners to do some outreach to participants, specifically in the following areas:
 - Northwest Wisconsin
 - Increase diversity of committee with minority and tribal representation
- DHS will handle review and selection of committee membership, not the current committee members
 - This will bring the IRIS Advisory Committee (IAC) into alignment with other DHS committees
- If someone joins the committee and it is determined they are not a good fit, the individual can choose to step down
- If committee members know of someone that would be interested in committee membership, encourage them to send a letter of interest to Suzanne Ziehr (Suzanne.Ziehr@dhs.wisconsin.gov)
- **Meeting locations**
 - Will have details on logistics at March meeting (or before)
 - **Committee Suggestions;**
 - Provide accommodations for committee members with non-Madison meetings

Workgroup Updates, presented by Molly Brandt, Vicky Gunderson, and Maureen Ryan

- **IRIS Service Authorizations**
 - Meetings have been cancelled
 - Multiple worker authorization has been implemented
 - Waiting on WISITS to add authorization history
- **Participant-Hired Worker Paperwork Streamlining**
 - Have not met since last IRIS Advisory Committee meeting, will have update in March
 - Did finish uploading paperwork to WISITS
 - ICAs and FEAs are communicating in WISITS now
- **Accessibility Assessment**
 - Home mods
 - Prepayment for materials upfront, allowed by some, but not all FEAs, looking at recommended best practices and how contractors would be notified
 - Database and something that would work for All FEAs so vendors go through one place and not with each FEA
 - Participant satisfaction for participant to sign off when home mod is completed
 - SharePoint site to track timeline for why it takes so long for home mods

Waiver Renewal, presented by Kyle Novak, Leon Creary, and Karina Virrueta-Running

- Went through PowerPoint and handouts
- Draft waiver will go to joint finance mid-April
- There will not be a full summary after all is completed, there will be a public comment period
- The waiver is the agreement between the state Medicaid agency and CMS. The manuals and handbooks provide information about operationalizing the waiver.
- **Committee Suggestions**
 - Let committee know why things are dropped
 - This is a self-directed program and waiver should embody this
 - Have some phone call meetings before March meeting to discuss waiver changes
 - Would like to look at definition for self-direction
 - Troubling that this is submitted to JFC before public comment period because it restricts ability to make a change after approved by JFC

- General and Residential Services
 - Temporary Residential Care was removed; this information will be in the work instructions, not waiver
- Nursing services
 - **Committee Suggestion**
 - Change to read “Participants age 18-21 who receive shall...” instead of “Should”
 - EPSDT has not been brought up in contractors group; if it remains in waiver, could there be some training provided
- Respite
 - Modified scope of the definition for conciseness and clarity Aligned definition with approved Family Care waiver definition
 - **Committee Suggestion**
 - Concern about limiting institutional respite while using other waiver services such as adult day care on the same day
 - Add clarification on what per diem is to address this concern
- Supportive Home Care
 - Adopted some CMS language for this section
 - Community Integration Event (CIE) was placed in separate section and renamed to avoid being confused with competitive integrated employment (CIE)
 - Redefining supportive home care supervision for those who do not need intensive, hands on home care.
 - Requesting CMS to review this before submitting waiver
 - Some supportive home care will be subject to EVV and some will not
 - Extension of therapy services will be added to companion services
- Community Engagement Support
 - New service category
 - This is not intended to cover the cost for the participant, just their staff
 - Committee should send what they consider activities to Suzanne to be forwarded to policy team for possible inclusion in policy
 - **Committee Suggestion**
 - Add assistance for voting
- Home Modifications
 - List is exhaustive; if something is not included, would be allowable per SMA review
 - Maintenance of home modifications is allowable
 - **Committee Suggestion**
 - Include modular ramps
 - Change language in bullet 2 under “This service category excludes”
 - Strike sensory impairments from first one
 - Take the \$1000 threshold out
 - Add “wall and window or surface protection” on second page
 - Consider adding fences
 - General maintenance of a home being excluded should be spelled out. – add this as clarifying maintenance
 - Committee workgroup will be formed to explore what would be subject to program policy
- Vehicle modifications
 - Was previously under adaptive aids
 - **Committee Suggestions**
 - Emphasis should be on maintenance and keeping it in working order
 - Remove “special” from bullet discussing sensitivity
 - Consider removing the \$1,000 threshold and clarify in policy

- Independent assessment – assessors cannot be the provider; need to address potential conflict of interest
- Assistive Technology
 - Interpreter services is now a discrete services
 - Communication aids are in this definition; broader now to include anything that increases, maintains, or improves functional abilities
 - Can split out communications more in service definition manual
 - Allowing coverage of used AT for first time; Maureen to send examples of both good and poor language from other states to Suzanne
 - \$1000 threshold
 - DHS would like to use an existing or new workgroup to develop these lists to be implemented January 1, 2021
 - ***Committee Suggestions***
 - Remove EPSDT from this section
 - Do an FAQ on some of these items
 - Add statement that this is consistent with service definitions regarding subject to approval policy
- Specialized Medical Equipment and Supplies
 - Language in paragraph 3 was pulled from Family Care’s waiver or CMS
 - ***Committee Suggestions***
 - Can this be changed to include doctor’s order as not always have a prescription for supplements
 - EPSDT should be removed
 - Add “maintaining” to functioning along with “improve”
- Counseling and Therapeutic Services
 - Some items in this area are covered under the State Plan and will need to discuss any changes in the area
 - Acupuncture is not covered currently
 - Attendant costs are covered under SHC and can be put in policy
 - ***Committee Suggestions***
 - Certified peer specialists should be included
 - Equine therapy and hypnotherapy should be included under recreational therapy
 - Whirlpools for skin therapy to be included? I’m not sure if this is where we landed. My notes say that this would be considered fee for service. If the reason for the request is medical, it would go through the card. If it’s denied by the card, would IRIS cover it?
- Relocation Services / Community Transition Services
 - Services can be purchased up to 180 days prior to being enrolled in waiver
 - DHS will research and evaluate this further for inclusion in the waiver renewal; possibly put in an amendment if this cannot be achieved (there will be an amendment for employment definitions)
 - ***Committee Suggestions***
 - If committee members want to provide additional feedback on definitions, they should send them to Suzanne.Ziehr@dhs.wisconsin.gov by February 7, 2020

Public Comment

- Ron Preder – received via email

Sent: Monday, January 27, 2020 7:20 AM

To: DHS IRIS

Cc: Burish, Julie; Jon Rost; Frank Sterzen

Subject: Upcoming IRIS Advisory Meeting (Tomorrow Jan. 28th) "Public Comments"

Good Morning,

My name is Ronald Preder and I am a father and guardian for my son Scott, an IRIS Participant.

I am again writing to this committee concerning the implementation of the EVV (electronic verification) program that DHS will be rolling out later this year. Of specific concern is how DHS is going to address the issue of **live-in caregivers** in the implementation of this program. Attached are comments/correspondence I shared with this committee prior to the November meeting concerning this same issue. *(It is unknown if there was any meaningful discussion concerning this topic at the November meeting since the minutes from that meeting have not been made public yet.)* I would ask that the information that I previously provided as well as my updated comments be brought up for discussions in the public comment period of the meeting tomorrow and also be included in the record of that meeting.

Additional Comments

As I indicated in my comments provided in November including live-in caregivers in the EVV system is not a requirement under the federal rule. I recently reviewed the information in the DHS-EVV website and could find nothing that would have changed or reversed my understanding of this topic. The one change I did note is that in the past this issue was listed as a question that was still under review. That no longer seems to be the case since I could not find any reference to that issue on the website anymore. **It would certainly seem that DHS is moving forward with the training and soft rollout (for PC) without addressing this issue of live-in caregivers and the related concerns and uncertainty it is going to have for the IRIS participant.**

According to DHS Nov. 2019 records there are approximately 20,000 IRIS participants. Almost half of those participants use the self-directed personal care (SDPC) program to meet their needs. The IRIS population utilizing PC will be affected this coming year with EVV rollout with the remainder following when the rollout starts to include supported home services. There is already considerable oversight concerning the IRIS program; IRIS Consultant, Self Directed Personal Care Nurse, Fiscal Agents, care plans, handbooks, and guidance documents, and two separate yearly functional screens. If there really is a concern about fraud and or waste perhaps we need to look at all the controls that are already in place (are they serving their purpose) rather than putting an additional burden on the IRIS participant.

What seems to be lost and which is certainly not clear and/or transparent on the DHS-EVV website is that the IRIS participant who utilize live-in caregivers now also becomes an IRIS provider agency. The EVV rollout as proposed to date is certainly going to make it more burdensome for the IRIS participant who is trying to direct their cares through live-in caregivers. As such more discussion is warranted before simply moving to the training and rollout phase.

Thank you for your time,

Ronald R. Preder

(Attached document)

Good Morning,

I have both questions and some comments that I would like included in the record concerning DHS's rollout of the EVV program.

Questions

Wondering who the IRIS participants or family members are who were represented on the EVV advisory group?

There are five different EVV system models discussed in the CMS Bulletin dated May 16, 2018 (subject: Electronic Visit Verification). Which model is Wisconsin DHS most closely following in their implementation of the EVV system?

Has DHS made the decision to include and treat all IRIS participants who self-direct care including those who use "live in" caregivers for personal care as "Provider Agencies"?

Comments/Concerns

My concern is whether IRIS participant's and/or family members who self-direct their own care using "live-in" caregivers were adequately represented on this committee.!!

CMS guidance issued in May of 2018 indicates states should take into consideration how self-directed care may be affected by the implementation of their EVV program. Additional CMS guidance issued during the summer of 2019 indicates individuals or participants receiving personal care from "live-in" caregivers are exempted from the requirements of the CURES ACT.

Reviewing what I could find out about the timeline associated with this implementation it appears that the decisions to bring Sandata on live to administer this program was done early on in the process and certainly before any of the forums were held. There was little or no discussion during the Sandata portion of the presentation concerning the scenario of self-directed care being provided by live in caregivers.

It would appear based upon the information presented at this past forum that DHS (**not the Fed's**) have already decided to lump IRIS participants who self-direct their PC (through live in caregivers) in the same category as all other personal care providers. Since 2011 I have helped my son (an IRIS participant) administer his self-directed care needs. including using "live-in" caregivers a tha

In addition, attached to email was CMCS Informational Bulletin dated August 8, 2019

Waiver topic was continued after lunch *(notes and suggested are included in the above waiver section)*

Adjourn

- March 24, Disability Advocacy Day:
 - Four committee members will be unavailable
 - Decision made to keep IRIS Advisory Committee meeting as scheduled
- Decision was made to move the May 26 meeting 1 week earlier to May 19
- Meeting was unanimously adjourned.

Prepared by: Suzanne Ziehr on 01/28/2020.

These minutes are in final form. They were be presented for approval by the governmental body on: 3/24/2020